Wraparound Implementation Phase Two: Initial Plan of Care Meeting

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Phase Two: Initial Plan of Care Development Meeting

Activities in this phase include:

- Holding one or two planning meetings of the entire team
- Presenting & reviewing the strengths list & having team members add to it
- Facilitating the creation of a team based mission statement
- Explaining the concept of needs in the Wraparound process, presenting needs statements generated by the Facilitator as a result of initial meetings and having team members add their own perspective on needs
- Facilitating a decision making process that allows the team to select priority needs
- Brainstorming solutions, interventions and activities to meet chosen needs
- Matching interventions and strategies to strengths
- Soliciting volunteers or making assignments for follow through among all team members

Description of the Activity: This phase is time limited and contained. In this phase, the Facilitator is responsible for gathering the group to produce an initial Plan of Care that will serve as a guide to future activities and relationships. The list above details the format for the initial planning meeting. It should happen as close to this order as possible with the start of the meeting always focusing on the strengths list. This allows the team to consider the good news about the individual or family and the situation. The creation of a Mission Statement may be a challenge as the team hasn't really begun to work together yet but a Mission Statement should be completed and agreed on before prioritizing needs. This is because the team should start with a sense of purpose. Once the team knows where it is headed, it will be easier to decide what needs to happen to get there.

The Facilitator should consider a broad range of needs statements and encourage the team to do so as well. The team should choose the most important needs that will accomplish the mission using whatever process feels comfortable and assures the family a significant voice in the choosing.

Brainstorming solutions should focus on a creative process by which the team considers a range of options to a stated need, preferably at least ten potential ideas. The chosen options should be those that build on strengths and meet needs. Making assignments & soliciting volunteers allows the work to be shared across a variety of team members. All team members should leave this initial Plan of Care meeting(s) with a job or assignment.

Things to Avoid: During the team meeting, the Facilitator is responsible for moving through these steps fast enough to get to actions while staying with each one long enough for it to have meaning. Some things to avoid in each of these areas include:

- Strengths
    - Avoid making the strengths list only owned by the Facilitator. Ask other team members to join in and add to the presented strengths list.

    - Avoid spending too much time on strengths. People may enjoy the pleasant approach but you need to move to planning.
    - Avoid simply reading over your prepared list. Find a way to tell an illustrating story on some of the strengths. This is a strategy for engaging team members.
- Mission Statement
    - Avoid making the mission owned by any one team member. Start with the individual or family but always leave room for team members to add to the statement.
    - Many times Facilitators will generate Mission Statements that are too long to be remembered and therefore not much good to the team process. Make the Mission Statement short enough so that members can remember it.
- Needs Statements
    - Avoid listing services or goals as needs.
    - Target underlying needs as a means to increase understanding of all team members about behavior, history or situations
    - Create room for as many needs as possible to be identified & sort them by life domain.
- Choosing Needs
    - Avoid making the needs chosen a function of any team member's "wish list". The logic attached to choosing needs is to answer the question "What will get us closer to the mission we've agreed?" not "What do you think is most important?"
    - Avoid spending too much time choosing needs. The important thing is to find a way to choose and then moving ahead to planning.
- Producing Interventions
    - Brainstorm at least 10 options for each selected need and avoid stopping at the first suggestion. Intervention development involves a creative process in which a team develops a range of options and then narrows it down. The Facilitator should begin to create a team norm around the "brainstorm 10" activity.

Products completed in this phase include:

- An initial Plan of Care that details the Mission Statement, needs selected, responses to those needs including who will respond, when and for how long as well as a matching of strengths to interventions.
- A written Crisis Response Plan that defines each anticipated crisis, a response to the crisis and a notification plan for all team members.

Description of the Products: The Care Team process addresses both planning and doing method. But a plan has to be created and agreed on in order to implement it. The Plan of Care document is a challenge to create for several reasons. The first challenge is format. The document should be readable, usable and easily referred to by all team members. The second challenge is the dynamic nature of Plan implementation. The Plan of Care represents a static location and time. The format of the document doesn't capture the constant change and adaptation that is inherent in a team's planning process. On the other hand, the document is critical to capture where the team thinks it's headed as well as to provide a written framework for accountability to assure that people who attend creative planning meetings will actually follow through on their good ideas

and commitments. In addition, the initial Plan of Care creates a basis for ongoing knowledge development by documenting the first chapter in the history of the individual or family's involvement with the team. This saves work in the long term by not requiring the team to go over old ground.

Many teams will elect to develop an initial crisis plan at this stage. These plans are tricky and may very well conflict with the overall Plan of Care. Basically, what is minimally needed is a crisis contingency response predicting what is likely to go wrong and what each team member should do in response. This is often supplemented with a communication format in the form of a telephone tree. Some of the challenges with simply loading a "crisis plan" at this stage include:

- *Confusion about crisis and safety situations*: A crisis situation and an unsafe situation may be two very different things. In unsafe situations it's less about communication and contingency management than about measured and specific response. Just because a Facilitator or a team has complete a crisis plan doesn't mean the person in safe.
- *Lack of trust among team members*: The team is just forming and trust will take some time to build. Asking families what their crisis is may be a set-up for an inauthentic response. Additionally other stakeholders may have strong feelings about what risk issues and crisis situations are for this family and may force their perspective into this discussion. This can undermine effective, fair and transparent communication.
- *Confusing stability with good outcome*: Some families who get referred to Wraparound are seen as chaotic and unstable. Indeed, this may be a primary reason why a family might get referred to Wraparound. When this happens the referring party is often highly motivated to "get the family" stable even though some of those periods of instability aren't impacting how the family came to the system attention in the first place. Some families will always be able to tolerate a greater degree of instability than others. Compliance with a plan of stability may not necessarily mean that protective or law abiding behaviors have increased.

Things to Avoid: The initial Plan of Care must be completed, documented and distributed early enough in the Planning Process to assure that team members have a collective sense of forward motion. Failure to get it done soon enough may result in circumstances that are long on process but short on product. Some Facilitators struggle with getting the plan documented. Not having a plan will result in the team, the individual or family and the Facilitator getting lost in the process and never having a sense of accomplishment.

Details completed in this phase include:

- Setting a schedule for ongoing meetings
- Assuring that Plans of Care are distributed in a timely fashion to all team members

Description of the Details of this Phase: Facilitators should identify whether they think they can complete the initial Plan of Care within one Individual Support Meeting or two. No meeting should last longer than 90 minutes. If a Facilitator thinks it will take two meetings, they should be scheduled within one week of one another to assure that people who are present for the initial review of strengths are also able to attend the meeting that develops interventions. Before the

initial planning meeting is completed the Facilitator should develop a schedule of ongoing meetings. This schedule should be developed cooperatively with the Care Team. Additionally, the Facilitator should assure the Plan of Care is distributed to Care Team members within 3 working days of the team meeting. One easy way to do this is to have individuals fill out envelopes with their address and use these to send the document.

Things to Avoid: Some Facilitators get in the habit of waiting until the next team meeting to distribute the Plan of Care developed at the last team meeting. This is a problem, as team members may not remember what they committed to until they see the document. Secondly, it reinforces the notion that all work in teams happens in the meeting rather than assuring that people are providing interventions and supports that make a difference between meetings.