

Wraparound Key Elements: Crisis Plans & Crisis Responses



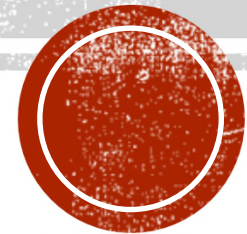
WELCOME!

**PLEASE
SIGN-IN!**



WRAPAROUND KEY ELEMENTS:

Crisis Plans and Crisis Responses
Marshall University Wraparound Fidelity Team



DART & WFI-EZ JANUARY 2025

- Staffing Lists & Cases in WV CANS System
 - Will be sending out by Staffing Lists Tonight
 - Will most likely be incorrect
 - Please Make Sure All Cases are in the WV CANS System by Monday
 - Close
 - Add
 - Update
- **Please Respond by COB Friday 11/22/24**



WHAT IS THE DART?

Document Assessment & Review Tool (DART)

- **The DART**, is used to take a comprehensive look at your documentation of the wraparound process to assess whether WV wraparound is meeting High Fidelity Standards.
 - It is typically completed annually, and we will begin January 2025
- **What does my agency need to do?**
 - **Lydia will send out an email** with your selected cases and documentation **needed within a timeframe.**
 - **SAH**, typically just audits their info already in the WV CANS System to make sure nothing is missing from the selected cases.
 - **CMHW/CSEDW**, typically uploads **labeled and organized** info for the selected cases into the WV CANS System in the **Case Files** tab or a secured SharePoint folder.



HOW DO MY SCORES AFFECT AND INFORM MY COMMUNITY?



Highlights strengths found in our wraparound community. (DART & WFI-EZ)



Gives insight into training needs for wraparound providers. (DART)



Informs State Partners on needed policy changes for the wraparound process. (DART)



Uncovers the attitudes about & experiences in wraparound. (WFI-EZ)



WHAT ARE CRISIS EVENTS ...

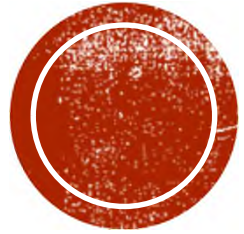
- An extreme reduction in functioning and possible destabilization & may include:
 - An arrest
 - A Suicide attempt
 - Hospitalization for psychiatric reasons
 - The deployment of and assessment by a Mobile Crisis Outreach Team
 - A removal from the home and/or a maltreatment allegation
 - Incidence of interpersonal violence
 - Running away
 - Etc.
- Comprehensive look at events that threaten to derail the youth remaining at home, in school, and in the community.
 - Should be related to their reason for referral and their underlying needs.
 - Think about these settings in context with the family story
 - Relationship w/ Self
 - At home
 - In School
 - In Community
 - Relationship w/ Others
 - At home
 - In School
 - In Community



CRISIS PLANS AND RESPONSES ARE...

- A Crisis or Safety Plan should be developed at the first face-to-face meeting with the family. The plan should include:
 - Address potential crises or risk situations relevant to the family's story and referral for Wraparound
 - History/reason for referral
 - Safety Issues that are non-negotiable
 - Crisis as defined by the family
 - Crisis triggers
 - Action steps that are in order of least restrictive to more restrictive
 - Resources and techniques to use to alleviate crisis
 - List of people and contacts
 - Covers ALL potential Crises in ALL potential settings
 - For example, if a youth has a history of being a threat to themselves and others, both at home and the community, the crisis/safety should address all four possible crisis events: threat in the home to self, threat in the home to others, threat in the community to self, and threat in the community to others.





HOW TO DOCUMENT A CRISIS AND RESPONSE

PLAN OF CARE CRISIS PLAN

E. WRAPAROUND CRISIS/SAFETY PLAN This is the completed/expanded version from the initial crisis/safety plan created by the facilitator and family in the first face to face meeting. This is to be reviewed and updated as needed, and at least at every meeting.

Current Medications:	Brief History:	
Triggers	Potential Crisis:	
Actions Steps for All Areas (including proactive steps):		Back Up Plan:
Follow Up Tasks after Crisis:		
Person's Responsible and phone numbers:		
Children's Mobile Crisis Response: 1-844-435-7498		



CRISIS AND SUPPORT CONTACT (SAH)

Wraparound Activities and Contact Form

1. Date of Contact

2. Type of Contact
Checking this box indicates that this will count as your required weekly Face-to-Face Contact

3. Contact Category
Wraparound Activity

4. Worker

5. Participant Location during Contact

6.

	Participant Type	Participant Name	Describe Role/Relationship
1.	<input type="text" value="Mother"/>	<input type="text" value="Betty Boop"/>	<input type="text"/>
2.	<input type="text" value="Child"/>	<input type="text" value="Betty Boop Jr."/>	<input type="text"/>

7. Comments

© 2024 Public Consulting Group LLC • All Rights Reserved Contact us by phone at: 1-800-436-4105 or by email at: wvCANSsupport@pcgus.com



MONTHLY SUMMARY SHEET (SAH)

WEST VIRGINIA STATEWIDE CANS MONTHLY SUMMARY

Demographics		
Month & Year of Report:	Grantee's Internal Space (Initials of Client/Family):	Reason for refe
Child Name:	Status:	Client ID:
Case ID:	Referral County:	Current County
Current Region:	Assigned DHHR Caseworker:	Assigned LCA:
Assigned LCA WF:	RPM Approval Date:	90 Days from R

Assignment:	
Assigned Local Coordinating Agency (LCA):	Assigned Wraparound Facilitator Name:
If transferred, date:	If transferred, reason:

Marshall University 2024-2025

Briefly discuss all questions

Number of Child and Family Team Meetings Held:	Comments:
Number of Face-to-Face Contacts with Youth/Family:	Comments:
Number of Other Contacts (e.g., Phone, Collateral, etc.) with Youth/Family:	Comments:
Name of Current School the Youth is Attending:	Comments:
Status of School Attendance:	Comments:
Ongoing School Performance:	Comments:
End of Year School Performance:	Is this the month school ends for the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client able to be at home or return to their home community without requiring further juvenile intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Marshall University 2024-2025

2

Was the client able to be at home without being re-abused or neglected as evidenced by no re-entry into foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Did the youth require out-of-home crisis intervention during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Current living situation of youth at month's end:	Comments:
Family Established New, or Maintained Existing, Community/Natural Supports <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Did the youth transition from Out-of-State to West Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Did the youth transition from instate residential to a community-based setting in West Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Referrals and Linkage to Community Supports or Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Newly Identified Safety Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identified Barriers that continue to be un

Marshall University 2024-2025

Final Comments:

WF Signature & Date

Supervisor Signature & Date

Marshall University 2024-2025

4



CRISIS INCIDENT REPORT (AETNA-CSED)

AETNA-CSED Document

West Virginia Home- and Community-Based Services (HCBS) Waiver Programs – Incident Reporting Form
Confidentiality Notice: This document contains confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is prohibited.

This form is used to document **critical incidents, non-critical reportable events and incidents reported to SPS/APS.** Submit this form to your Aetna Care Manager for review and distribution to state partners.

Timeframe for reporting: As soon as possible once the situation has stabilized upon discovering the incident or event, or no later than 24 hours of becoming aware of the event occurring. If the reporter does not have evidence that it has already been reported. If the situation is life threatening, call 911.

Wraparound Youth Information

Waiver Member's First Name:	Waiver Member's Last Name:
Date of Birth:	Race or Ethnicity:
Medicaid Number:	<input type="checkbox"/> American Indian or Alaska Native
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified	<input type="checkbox"/> Pacific Islander
Diagnosis/Illnesses (if known):	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> White
	<input type="checkbox"/> Not Known
	<input type="checkbox"/> Other:

Reporting Source

Reporting Agency:	Reporter's Title:
Reporter's First Name:	Reporter's Last Name:
Reporter's Phone:	Did the reporter witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No

Incident Information

Critical Incidents	Reportable Events (Non-Critical Incidents)
<input type="checkbox"/> Suspected Abuse, type <input type="checkbox"/> Physical	<input type="checkbox"/> Minor Injury
<input type="checkbox"/> Sexual <input type="checkbox"/> Mental	<input type="checkbox"/> Suspected Financial Exploitation
<input type="checkbox"/> Suspected Neglect	<input type="checkbox"/> Unplanned Hospital Admission or <input type="checkbox"/> Emergency Room Urgent Care Visit
<input type="checkbox"/> Missing Person	<input type="checkbox"/> Natural or <input type="checkbox"/> Expected Death
<input type="checkbox"/> Homicidal Action Plan or <input type="checkbox"/> Suicidal Action Plan	<input type="checkbox"/> Medication Refusal
<input type="checkbox"/> Serious Medication or <input type="checkbox"/> Dietary Error	<input type="checkbox"/> Sexually Transmitted Infection, describe if known: Click here to enter text.
<input type="checkbox"/> Unnatural or <input type="checkbox"/> Unsuspected Death	<input type="checkbox"/> Other, describe: Click or tap here to enter text.
<input type="checkbox"/> Event Involving Police or <input type="checkbox"/> Emergency Personnel Intervention	
<input type="checkbox"/> Other, describe: Click or tap here to enter text.	

Date of Incident:	Discovery Date:
-------------------	-----------------

AETNA-CSED Document

Time of Incident: Discovery Time:

Date and/or time of incident is approximate

Location Type:	Reporter's Title:	Name of Location:
<input type="checkbox"/> Waiver Member's Home	<input type="checkbox"/> Community	Address of Incident:
<input type="checkbox"/> Living Alone	<input type="checkbox"/> Work	
<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Living with Unrelated Person	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Foster Home	<input type="checkbox"/> Other Location (describe):	
	Click or tap here to enter text.	

Briefly describe what happened (use the first and last name[s] of any staff involved and include specific dates and time[s]):

NOTIFICATIONS

Entity	Contact Name from Notified Entity	Notification Method			Notification Date and Time	
		Phone	Electronic/ Email	Fax	Date (MM/DD/YYYY)	Time (AM/PM)
<input type="checkbox"/> Law Enforcement						
<input type="checkbox"/> Emergency Medical Personnel						
<input type="checkbox"/> APS/SPS						
Reference:						
<input type="checkbox"/> Aetna Care Manager						
<input type="checkbox"/> Aetna Project Coordinator						
<input type="checkbox"/> OHY/LAC						
<input type="checkbox"/> Wraparound Facilitator						
<input type="checkbox"/> Direct Service Provider						
<input type="checkbox"/> Family Member						
<input type="checkbox"/> State Guardian						
<input type="checkbox"/> Private Guardian						
<input type="checkbox"/> Mandated Reporter						
<input type="checkbox"/> Medical Provider						
<input type="checkbox"/> Other:						

ALLEGED MALTREATER/PERPETRATOR

For incidents involving alleged abuse, neglect, or exploitation, please supply the following information if it is available.

AETNA-CSED Document

Alleged Maltreater/Perpetrator's Name: City: State:

Street Address:

Contact #:

Age:

Relationship to Impacted Waiver Member:

Relative Staff Peer Other (please specify):

WITNESSES

Witness Name	Address	Contact Number or Email	Relationship to Member

RISK MITIGATION

- What is the waiver Member's current status? (Choose one)
 - Stable with no serious changes noted
 - Seen by professional and returned home
 - Seen by professional and admitted to facility (specify location and date below)
 - Other, briefly describe: Click or tap here to enter text.
- Could this incident have been prevented?
 - Yes No Unknown
 - Track/Monitor previous incidents to identify trends
 - Change in environmental factors – LOCKED BOX FOR ALL SHARPS-MEDS-HARM POTENTIAL ITEMS ON PREMISE
 - Modification of the Plan of Care (POC)
 - Other, briefly describe: CAREGIVER BURNOUT/COMPASSION FATIGUE DIRECTLY IMPACTING CHILD/FAMILY – CRISIS RESPITE FOR FAMILY
- Identify immediate actions to help ensure health, welfare, and safety of the waiver member (Choose all that apply)
 - Anticipate and observe for advance signs of and triggers for the incident
 - Agency processes/procedures improvements
 - Improve communication within the agency and between agencies
 - Other, briefly describe: Click or tap here to enter text.
 - Team meeting

- This form is to be completed by the individual with most knowledge of the incident, provided that it is completed as soon as possible following stabilization of the immediate incident.
- If the individual with the most knowledge of the incident is unable to complete the form, it may be completed by other reporter or designated staff.

AETNA-CSED Document

Printed name/title of person completing form: Signature: Date (MM/DD/YYYY):

Please add any significant additional details not already reported regarding the incident that might be helpful for the individual reviewing the report to know.

If additional pages are attached, please also indicate number of additional pages below:



A close-up photograph of a hand holding a black pen, pointing at a grid of numbers on a document. The grid consists of rows and columns of numbers, with some numbers circled. The background is a blurred document with a grid pattern. The text is overlaid in the center of the image.

HOW DO REVIEWERS RATE CRISIS PLANS & RESPONSES?

DART



There is at least one crisis/ safety plan found in the record.

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.

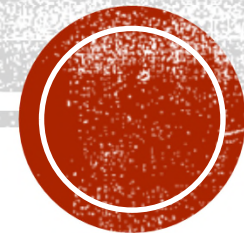
The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.

While enrolled in wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?

After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.

After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.

FIDELITY STANDARDS FOR CRISIS PLANS & RESPONSES:





CRISIS PLANS & RESPONSES DART RATING OPTIONS

2 or Yes clear evidence the item has been fully met

1 evidence that the item requirements have been partially met

0 or No no evidence the item has been met

N/A item is not applicable to the youth, family, or team's situation (only an option on certain items)

Missing the documentation needed to score the item is not available in the record (only an option on certain items)



Scoring Code (see manual for full scoring rules):
N/A—Not Applicable for this item

Section F: Safety Planning

Item #	Item	Response	Comments
F1	There is at least one crisis/ safety plan found in the record.	Y N	If No, please skip to Section G.
F2	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.	2 1 0	
F3	The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.	2 1 0	

Section F: Safety Planning

Data Source: Crisis/Safety Plan

Item #	Item	Response	Comments
F1	There is at least one crisis/ safety plan found in the record.	Y N	If No, please skip to Section G.

Possible Scores

Yes

if a document that explains what to do in a crisis or risk situation is found in the record and indicates that the team has talked through the likelihood of crises occurring and how possibly to avert one.

No

if no such document is found in the record OR if the document pre-dates Wraparound process and was not updated by the team. (Skip to Section G.)

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	#: _____ Miss	If zero (0), please skip to Section H.
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2 1 0 Miss	Miss if F2 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	

FOR AUTHORIZED USE ONLY – DO NOT DISTRIBUTE OR ALTER IN ANY WAY

Copyright 2017 | Wraparound Evaluation and Research Team / Eric J. Bruns, Ph.D. | University of Washington | (206) 685-2477 | www.depts.washington.edu/wrapave/

Page 8 of 11

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries





Scoring Code (see manual for full scoring rules): 2 or Y—Fully Met 1—Partially Met
N/A—Not Applicable for family being reviewed Miss—Missed

Section F: Safety Planning

Item #	Item	Response	Comments
F1	There is at least one crisis/ safety plan found in the record.	Y N	
F2	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.	2 1 0	
F3	The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.	2 1 0	



Section F: Safety Planning

Data Source: Crisis/Safety Plan			
Item #	Item	Response	Comments
F2	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.	2 1 0	

Possible Scores

2	if there is a crisis/safety plan(s) that identifies triggers or behaviors that often precipitate a crisis or risk situation, AND the plan(s) address ALL of the potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.
1	if there is a crisis/safety plan(s) that identifies triggers or behaviors that often precipitate a crisis or risk situation, BUT the plan(s) do not address one or more significant potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.
0	if there is a crisis/ safety plan(s), but it does not identify triggers or behaviors that often precipitate a crisis or risk situation include signs a crisis is beginning, even if it addresses all of the potential crisis situations or settings that put the youth at risk of out-of-home placement and/or precipitated their referral for Wraparound.

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	#: _____ Miss	If zero (0), please skip to Section H.
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2 1 0 Miss	Miss if F2 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	

FOR AUTHORIZED USE ONLY – DO NOT DISTRIBUTE OR ALTER IN ANY WAY

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries





Wraparound Fidelity Assessment Wraparound Document Assessment

June 2020 Version

Scoring Code (see manual for full scoring rules): 2 or Y—Fully Met 1—Partially Met 0—Not Met N/A—Not Applicable for family being reviewed Miss—Missed

Section F: Safety Planning

Item #		Item	Response		
F1		There is at least one crisis/ safety plan found in the record.	Y	N	
F2		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.	2	1	0
F3		The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.	2	1	0



Section F: Safety Planning

Data Source: Crisis/Safety Plan					
Item #	Item	Response			Comments
F3	The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.	2	1	0	

Possible Scores

2

if there is a clear crisis/safety plan(s) that has intervention strategies likely to increase safety that are assigned to specific people AND the plan specifies what further steps should be taken and who to contact if the first approaches do not work.

1

if the crisis plan has intervention strategies likely to increase safety that are assigned to specific people, but the plan does not specify what further steps to take and who to contact if the first approaches do not work.

0

if there is a crisis plan, but it does not specifically describe who will respond to the crisis and how AND/OR the strategies listed are not likely to increase safety.

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	#: _____ Miss	If zero (0), please skip to Section H.
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2 1 0 Miss	Miss if F2 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	

FOR AUTHORIZED USE ONLY – DO NOT DISTRIBUTE OR ALTER IN ANY WAY

Copyright 2017 | Wraparound Evaluation and Research Team / Eric J. Bruns, Ph.D. | University of Washington | (206) 685-2477 | www.depts.washington.edu/wrapeval

Page 8 of 11

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries





Scoring Code (see manual for full scoring rules):
 N/A—Not Applicable for form

Section F: Safety Planning

Item #	Item
F1	There is at least one crisis/ safety plan found in record.
F2	The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precede the referral for Wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.
F3	The crisis/ safety plan(s) identifies specific actions, interventions and assigns specific responsibilities to who will take these actions.

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	#: _____ Miss	If zero (0), please skip to Section H.

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	#: _____ Miss	If zero (0), please skip to Section H.
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2 1 0 Miss	Miss if F2 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	

FOR AUTHORIZED USE ONLY – DO NOT DISTRIBUTE OR ALTER IN ANY WAY

Possible Scores

Crisis Events

Lists # of crisis/reportable events during wraparound for youth.

No Crisis (Rare)

If no evidence of a crisis event is found in the family record, enter “0” and skip to the scoring and/or optional section of the DART.

Miss

Crisis Documentation is missing from the record.

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries





Scoring Code (see manual for full scoring rules): 2 or Y—Fully Met 1—Partially Met 0 or N—Not Met
 N/A—Not Applicable for family being assessed

Section F: Safety Planning

Item #	Item
F1	There is at least one crisis/ safety plan found in the record.
F2	The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitate the referral for Wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.
F3	The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care						
Item #	Item	Response			Comments	
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2	1	0	Miss	Miss if F1 is No (i.e., there is no crisis/safety plan in the record).

Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care						
Item #	Item	Response			Comments	
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	Miss			If zero (0), please skip to Section H.	
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2	1	0	Miss	Miss if F1 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2	1	0		

FOR AUTHORIZED USE ONLY – DO NOT DISTRIBUTE OR ALTER IN ANY WAY
 Copyright 2017 | Wraparound Evaluation and Research Team / Eric J. Bruns, Ph.D. | University of Washington | (206) 685-2477 | www.depts.washington.edu/wrapave/ Page 8 of 11

Possible Scores

2	if after EVERY crisis/reportable event the crisis/safety plan(s) were updated within 24 hours.
1	if after most (50-99%) of the youth's crisis/reportable event(s) the crisis/safety plan(s) were updated within 24 hours.
0	if the crisis/safety plan(s) were not typically (<50% of the time) updated within 24 hours following a crisis/reportable event.
Miss	if F1 is No (i.e., there is no crisis/safety plan in the record).

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries





Wraparound Fidelity Assessment System
Wraparound Document Assessment and Review Tool



June 2020 Version

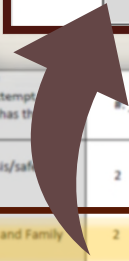
Scoring Code (see manual for full scoring rules): 2 or Y—Fully Met 1—Partially Met 0 or N—Not Met
 N/A—Not Applicable for family being reviewed Miss—Not able to determine due to missing documentation

Section F: Safety Planning

Item #	Item
F1	There is at least one crisis/ safety plan on record.
F2	The crisis/safety plan(s) identifies triggers that indicate onset of a crisis or risk situation, especially those triggers or behaviors that led to the referral for Wraparound or are placed at risk of out-of-home placement or increased residential restrictiveness.
F3	The crisis/ safety plan(s) identifies specific interventions and assigns specific responsibilities to who will take these actions.

Section G: Crisis Response

Item #	Item	Response	Comments
G1	While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?	Miss	If zero (0), please skip to Section H.
G2	After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.	2 1 0 Miss	Miss if F2 is No (i.e., there is no crisis/safety plan in the record).
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	



Section G: Crisis Response

Data Source: Crisis/Safety Plan, Progress Notes, and plans of care			
Item #	Item	Response	Comments
G3	After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.	2 1 0	

Possible Scores

2	if after EVERY crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.
1	if after EVERY crisis/reportable event, a Child and Family Team Meeting was held WITHIN A WEEK, but not ALWAYS within 72 hours.
0	if a Child and Family Team Meeting was NOT ALWAYS held WITHIN A WEEK of a crisis/reportable event.

WRAPAROUND KEY ELEMENT: CRISIS PLANS & RESPONSES

Supporting Documentation: Case Plans w/ Signature Pages, Meeting Notes, Progress Notes, & Monthly Summaries



**QUESTIONS?
COMMENTS?
CONCERNS?**

2024

**Wraparound Key Elements: Crisis
Plans & Crisis Responses**



THANK YOU!



Lydia Shaw, MS

TCOM & Wraparound Fidelity Coordinator

Marshall University Research Corp.

cartwright15@marshall.edu

2024



Tammy Pearson, MA

Senior Associate Director

Center of Excellence for Recovery

tpearson@marshall.edu

