Wraparound Fidelity Index 4

Demographics Form

March 18, 2008 version

This form is to be completed by the Wraparound Facilitator. If the Wraparound Facilitator is not available for interview, then this form is to be completed by the caregiver.

Youth's name: _____

Caregiver's name: _____

Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

---

1. Youth's DOB Month _____ Day _____ Year _____

2. What is the youth's gender? 1 Male 2 Female

3. Is the youth of Hispanic descent? 1 No 2 Yes

4. What is the youth's race? (*Check all that apply*)

   1 American Indian or Alaska Native
   2 Asian
   3 Black or African American
   4 Native Hawaiian / Other Pacific Islander
   5 White
   6 Mixed race _____ (*Please specify*)
   7 Other _____ (*Please specify*)

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5. Has the youth been in school anytime during the last 30 days?

1 No 2 Yes

*If **Yes**, go to question #6.*

*If **No**,* Why was the youth not in school?

1 Dropped out of school before legal age
2 Dropped out after legal age
3 Expelled/Suspended
4 Too young to go to school
5 Graduated from high school or GED
6 Taught at home (home-schooled)
7 Physical illness
8 Refused to go to school
9 In juvenile detention or jail
10 Ward of the State
11 Summer vacation
12 Other _____ (*Please specify*)

6. Which grade is the youth in now or will be in for the new school year?

1 Preschool
2 Kindergarten
3 First Grade
4 Second Grade
5 Third Grade
6 Fourth Grade
7 Fifth Grade
8 Sixth Grade
9 Seventh Grade
10 Eighth Grade
11 Ninth Grade
12 Tenth Grade
13 Eleventh Grade
14 Twelfth Grade
15 Post-secondary
16 No grade levels in child's school

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Wraparound Fidelity Index 4

Wraparound Facilitator Form March 18, 2008 version

Youth's name: _____

Caregiver's name: _____

Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

---

1. What is the primary caregiver's relationship to _____ (*child's name*)? (*Check one)*

1 Birth parent
2 Adoptive/Stepparent
3 Foster parent
4 Live-in partner of parent
5 Sibling
6 Aunt or uncle
7 Grandparent
8 Cousin
9 Other family relative
10 Friend (adult friend)
11 Other _____ *(please specify*)

2. Who has legal custody of _____ (*child's name*)? (*Check one*)

1 Two birth parents OR one birth parent and one stepparent
2 Birth mother only
3 Birth father only
4 Adoptive parent(s)
5 Foster parent(s)
6 Sibling(s)
7 Aunt and/or uncle
8 Grandparent(s)
9 Friend(s)
10 Ward of the State
11 Other _____ (*please specify*)

If birth or adoptive parent has custody, go to question #3.

If birth or adoptive parent ***does not*** *have custody, read 2a.*

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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2a. Is there a plan to reunite the youth with the birth parent? 1 No 2 Yes

*If **Yes**, go to question #3.*

*If **No**, read 2b.*

2b. What is the permanency plan for the youth?

_____

_____

3. Has the youth ever been in the custody of the state? 1 No 2 Yes

4. Is the youth currently receiving Wraparound? 1 No 2 Yes

*If **Yes**,* How many months has the youth been receiving Wraparound? _____ months

*If **No**,* Has the youth received Wraparound in the past?

1 No 2 Yes

*If **Yes**,* How many months did the youth receive Wraparound?

_____ months

5. How many months have you been working with the family? _____ months

6. Does the youth or family have a "wraparound team"?

[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term. PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that wraparound team? ***List below (Roles, not names)***

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

If No, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

I am going to ask you some questions about the services and supports the youth and family are receiving now and have received since they started the wraparound process.

Please answer all questions as well as you can. Remember that all your answers will be kept confidential.

Let's start with the beginning of the wraparound process. Can you tell me a little bit about your first interactions with [*name of youth/family*]? What were those very first meetings like? What took place?

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 *CC*	When you first met with the family, were they given ample time to talk about their strengths, beliefs, and traditions? *Circle one:* YES NO At the first team meeting, were these strengths, beliefs, and traditions shared with all team members? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
1.2. *FVC*	Before the first team meeting, did you fully explain the wraparound process and the choices the family could make?	2	1	0	666 777 888 999
1.3. *SB*	At the beginning of the wraparound process, was the family given an opportunity to tell you what things have worked in the past for the child and family?	2	1	0	666 777 888 999
1.4. *TB*	Did the family members select the people who would be on their wraparound team?	2	1	0	666 777 888 999
1.5. *TB*	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6. *OB*	Before the first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for the child and family?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

Now I am going to move on to questions about how the planning process proceeded with *[name of youth/family]*. Can you tell me about how the family's plan was first developed?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 *Col*	Did the family plan and its team create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet the child's and family's needs? *Circle one:* YES NO Do the youth and family have a copy of the plan? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 *TB*	Did the team develop any kind of written statement about what the future will look like for the child and family, or what the team will achieve for the child and family? (*PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)* Can you describe what the team's mission says? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.3 *Ind.*	Can you summarize the services, supports, and strategies that are in the family's wraparound plan? _____ _____ _____ _____ _____ _____ _____ _____ *Scoring rule: Assign a **'2'** if majority of services, supports, and strategies are informal or non-professional services, a **'1'** if they are about equal professional and informal/non-professional, and a **'0'** if the majority are professional,* *Ask directly only if there is uncertainty about how to score*: Does the family's wraparound plan include mostly professional services?	Mostly informal or non-professional services and supports 2	About equal informal and professional 1	Mostly formal or professional services 0	666 777 888 999
2.4 *SB*	Are the supports and services in the wraparound plan connected to the strengths and abilities of the child and family? *(PROMPTS: Strengths are the positive things the child and family members do well. Do the strategies in the plan <u>use</u> your child and family's strengths? Do they <u>help build</u> the child and family's strengths and abilities?)*	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

	Phase 2: Planning continued	Yes	Sometimes Somewhat	No	Missing
2.5 *CB*	Does the wraparound plan include strategies for helping the child get involved with activities in her or his community? Please give two examples of those activities: 1. 2. **Follow scoring rules.* *(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)*	2	1	0	666 777 888 999
2.6 *Col*	Are there members of the wraparound team who do <u>not</u> have a role in implementing the plan?	0	1	2	666 777 888 999
2.7 *Col*	Does the team brainstorm many strategies to address the family's needs before selecting one?	2	1	0	666 777 888 999
2.8 *Ind*	Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis? *Circle one:* YES NO Does this plan also specify how to prevent crises from occurring? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.9 *CB*	Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community? *(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)*	2	1	0	666 777 888 999
2.10 *FVC*	Would you say that people other than the family have higher priority than the family in designing their wraparound plan?	0	1	2	666 777 888 999
2.11 *CC*	During the planning process, did the team take enough time to understand the family's values and beliefs? *Circle one:* YES SOMEWHAT NO Is the wraparound plan in tune with the family's values and beliefs? *Circle one:* YES SOMEWHAT NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

Now I am going to ask you a number of questions about how *[name youth/family]'s* plan has been implemented and how team meetings are conducted. First, can you tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 *FVC*	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 *Ind*	When the wraparound team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 *SB*	Does the wraparound team get the child involved with activities she or he likes and does well? Please give two examples of those activities: 1. 2. **Follow scoring rules*	Two examples of activities youth likes and does well. 2	One example of an activity youth likes and does well. 1	No examples of activities youth likes and does well. 0	666 777 888 999
3.4 *NS*	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 *Col*	Do the members of the team hold each other responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 *NS*	Is there a friend or advocate of the child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 *Per*	Does the team come up with new ideas for the wraparound plan whenever the family's needs change? *Circle one:* YES NO Does the team come up with new ideas for the wraparound plan whenever something is not working? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.8 *CB*	Are the services and supports in the wraparound plan difficult for the family to access? *(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)*	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 *OB*	Does the team assign specific tasks to all team members at the end of each meeting? *Circle one:* YES NO Does the team review each team member's follow-through on their tasks at the next meeting? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.10 *CC*	Do members of the team always use language the family can understand? *(NOTE: For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.* *For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)*	2	1	0	666 777 888 999
3.11 *SB*	Does the team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
3.12 *TB*	Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
3.13 *Per*	Do you think the wraparound process could be discontinued before the family is ready for it to end? *For example, because of time limits, because of the child's behavior, because of a placement change or because of a change in funding or eligibility?*	0	1	2	666 777 888 999
3.14 *CC*	Do all the members of the team demonstrate respect for the family?	2	1	0	666 777 888 999
3.15 *FVC*	Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

OK, we are almost done. I now want to ask you a few final questions about transition out of wraparound and the future for this youth and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 *OB*	Has the team discussed a plan for how the wraparound process will end? *(i.e., a "transition plan")* *Circle one:* YES NO Does the team have a plan for when this will occur? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 *NS*	Has the wraparound process helped the child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 *OB*	Has the wraparound process helped the child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 *Ind*	Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 *Per*	After formal wraparound has ended, do you think that the process will be able to be "re-started" if the youth or family needs it?	2	1	0	666 777 888 999
4.6 *NS*	Has the wraparound process helped the family to develop or strengthen relationships that will support them when wraparound is finished?	2	1	0	666 777 888 999
4.7 *CB*	Do you feel like the child and family will be able to succeed without the formal wraparound process? *In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.*	2	1	0	666 777 888 999
4.8 *Per*	Will some members of the team be there to support the family when formal wraparound is finished?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Wraparound Facilitator Form March 8, 2008 version

Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well wraparound is working for families such as *[name of youth/family].*

Positive feedback:

_____

_____

_____

_____

_____

_____

Negative feedback:

_____

_____

_____

_____

_____

_____

_____

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

_____

_____

_____

_____

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Wraparound Fidelity Index 4

Caregiver Form March 18, 2008 version

Youth's name: _____

Caregiver's name: _____

Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

---

1. What is the primary caregiver's relationship to _____ (*child's name*)? (*Check one)*

1 Birth parent
2 Adoptive parent
3 Foster parent
4 Live-in partner of parent
5 Sibling
6 Aunt or uncle
7 Grandparent
8 Cousin
9 Other family relative
10 Friend (adult friend)
11 Step parent
12 Other _____ (*please specify*)

If not a birth parent read: 1a. Does one or more of the child or youth's birth parents participate on the wraparound team or in services for [*child's name*]? Yes No

Details: _____

2. Who has legal custody of _____ (*child's name*)? ***(Circle one)***

1 Two birth parents OR one birth parent and one stepparent
2 Birth mother only
3 Birth father only
4 Adoptive parent(s)
5 Foster parent(s)
6 Sibling(s)
7 Aunt and/or uncle
8 Grandparent(s)
9 Friend(s)
10 Ward of the State
11 Other _____ (*please specify*)

3. Has your child ever been in the custody of the state? 1 No 2 Yes

---

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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4. Is your child currently receiving Wraparound? 1 No 2 Yes

*If **Yes**,* How many months has the youth been receiving Wraparound? _____ months

*If **No***, Has your child received Wraparound in the past?

1 No 2 Yes

*If **Yes***, How many months did your child receive Wraparound?

_____ months

5. Do you have a "wraparound team"?

[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term. PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions. Who is on that wraparound team? ***List below (Roles, not names)***

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

If No, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4- Caregiver Form

March 18, 2008 version

I am going to ask you some questions about the services and supports your family is receiving now and has received since you started receiving services through the wraparound process.

Let's start by talking about how wraparound began for you and your family. Can you tell me a little bit about the first time you met (your facilitator)? What were those very first meetings like?

[Note: During this discussion, other prompts may include: What did (your facilitator) tell you about what wraparound would be like? How did you decide who would be on your wraparound team?]

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 *CC*	When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs, and traditions? *Circle one:* YES NO Did this process help you appreciate what is special about your family? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
1.2. *FVC*	Before your first team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?	2	1	0	666 777 888 999
1.3 *SB*	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?	2	1	0	666 777 888 999
1.4 *TB*	Did you select the people who would be on your wraparound team?	2	1	0	666 777 888 999
1.5 *TB*	Is it difficult to get team members to attend team meetings when they are needed?	0	1	2	666 777 888 999
1.6 *OB*	Before your first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4- Caregiver Form

March 18, 2008 version

Now I am going to move onto questions about how the planning process went for your child and family. Can you tell me about how the family's wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 *Col*	Did you and your team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet your child's needs? *Circle one:* YES NO Do you have a written copy of the plan? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 *TB*	Did the team develop any kind of written statement about what the future will look like for your child and family, or what the team will achieve for your child and family? (*PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)* *Circle one:* YES NO Can you describe what your team's mission says? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.3 *Ind*	Does your wraparound plan include mostly professional services?	0	1	2	666 777 888 999
2.4 *SB*	Are the supports and services in your wraparound plan connected to the strengths and abilities of your child and family? *(PROMPTS: Strengths are the positive things your child and family members do well.* *Do the strategies in your plan <u>use</u> your child and family's strengths? Do they <u>help build</u> your child and family's strengths and abilities?)*	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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	Phase 2: Planning (continued)	Yes	Sometimes Somewhat	No	Missing
2.5 *CB*	Does the wraparound plan include strategies for helping your child get involved with activities in her or his community? Please give two examples of those activities: 1. 2. **Follow scoring rules.* *(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)*	Two examples of community activities. 2	One example of a community activity. 1	No examples of community activities. 0	666 777 888 999
2.6 *Col*	Are there members of your wraparound team who do not have a role in implementing your plan?	0	1	2	666 777 888 999
2.7 *Col*	Does your team brainstorm many strategies to address your family's needs before selecting one?	2	1	0	666 777 888 999
2.8 *Ind*	Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis? *Circle one:* YES NO Does this plan also specify how to prevent crises from occurring? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.9 *CB*	Do you feel confident that, in the event of a major crisis, your team can keep your child or youth in the community? *(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)*	2	1	0	666 777 888 999
2.10 *FVC*	Do you feel like other people on your team have higher priority than you in designing your wraparound plan?	0	1	2	666 777 888 999
2.11 *CC*	During the planning process, did the team take enough time to understand your family's values and beliefs? *Circle one:* YES SOMEWHAT NO Is your wraparound plan in tune with your family's values and beliefs? *Circle one:* YES SOMEWHAT NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4- Caregiver Form

March 18, 2008 version

Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 *FVC*	Are important decisions made about your child or family when you are not there?	0	1	2	666 777 888 999
3.2 *Ind*	When your wraparound team has a good idea for a support or service for your child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 *SB*	Does your wraparound team get your child involved with activities she or he likes and does well? Please give two examples of those activities: 1. 2. **Follow scoring rules*	Two examples of activities youth likes and does well. 2	One example of an activity youth likes and does well. 1	No examples of activities youth likes and does well. 0	666 777 888 999
3.4 *NS*	Does the team find ways to increase the support you get from your friends and family?	2	1	0	666 777 888 999
3.5 *Col*	Do the members of your team hold one another responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 *NS*	Is there a friend or advocate of your child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 *Per*	Does your team come up with new ideas for your wraparound plan whenever your needs change? *Circle one:* YES NO Does your team come up with new ideas for your wraparound plan whenever something is not working? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.8 *CB*	Are the services and supports in your wraparound plan difficult for your family to access? *(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)*	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 *OB*	Does the team assign specific tasks to all team members at the end of each meeting? *Circle one:* YES NO Does the team review each team member's follow-through on their tasks at the next meeting? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.10 *CC*	Do members of your team always use language you can understand? *(NOTE: For caregivers for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.* *For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)*	2	1	0	666 777 888 999
3.11 *SB*	Does your team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
3.12 *TB*	Does your team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
3.13 *Per*	Do you think your wraparound process could be discontinued before you or your family is ready for it to end? *For example, because of time limits, because of your child's behavior, because of a placement change, or a change in funding or eligibility?*	0	1	2	666 777 888 999
3.14 *CC*	Do all the members of your team demonstrate respect for you and your family?	2	1	0	666 777 888 999
3.15 *FVC*	Does your child have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4- Caregiver Form

March 18, 2008 version

OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for your child and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 *OB*	Has your team discussed a plan for how the wraparound process will end? *(i.e., a "transition plan")* *Circle one:* YES NO Does your team have a plan for when this will occur? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 *NS*	Has the wraparound process helped your child develop friendships with other youth who will have a positive influence on her or him?	2	1	0	666 777 888 999
4.3 *OB*	Has the wraparound process helped your child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 *Ind*	Has your team helped you and your child prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 *Per*	After formal wraparound has ended, do you think that the process will be able to be "re-started" if you need it?	2	1	0	666 777 888 999
4.6 *NS*	Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?	2	1	0	666 777 888 999
4.7 *CB*	Do you feel like you and your family will be able to succeed without the formal wraparound process? *In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.*	2	1	0	666 777 888 999
4.8 *Per*	Will some members of your team be there to support you when formal wraparound is finished?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your wraparound? What has not gone well or could be improved?

Positive feedback:

_____

_____

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_____

Negative feedback:

_____

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End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

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Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Wraparound Fidelity Index 4

Youth Form March 2008 version

Youth's name: _____

Caregiver's name: _____

Facilitators's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Youth/Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

---

1. Respondent age _____ years

2. Respondent gender 1 Male 2 Female

3. Do you have a wraparound team?
[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term.
PROMPTS may also include asking whether the youth has a group of people involved in his/her services that comes together to meet and plan services for the youth and family.]

1 No 2 Yes

*If **No***, For the purposes of this interview, when we ask you about "the team" please consider all the people that work with you and your family to provide services and supports.

*If **Yes***, We will be asking questions about the team so keep those people in mind as you answer the following questions.

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WFI 4-Youth Form

March 2008 version

I am going to ask you some questions about the services and supports you and your family is receiving now and has received since you started receiving services through the wraparound process.

Let's start by talking about how wraparound began for you and your family. ***Can you tell me a little bit about the first time you met (your facilitator).*** **What were those very first meetings like?**

NOTE: During this discussion, other prompts may include: Who participated in the planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 *CC*	When you first met your wraparound facilitator, were you given time to talk about things you are good at and things you like to do?	2	1	0	666 777 888 999
1.2 *FVC*	Before your first team meeting, did your wraparound facilitator fully explain how the wraparound process would work?	2	1	0	666 777 888 999
1.3 *SB*	At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past to help you and family?	2	1	0	666 777 888 999
1.4 *TB*	Did you help pick the people who would be on your wraparound team?	2	1	0	666 777 888 999
1.5 *TB*	Do you have a friend or advocate who participates actively on your wraparound team?	2	1	0	666 777 888 999
1.6 *TB*	Would you have different people on your team if you could?	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Now I am going to move onto questions about how the planning process went for you and your family. Can you tell me about how your wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did you get asked what you wanted?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 *Col*	Did you help to create a written plan that describes how the team will meet your family's needs? *Circle one:* YES NO Do you have a copy of the plan? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 *Col*	During meetings does your team brainstorm many ideas to meet your needs before picking one?	2	1	0	666 777 888 999
2.3 *SB*	Does the team know what you like and the things that you do well?	2	1	0	666 777 888 999
2.4 *CB*	Does your wraparound plan include things that get you involved with activities in your community? Can you give two examples of those activities: 1. 2. **Follow scoring rules.* *(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)*	Two examples of community activities. 2	One example of a community activity. 1	No examples of community activities. 0	666 777 888 999
2.5 *CC*	When your team was making its plan, did you and your family have many chances to talk about what you like and what you believe in?	2	1	0	666 777 888 999
2.6 *Ind*	Does your wraparound plan include mostly professional services?	0	1	2	666 777 888 999
2.7 *Ind*	If things go wrong or there is a crisis, is there a plan that says what everyone must do?	2	1	0	666 777 888 999
2.8 *OB*	Do you and your family get the help that you need?	2	1	0	666 777 888 999

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Now I am going to ask you a number of questions about what your services and your team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 *FVC*	Are important decisions made about you or your family when you are not there?	0	1	2	666 777 888 999
3.2 *Ind*	When your wraparound team has a good idea, can it figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 *SB*	Does your wraparound team get you involved with activities you like and do well? Please give two examples of those activities: 1. 2. **Follow scoring rules*	Two examples of activities youth likes and does well. 2	One example of an activity youth likes and does well. 1	No examples of activities youth likes and does well. 0	666 777 888 999
3.4 *NS*	Do people on the team help you do things with your friends and family?	2	1	0	666 777 888 999
3.5 *NS*	When things are not going right, does the team help you talk with friends and other people you like to talk to?	2	1	0	666 777 888 999
3.6 *Per*	Does your team come up with new ideas for your wraparound plan whenever something is not working?	2	1	0	666 777 888 999
3.7 *CB*	Are the places you go to for services hard to reach because they are far away? *(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)*	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.8 *CC*	Do members of your team always use language you can understand? *(NOTE: For youth for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.* *For English-speaking youth, this means that facilitators and team members translate or do not use professional jargon or acronyms that the youth does not understand.)*	2	1	0	666 777 888 999
3.9 *SB*	Do your wraparound team meetings make you feel good about your successes and accomplishments?	2	1	0	666 777 888 999
3.10 *TB*	Does everyone on your team talk and give their ideas during your wraparound team meeting?	2	1	0	666 777 888 999
3.11 *Per*	Do you think you could get "kicked out" of wraparound before you or your family is ready for it to end? *For example, because of time limits, because of your behavior, or because of a placement change?*	0	1	2	666 777 888 999
3.12 *CC*	Do all the members of your team show respect for you and your family?	2	1	0	666 777 888 999
3.13 *FVC*	Do you have the chance to give your ideas during the wraparound team meetings?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for you and your family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 *OB*	Has your team discussed a plan for how the wraparound process will end? *(i.e., a "transition plan")* *Circle one:* YES NO Does your team have a plan for when this will occur? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 *NS*	Has the wraparound process helped you and your family to develop relationships with people who will support you when wraparound is finished?	2	1	0	666 777 888 999
4.3 *NS*	Has the wraparound process helped you become friends with other youth in the community?	2	1	0	666 777 888 999
4.4 *Ind*	Has your team helped you prepare for major changes (e.g., new school, new residential placement, independent living)?	2	1	0	666 777 888 999
4.5 *Per*	Will people on your team be there to help you when wraparound is finished?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Thank you for taking the time to complete this interview. Are there any comments you would like to add, like what have been the best things about your wraparound? What has not gone well or could be improved?

Positive feedback:

_____

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Negative feedback:

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End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

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Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Wraparound Fidelity Index 4

Team Member Form March 18, 2008 version

Youth's name: _____

Team member's name: _____

Facilitator's name: _____

Interviewer's name: _____

Today's date: Month _____ Day _____ Year _____

Administration method: 1 Face-to-face 2 Phone

Start time: _____ am/pm

Length of interview: _____ minutes

Project ID:	
Team member ID:	
Youth/ Family ID:	
Caregiver ID:	
Facilitator ID:	
Interviewer ID:	
Timeframe:	

---

1. What is the team member's relationship to _____ (*child's name*)? (*Check one)*

1 Birth/Adoptive parent
2 Stepparent
3 Foster parent
4 Live-in partner of parent
5 Sibling
6 Aunt or uncle
7 Grandparent
8 Cousin
9 Other family relative
10 Adult friend
11 Youth friend
12 Parent support partner/ peer professional
13 Mentor
14 Therapist/clinician
15 Case worker
16 Respite worker
17 Residential/group home staff
18 Probation officer
19 Teacher/school staff
20 Minister/faith-based
21 Community member _____ *(please specify)*
22 Other _____ *(please specify*)

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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2. How many months or years have you worked with or known the youth and family? _____ months / years
(circle one)

3. Are you a part of the family's "wraparound team"?
[NOTE: Also may be referred to as a 'child and family team,' 'interagency team' or other term.
PROMPTS may include asking whether the family has a group of people involved in services for the child or youth that comes together to meet and plan services for the child or youth and family]

1 No 2 Yes

If No, For the purposes of this interview, when we ask you about 'the wraparound team,' please consider the people that work with the youth and his or her family to provide services and supports.

If Yes, We will be asking questions about the team so keep those people in mind as you answer the following questions.

4. How many months have you been a member of the family's wraparound team? _____ months

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Team Member Form March 18, 2008 version

I am going to ask you some questions about the services and supports the youth and family are receiving now and have received since they started receiving services through the wraparound process.

Let's start by talking about how wraparound began for this family.

Phase 1: Engagement		Yes	Sometimes Somewhat	No	Missing
1.1 *CC*	At the beginning of the wraparound process, were the family's strengths, beliefs, and traditions shared with all team members? *Circle one:* YES NO At the first team meeting, were you given an opportunity to talk about the family's strengths? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
1.2 *FVC*	Before the first team meeting, did the facilitator fully explain the wraparound process and how it would work?	2	1	0	666 777 888 999
1.3 *SB*	At the beginning of the wraparound process, was the family given an opportunity to tell the team what things have worked in the past for the child and family?	2	1	0	666 777 888 999
1.4 *TB*	Did the family members select the people who would be on their team?	2	1	0	666 777 888 999
1.5 *TB*	Is it difficult for you to attend scheduled team meetings?	0	1	2	666 777 888 999
1.6 *OB*	Before the first wraparound team meeting, did you go through a process of identifying what leads to crises or dangerous situations for the child and family?	2	1	0	666 777 888 999

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WFI 4-Team Member Form March 18, 2008 version

Now I am going to move onto questions about how the planning process went for this child and family. Can you tell me about how the family's wraparound plan was first developed?

During this discussion, other prompts may include: Who participated in this planning? How did you decide what would be in the plan? Did certain people have more input than others?

Phase 2: Planning		Yes	Sometimes Somewhat	No	Missing
2.1 *Col*	Did you and your team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the team will meet the child's needs? *Circle one:* YES NO Do you have a written copy of the plan? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.2 *TB*	Did the team develop any kind of written statement about what it is working on with the youth and family? (*PROMPTS: This statement might be a mission statement for the team or vision statement for the family. It may also be a statement of the ultimate goal for the team. The statement should be a 'big picture' statement and different than individual goals in the wraparound plan.)* *Circle one:* YES NO Can you describe what your team's mission says? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.3 *Ind*	Does the family's wraparound plan include mostly professional services?	0	1	2	666 777 888 999
2.4 *SB*	Are the supports and services in the wraparound plan connected to the strengths and abilities of the child and family? *(PROMPTS: Strengths are the positive things the child and family members do well.* *Do the strategies in the plan <u>use</u> your child and family's strengths? Do they <u>help build</u> the child and family's strengths and abilities?)*	2	1	0	666 777 888 999
2.5 *CB*	Does the wraparound plan include strategies for helping the child get involved with activities in her or his community? Please give two examples of those activities: 1. 2. **Follow scoring rules.* *(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)*	Two examples of community activities. 2	One example of a community activity. 1	No examples of community activities. 0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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	Phase 2: Planning (continued)	Yes	Sometimes Somewhat	No	Missing
2.6 *Col*	Are there members of the wraparound team who do not have a role in implementing the plan?	0	1	2	666 777 888 999
2.7 *Col*	Does the team brainstorm many strategies to address the family's needs before selecting one?	2	1	0	666 777 888 999
2.8 *Ind*	Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis? *Circle one:* YES NO Does this plan also specify how to prevent crises from occurring? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
2.9 *CB*	Do you feel confident that, in the event of a major crisis, the team can keep the child or youth in the community? *(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)*	2	1	0	666 777 888 999
2.10 *FVC*	Would you say that non-family members on the team have higher priority than the family in designing their wraparound plan?	0	1	2	666 777 888 999
2.11 *CC*	During the planning process, did the team take enough time to understand the family's values and beliefs? *Circle one:* YES SOMEWHAT NO Is the wraparound plan in tune with the family's values and beliefs? *Circle one:* YES SOMEWHAT NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Team Member Form March 18, 2008 version

Now I am going to ask you a number of questions about what this family's services and team meetings are like. First, you can tell me what team meetings are like currently? How do those meetings go?

Phase 3: Implementation		Yes	Sometimes Somewhat	No	Missing
3.1 *FVC*	Are important decisions ever made about the child or family when they are not there?	0	1	2	666 777 888 999
3.2 *Ind*	When the wraparound team has a good idea for a support or service for the child, can it find the resources or figure out some way to make it happen?	2	1	0	666 777 888 999
3.3 *SB*	Does the wraparound team get the child involved with activities she or he likes and does well? Please give two examples of those activities: 1. 2. **Follow scoring rules*	Two examples of activities youth likes and does well. 2	One example of an activity youth likes and does well. 1	No examples of activities youth likes and does well. 0	666 777 888 999
3.4 *NS*	Does the team find ways to increase the support the family gets from its friends and family members?	2	1	0	666 777 888 999
3.5 *Col*	Do the members of the team hold each another responsible for doing their part of the wraparound plan?	2	1	0	666 777 888 999
3.6 *NS*	Is there a friend or advocate of the child or family who actively participates on the wraparound team?	2	1	0	666 777 888 999
3.7 *Per*	Does the team come up with new ideas for the wraparound plan whenever the famly's needs change? *Circle one:* YES NO Does the team come up with new ideas for the wraparound plan whenever something is not working? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.8 *CB*	Are the services and supports in the wraparound plan difficult for the family to access? *(SUGGESTED PROMPTS: Because of scheduling or transportation issues or because services and supports are far away or hard to get to.)*	0	1	2	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Phase 3: Implementation (continued)		Yes	Sometimes Somewhat	No	Missing
3.9 *OB*	Does the team assign specific tasks to all team members at the end of each meeting? *Circle one:* YES NO Does the team review each team member's follow-through on their tasks at the next meeting? *Circle one:* YES NO	YES to both questions 2	YES to only one question 1	NO to both questions 0	666 777 888 999
3.10 *CC*	Do members of the team always use language the family can understand? *(NOTE: For family members for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding.* *For English-speaking caregivers, this means that facilitators and team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)*	2	1	0	666 777 888 999
3.11 *SB*	Does the team create a positive atmosphere around successes and accomplishments at each team meeting?	2	1	0	666 777 888 999
3.12 *TB*	Does the team go out of its way to make sure that all team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	666 777 888 999
3.13 *Per*	Do you think the wraparound process could be discontinued before the family is ready for it to end? *For example, because of time limits, because of the child's behavior, because of a placement change, or funding or eligibility changes?*	0	1	2	666 777 888 999
3.14 *CC*	Do all the members of the team demonstrate respect for the family?	2	1	0	666 777 888 999
3.15 *FVC*	Does the child or youth have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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WFI 4-Team Member Form March 18, 2008 version

OK, we're almost done. I now want to ask you a few final questions about wraparound and the future for this child and family.

Phase 4: Transition		Yes	Sometimes Somewhat	No	Missing
4.1 *OB*	Has the team discussed a plan for how the wraparound process will end? *(i.e., a "transition plan")* *Circle one:* YES NO Does the team have a plan for when this will occur? *Circle one:* YES NO	YES to both questions 2	YES to only the first question 1	NO to the first question 0	666 777 888 999
4.2 *NS*	Has the wraparound process helped the child develop friendships with other youth who will have a positive influence on him or her?	2	1	0	666 777 888 999
4.3 *OB*	Has the wraparound process helped the child to solve her or his own problems?	2	1	0	666 777 888 999
4.4 *Ind*	Has the team helped the child or youth prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	666 777 888 999
4.5 *Per*	After formal wraparound has ended, do you think that the process will be able to be "re-started" if the youth or family needs it?	2	1	0	666 777 888 999
4.6 *NS*	Has the wraparound process helped the family to develop or strengthen relationships that will support them when wraparound is finished?	2	1	0	666 777 888 999
4.7 *CB*	Do you feel like the youth and family will be able to succeed without the formal wraparound process? *In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.*	2	1	0	666 777 888 999
4.8 *Per*	Will some members of the team be there to support the family when formal wraparound is finished?	2	1	0	666 777 888 999

Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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Thank you for taking the time to complete the interview. Are there any comments you would like to add? We are particularly interested in hearing anything you might want to say about things that have worked well or that would need to be improved around how well wraparound is working in your community for families such as *[name of youth/family].*

Positive feedback:

_____

_____

_____

_____

_____

_____

Negative feedback:

_____

_____

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_____

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_____

End Time _____ am/pm

Interviewer observations about interview, respondent and any validity concerns: _____

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Missing Data Codes: 666 Not Applicable; 777 Refused; 888 Don't Know; 999 Missing/Question Was Not Asked

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