



Virginia HFW “Bridge” Training Agenda

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| 9:00 AM | Welcome, Quick Introductions and Reason for “Bridge” Training |
| 9:30 AM | Virginia ICC Update and Clarifications |
| 10:15 AM | Break |
| 10:45 AM | Common Foundations of HFW: Principles, Framework, Theory of Change, Phases and Activities |
| 11:00 AM | Engaging system partners |
| 11:15 AM | The Strengths, Needs and Culture Discovery |
| 12:00 PM | Lunch |
| 1:00 PM | SNCD (continued) |
| 1:30 PM | Functional Assessment, Positive Behavior Supports and the Crisis Prevention Plan |
| 2:45 PM | Break |
| 3:00 PM | Implementation Phases Meetings |
| 4:30 PM | Next Steps, Evaluations |

Overview

High Fidelity Wraparound is a team-based, collaborative process for developing and implementing individualized care plans for children with mental health challenges and their families. The goals of HFW are to meet the stated needs (not necessarily services) prioritized by the youth and family, improve their ability and confidence to manage their own services and supports, develop or strengthen their natural support system over time, and integrate the work of all child serving systems and natural supports into one streamlined plan.

Initially the youth and family are supported by a facilitator who ensures that the process is driven by their voice, that it works effectively and that care is coordinated among the providers and systems. The facilitator also works with youth and family members from the beginning so that the coordination and direction of care is transitioned to them as they build their self-efficacy and are able to facilitate their own team process. This process has proven to be very effective in engaging youth and families. This process empowers them to be in control of a process that gets them the services and supports that they need, without the use of excessively restrictive or intrusive services when community-based alternatives and natural supports can result in better and longer lasting outcomes.

High Fidelity Wraparound emerged in the 1980s as a value-driven approach to providing community-based care for youth and their families. The values associated with HFW specified that care was to be strengths-based, culturally competent, and organized around youth and family members' own perceptions of their needs and goals. The term Wraparound came to be more and more widely used throughout the 1990s, and although Wraparound efforts shared features with one another, there was no consensus about how it should be defined or distinguished from other planning approaches.

Training Crosswalk

YFTI and our partners in Virginia undertook a comprehensive review of the University of Maryland's "Introduction to Wraparound" training curriculum and the Youth and Family Training Institute's "5 Day Team-based Training" to determine the training needs for this "Bridge" Training. The activities trained in the "5 Day Team Training" not trained by the University of Maryland compose the content for this training. If you are interested in the entire "5 Day Team Training" curriculum, these can be found on the Office of Comprehensive Services website (www.csa.virginia.gov).

Partners in Implementation of HFW

Virginia

Intensive Care Coordination (ICC) was developed as a service in Virginia almost 10 years ago in recognition of concern regarding the number and length of stay of youth in residential placements as well as the need for youth to successfully return home following an admission to residential care. As Virginia moved forward with adopting the principles of the System of Care to shape behavioral health services for youth and families (and within the Comprehensive Services Act structure), there was a continued emphasis on serving youth in their homes and communities, and using residential placement only when clinically necessary and then for as short a time as necessary. As a result of the value in preventing residential placement through intensive work with youth and families, ICC was expanded to include youth at-risk of out of home placement. The ICC approach recognized a need for smaller caseloads than traditional case management due to the higher intensity of the work. ICC also explicitly acknowledged the need to work in partnership with both youth and families in designing and implementing services to meet common goals. It is worth noting however, that there was no preferred or specific model for the implementation and delivery of ICC services. Until recently, ICC was provided only by public behavioral health agencies (CSB) and was and continues to be reimbursed through the CSA process.

In the past 18 months, as a component of the DBHDS System of Care expansion effort, Virginia has reflected on and made some important adjustments to its vision of ICC. Specifically, in our efforts to provide for the best possible outcomes for this high-risk population, Virginia and the CSA recognized the growing body of evidence in support of HFW and as a result adopted HFW as the preferred model for the delivery of ICC. CSA policy now requires that all ICC providers and supervisors be trained in HFW. Additionally, the provision of ICC is now open to private providers, as well as CSBs.

Through the System of Care grant, the Wraparound Center of Excellence (COE) was created at the Office of Comprehensive Services. The COE is responsible for training and support for ICC service providers, local CSA, FAPT, and CPMTs, and other system participants in the HFW model. Through these activities, the COE's mission is to further the understanding of the core values and principles underlying the Systems of Care philosophy and the High Fidelity Wraparound model of care.

Specific activities of the COE include a variety of training activities for Intensive Care Coordinators and their supervisors in the High Fidelity Wraparound model of care. The COE is also coordinating a Community of Practice to further the understanding and realization of the core values and principles underlying the Systems of Care philosophy and the High Fidelity Wraparound model of care. This Community of Practice will include both in-person and virtual opportunities for sharing of information, ideas, successes and challenges among the HFW and CSA community in Virginia.

Youth and Family Training Institute (YFTI)

The Youth and Family Training Institute (YFTI) provides county readiness assistance and training, credentialing, coaching and monitoring in the HFW process for the PA HFW workforce. The Children's Bureau and the Youth and Family Training Institute (YFTI) work with county partners in implementing HFW. Counties are responsible for adhering to the principles, activities and Theories of Change of HFW. Counties must agree to participate in YFTI's training, coaching and credentialing process for the identified provider, their HFW workforce and county staff, and to participate in YFTI's evaluation and monitoring system.

The Youth and Family Training Institute is located in Monroeville, PA. It operates with a director (Shannon M. Fagan), a project coordinator, and an evaluation team that includes a lead evaluator and data analyst who are a part of the PA System of Care Partnership, which includes YFTI. The coaching team is comprised of two statewide HFW coaches, a youth support partner specialist, and a family support partner specialist. The training team is comprised of a training coordinator and a training specialist.

YFTI's training team offers four to five team trainings a year called the Five Day HFW Team Training. YFTI also offers specific topic trainings to augment the team trainings and support the HFW workforce. The Advance Training and Credential Renewal program (ATCR) was created in 2011. It is a video- and web-based training program implemented for credentialed workforce to utilize. YFTI offers an annual HFW Workforce Summit/Role Day to advance the skills of the workforce as a whole. Role discussions in the afternoon help to develop skills for networking, ideas for challenging situations and tips on how to celebrate successes, among others.

National Wraparound Initiative (NWI)

The challenge of effective implementation prompted the establishment of the National Wraparound Initiative (NWI) which has led to agreement on:

- The primary elements of the model (Burns and Goldman, 1999; Bruns et al., 2004);
- Standardized methods to measure fidelity to the process (e.g., Suter, et.al. 2005); and
- A specified model of service delivery (Walker et al., 2004; Walker & Bruns, 2006).

Such steps are important because implementation research using a variety of measures and methodologies has demonstrated that the quality or fidelity of HFW varies greatly (Walker, Koroloff, & Schutte, 2003) and that the fidelity of the process directly correlates with the outcomes for children and families (Rast, O'Day, and Rider, 2005; Rast, VanDenBerg, Earnest, and Mears, 2004).

Research has shown that HFW has been effective in engaging and empowering families, producing good outcomes for youth and families while reducing costs. Research has also shown that low fidelity "Wraparound" has not engaged families in the process, has produced poorer outcomes for youth and families and often increases the cost of services (Rast, Bruns, Brown and Peterson, 2008; Bruns, 2007; Rast, Vetter, Poplin and VanDenBerg, 2007). In order for

youth and families to feel confident in the system's ability to help and support them, a major transformation must occur.

High Fidelity Wraparound Roles

Depending on the state you live in, a HFW team can look differently. The following offers a brief description of roles in addition to a Facilitator.

A **coach** is the skill-based teacher and support provider to the HFW workforce/staff. The coach is also the “guardian of fidelity” to the process of High Fidelity Wraparound. A small, initial cadre of coaches has been identified in Virginia. These people will be credentialed as coaches are important to sustaining the high fidelity wraparound work in Virginia.

The **family support partner** (FSP) position is designed to provide intensive levels of peer support for families. These positions are a distinctly different job than the HFW facilitator, but they work closely with the facilitator to support positive outcomes for the family. Often, but not always, the FSP is a graduate of HFW and should always be a family member of a person with complex emotional or medical needs. You have a document in your Appendix with more information about the Role of the Family Support Partner.

This **youth support partner** (YSP) position is designed to provide intensive levels of direct support for youth or young adults. Youth Support Partners are generally two to five years older than the young adult being served, under the age of 25 when they become a YSP, and are a graduate of HFW or have similar life experiences with the young adults they are working with. Youth Support Partners can only have a high school education or GED, and life experiences that allow them to form empathetic relationships with the young adults they serve. They receive extensive training in the role and are supported by a Coach.

The HFW Facilitator

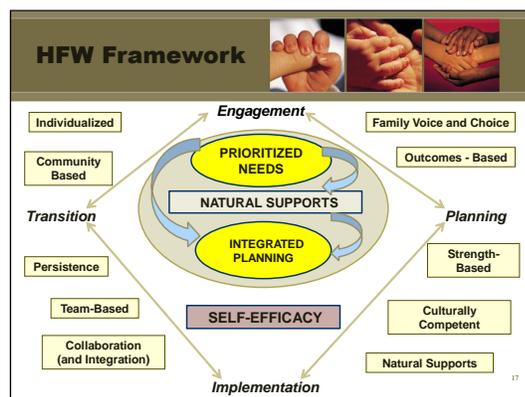
A HFW facilitator is the person who ensures that the 10 HFW Principles and the activities of the process are delivered with the highest possible fidelity to national best practices. It is their primary responsibility to “juggle” each of the principles so they are balanced. They model the principle of being ‘strengths-based’ by always focusing on “what works”. They skillfully reframe negative comments into a conversation about needs, while at the same time honoring and valuing the person's comments. They value each youth and family's individual and unique culture. They need to learn skills that focus on empowering the family to solve their own problems. Facilitators may have to learn to be comfortable with silence and not “jump into” solving a problem or suggesting a service (services are not needs!). Facilitators must learn about the family's strengths that relate to priority needs. They build on these strengths throughout the process.

A HFW facilitator needs to learn the skills of artfully facilitating the HFW team meeting. They help the family develop their team consisting of both natural supports and professionals. They help the team develop their own, individualized team mission. They prioritize needs and utilize the *discovered* strengths and cultural information that directly relate to the priority needs. They help develop a goal that is worded in “family friendly language” that can be quickly accomplished to build on self-efficacy. Success builds on success. If the family feels they can accomplish the first goal, they will build on this success for future goals and needs. After the goal has been identified by the team, the facilitator obtains a measurement strategy to determine when a goal is met. A facilitator leads the *entire team* in robust brainstormed options based on the youth/family’s strengths and culture. The facilitator empowers the youth/family to pick options that would best work for them. They delegate action steps to the team based on each team member’s strengths, role, and how they support the family. A HFW facilitator maintains team cohesion by obtaining a commitment from all team members to the mission. They must value the team’s time by ensuring an effective and efficient team meeting (aka: keeping everyone on track).

A facilitator maintains the principle of outcome based by “checking in” or “following up” with all team members (including support partners) to ensure action step completion after the meeting. This requires that they get the High Fidelity Wraparound Plan (HFW Plan) developed in the meeting out to the team soon after the meetings (within days) so the team is clear on the action steps.

Facilitators need to be in continual communication with other team members to ensure family needs are being prioritized in meetings. This communication reinforces that they are all working on engaging natural supports, ensuring team cohesion and making sure the family has the support they need to complete action steps. If an action step is not completed, a facilitator’s first response should be, “What support do you need to complete your action step?” Throughout the process they are supporting the family to think about transition (“Who is going to meet these needs when the professionals are gone?”). They support the family toward transition by teaching them the process, how to call the team back together when new needs arise, how to meet their own needs, and how to have more natural supports than professionals on the team.

The High Fidelity Wraparound Framework Components

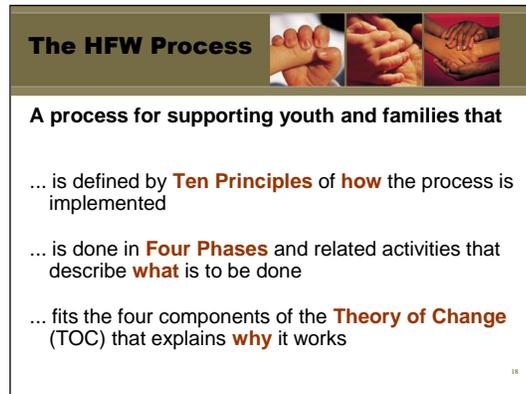


The High Fidelity Wraparound process is a process of supporting youth and families by using ten guiding principles through four phases using the four components of the Theory of Change.

10 Principles → **How** we do our work

Phases and Activities → **what** we do

Theory of Change → **Why** we do it



The HFW Process

A process for supporting youth and families that

- ... is defined by **Ten Principles** of **how** the process is implemented
- ... is done in **Four Phases** and related activities that describe **what** is to be done
- ... fits the four components of the **Theory of Change** (TOC) that explains **why** it works

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The Guiding Principles from the National Wraparound Initiative

Overview of the HFW Process, Principles and Steps: *The HFW process is how we implement the system of care at the child and family level.* It is based on common personal, community, and system values. It is a process that provides integration of services and supports around the child, youth, and family.

The HFW process is a way to improve the lives of youth with complex needs and their families. It is not a program or a type of service. The process is used by communities to support children with complex needs and their families by developing individualized plans of care. The key characteristics of the process are that the plan addresses family needs, youth strengths, is developed by a family centered team, is individualized based on the strengths and culture of the child and their family, and is needs-driven rather than services-driven.

The U.S. National Wraparound Initiative has standardized **ten guiding principles**:

1. Family Voice and Choice
2. Team Based
3. Natural Supports
4. Collaboration (and Integration)
5. Community Based
6. Culturally Competent
7. Individualized
8. Strengths Based
9. Unconditional Care
10. Outcome-Based and Cost Responsible

Unlike a medical model of diagnosis and treatment, HFW is a family-driven process in which facilitators assist youth and families to achieve their own visions of a good future. To

accomplish this, facilitators must actively listen to youth and families to understand their vision of a good future, the things that must change for them to achieve it, and their strengths and culture (voice). The facilitator must then provide youth and families with options so they can choose what works best for their family (choice). The HFW plan is developed by a HFW team, which consists of the family, the facilitator, other system/agency partners, and the four to eight people who know and care about the child and family best (natural supports). The team is selected by the family and typically consists of no more than 50% professionals. The team represents the principle of **Team-Based**. The plan is child-centered and family-focused with maximum family involvement, with variation depending on the needs of each child and family. The process focuses on strengthening the supports for the family, including extended family, friends and other social support through involving them in the planning and implementation process. These social supports represent the principle of **Natural Supports**.

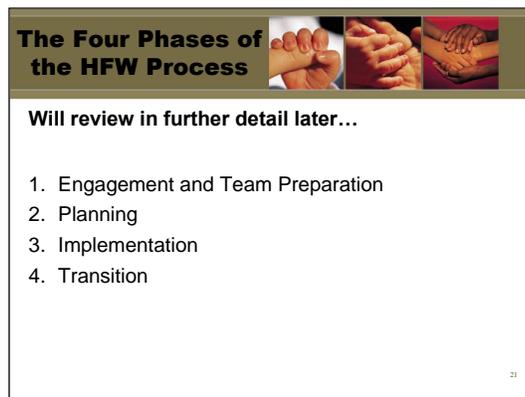
Many families who are served through the HFW process have needs which have traditionally been addressed by more than one service system (e.g. schools, mental health, juvenile justice, child welfare, and others). In a system of care, these service systems agree to the principle of **Collaboration**, or working together and moving to integration where all parties work in a team with the family to design and implement one plan. Services and supports are **Community-Based**. This guiding principle means that HFW supports youth and families to be involved in the schools and activities of their community. When residential treatment or hospitalization is accessed, these service modalities are used as stabilization resources (not as placements that operate outside of the plan). The next guiding principle is **Cultural Competence**. Services and supports must be tailored to the unique culture of each child and family. Family culture refers to family race and ethnicity as well as family habits, preferences, beliefs, language, rituals, and dress, and is based on a philosophy of “one family at a time.” The culturally competent HFW workforce discovers the unique cultural aspects of the family and ensures that the plan reflects the culture of the youth and family.

The principle of **Individualization** is at the heart of the HFW process. Each child, youth, and family has an individualized plan. The plan is focused on typical needs in life domain areas that all persons (of like age, sex, culture) have. These life domains are: independence, family, living situation, financial, educational, social, spiritual, recreational, behavioral, emotional, health, legal, cultural, safety, among others. The plan is developed by the team and addresses the needs prioritized by the family. The plan is a blend of natural supports and formal services. The plan may include services (such as therapy or day treatment) that other plans have included, but when they do include these more typical services, the team always evaluates and understands why the service is a precise match for the unique needs of the child, youth, and/or family. The plan is **Strengths-Based**, where the plan is based on the strengths, needs, values, norms, preferences, culture, and vision of the child, family, and community. By building on these strengths, the plan supports who the child is and how the child will positively progress in life.

The facilitator and those providing services and supports must make a commitment to the principle of **Unconditional Care** in delivery of services and supports. When things do not go well, the child and family are not “discharged,” but rather, the individualized services and supports are changed. Planning, services, and supports cut across traditional agency boundaries

through multi-agency involvement and funding. Governments at regional and local levels work together with providers to improve services, and commit to the final principle of being **Outcome-Based**. HFW is continually evaluated for quality (fidelity) and outcomes and the information is used for continual quality improvement. Outcome measures are identified and individual HFW plans are frequently evaluated. The collaborative funders of services agree to focus funding on efforts like HFW, which have solid evidence for effectiveness.

The Four Phases of High Fidelity Wraparound



The Four Phases of the HFW Process

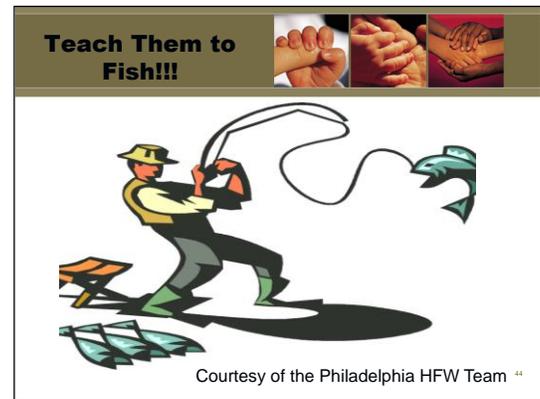
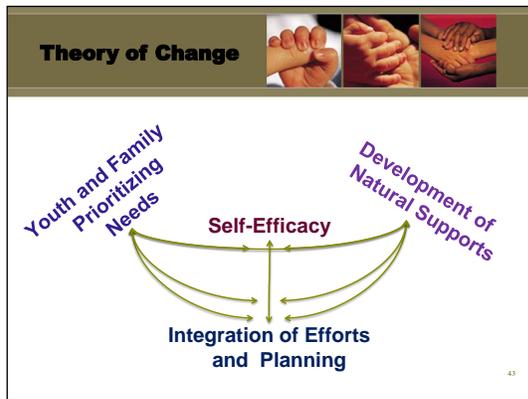
Will review in further detail later...

1. Engagement and Team Preparation
2. Planning
3. Implementation
4. Transition

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1. **Engagement & Team Preparation:** The basis for trust and mutual goals between the family and the facilitator is established. *Crisis Stabilization or “Band-Aid Plans” are created as needed.*
2. **Initial Plan Development:** Trust and respect are built while creating a youth- and family-driven plan of care using a specific planning process that reflects the HFW principles. *Crisis Prevention Planning is done in the Planning Phase (and throughout the process as needed).*
3. **Implementation of Plan:** Activities are repeated until the youth and family’s vision, and the team’s mission is achieved.
4. **Transition:** Plans are made for a transition to formal and natural supports in the community.

The Theory of Change



HFW is driven by a **Theory of Change** (TOC) that enhances the beliefs of the youth and family that they can create a better life and an improved future.

The first component of the TOC is that HFW helps the youth and family identify the **needs** that are most important to them (voice) and then focuses efforts in helping them meet these needs (choice). The second component is helping them to develop and strengthen the **natural support** networks that can help them meet these needs and sustain the youth and family in the future. The third component is helping the youth and family to **develop the skills and confidence** to believe they can do this successfully and continue to do it after the HFW ends. Families with complex needs often have multiple and competing plans and service providers and supports. Bringing these together into a **single and simplified plan** will greatly improve their prognosis of success.

Youth and Family Prioritized Needs: The first component of the TOC reframes Maslow's hierarchy of needs by saying "addressing the needs which are most important to the youth and family will improve their engagement and lead to good outcomes." There are many things the facilitator can do to ensure that HFW focuses on the needs that the youth and family prioritize. They may help the family to articulate a vision and from this identify the needs that are most important to achieve their vision. They may help them frame concerns as needs instead of solutions or services. They can have ongoing conversations with the youth and family to ensure the priority needs are being met and to help them identify emerging needs as the process progresses.

Self-efficacy: It is the belief in one's ability to plan and carry out the courses of action that will work. It is the belief you can make a difference and can be successful in what you try to do. Self-efficacy plays the central role in the cognitive regulation of motivation, because people regulate the level and the distribution of effort they will expend in accordance with the effects they are expecting from their actions. People will be more inclined to take on a task if they believe they can succeed. People with high self-efficacy are more likely to expend more effort, and persist longer, than those with low self-efficacy. Low self-efficacy can lead people to believe tasks are harder than they actually are. This often results in poor task planning, as well as increased stress.

Natural Support Systems: The theory of Human Ecology (Bronfenbrenner, 1979) emphasizes the importance of social influences on human development and functioning. Many research studies demonstrate that people with stronger natural support systems are healthier, happier, and have more positive outcomes than people with fewer natural supports. Children are influenced by their parents and the people who play important roles in their lives. In turn, these people are influenced by the interrelations of their families, social networks, neighborhoods, communities and cultures. When parents have networks of family members and friends who share a commitment to the child, for example, parents' efforts to care for the child are enhanced. One of the central aspects of the theory is that the impact of the child-parent relationship on outcomes for the child is directly related to the relationships the parent has had with others. Other relationships for the parent that are supportive and are supportive for the child-parent relationship strengthen the impact on the child.

Integration of Efforts: Many families often have complex and multiple needs that require support from numerous different agencies. HFW is a process of bringing all of those providers together with an integrated and simplified plan for the whole family.

The TOC is not just an academic exercise but should guide decision-making by the facilitator as they implement HFW. They should continually ask:

- Have we identified and are we working on the needs that are most important to the family?
- How does what I am doing now impact the confidence and ability of the youth and family to get their own needs met?
- How does what I am doing support building and strengthening the natural support system for the youth and family?
- Are the plans for the family integrated and reasonable for them to implement?

The traditional process of helping youth and families to access opportunities and services often includes several different plans from different systems/agency partners and organizations. The situation is difficult to keep up with when there is one family member with behavioral health issues and multi-system involvement. When there is more than one family member who needs specialized attention, the situation can become impossible to handle, and many families do get overwhelmed. These youth and families can be labeled as 'non-compliant' and this reputation can follow them from agency to agency. When this happens, the system/agency partners feel like the family is not following the plans. And even more importantly, the families feel hopeless yet again and their confidence wanes.

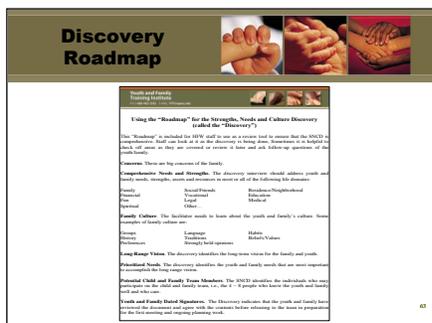
Continuum of Services

The youth with behavioral health issues and their families are on a continuum. Some youth will need more assistance than others based upon their circumstances and diagnosis. This triangle shows what is required on a system level, and how this will impact the youth and family. This will also impact the decisions involved in implementing HFW.

The Discovery Process

An Overview of the Strengths, Needs and Cultural Discovery

The written “Discovery” or ‘family story’ includes the strengths, needs and culture as described by the family members. It is critical information that drives the HFW process. During the Discovery process, we get to know the family and identify who they are in terms of their strengths, their culture and their long-range vision. During this process we explore needs across Life Domains. We help the family develop their long-range vision and prioritize needs for the initial planning with their team. We also identify the service providers and “natural supports” (family, friends and faith partners who are part of their support network) who can help them address these needs. We assist and encourage the youth and family to select a team to support them through the HFW process. **The Discovery is used to prepare the team prior to the first team meeting. Team members will all work from the same needs information and have the strengths and culture of the youth/family to do individualized planning.**



See Appendix for a larger version of the Discovery Roadmap

How the Discovery process fits with the Theory of Change, the 10 Principles, the four Phases and activities of HFW

Some members of the HFW team may have been taught to pursue the youth and family’s **problems** during an assessment. HFW is strength-based, though, and the HFW team will pursue the **Strength, Needs, and Cultural Discovery** (SNCD or Discovery) with the same interest and concern. We are going to build a HFW plan on the strengths, needs and culture of the family. If we do not have extensive detail and information about each of these areas of the family, we will not end up with a strengths-based, culturally-competent **individualized** plan that meets the true needs of the family.

Strength, Needs and Culture Discover/SNCD/Discovery

The Discovery is both a written document and an ongoing process. It is an ongoing process in that the facilitator will continue to discover family strengths, needs, and important aspects of family culture through the Transition Phase of HFW. The Discovery is information gathered by

the facilitator over the entire process. We continuously gather information from the youth, family and others that know the family well and who care about them.

Most families have experienced questions based on problems and plans that focus on what they are doing wrong. Oftentimes, youth and families have little or no input. The Discovery is very different. It will guide the team and the plan to include strength-based options for meeting the needs of the youth and family that reflect the family culture. Such a Discovery supports a plan that is highly individualized. In other words, the plan is “one of a kind” and is designed to fit the unique ways of the family based on what has worked for them.

Even more importantly the Discovery is a positive narrative that identifies the strengths of the family and imagines a positive future for them. Many families have reported that this is the first time their story has been told in a positive way. The SNCD gives them hope and builds self-efficacy. It sets the stage for a process that focuses on personal vision and needs.

Gathering information for the Discovery is done in a continuous, seamless manner through a natural conversational flow. To achieve this and still have a comprehensive and thorough product is a skill that can be developed. We normally schedule several visits to gather this information. These skills are about the facilitator gathering the right information, coordinating what is learned and what else needs to be understood in order to have a good base to write an accurate and effective document. This document will be used as a reference for effective and individualized planning with the team.

Youth and family members are often surprised when the document is offered to them for their edits. They may add new information, and almost uniformly, they are shocked to see pages of information about what works in their family. This can feel like a true “gift” when done thoroughly. It can cause a strong emotional reaction.

The initial gathering of information for a Discovery is conducted in a safe place of the youth/family’s choosing, at a time convenient to them. With the family’s permission, it is often helpful to encourage other individuals who know the youth and family well to participate in the Discovery process. This includes both parents (even in a divorce situation especially where the family vision includes both parents and the needs identified by the children involve both), extended family members, friends, neighbors and other natural supports, as well as strengths, needs, and culture as observed by professional and system/agency partners who are working with the family.

The findings of the Discovery are recorded in a narrative format. The facilitator is responsible for preparing the document. After the first draft is written, the facilitator must review the Discovery with the family and/or youth and explain how this will be passed out to all team members prior to the first meeting. The family has “editing rights” in which they can change, add, and delete any information they wish. Sometimes this part of the process can lead to an important conversation about the concerns of system/agency partners. If the family vision is related to resolving the issues of system/agency partners, we definitely will keep these needs and concerns in the document but written in a way the family is comfortable with. Many times this is very empowering for families who have the experience of being handed documents with

little or no input. It is recommended that the Discovery be completed within a few weeks of the initial meetings with the family. This will give time to review the final version with them before using it to prepare the team members for the first meeting after beginning the Engagement Phase, usually within four to six weeks.

The Discovery is an event, as well as an ongoing process. This document should be updated as progress, and significant life events occur.

Objectives: There are six overall areas that we want to gather information about. These areas are incorporated into the Discovery:

1. To share the family story in their own words.
2. To identify child and family needs across Life Domains, including strengths that directly relate to the need areas (how do they manage and what has worked). Also included in this is the important cultural information related to the need area (their values and beliefs about the need area) that will guide the team and the plan.
3. To help the family articulate their vision and the first (priority) needs that the family is most worried about.
4. To know who the important people are who can support each need area.
5. To learn about and understand the overall culture of the family, so the eventual HFW plan “looks like” and “feels like” the family.
6. To support the family/youth in team member selection and those who will support implementation of a successful plan

Strengths

What are the family’s preferences? What are they good at? How can these strengths be directly related to each need area? HFW gathers information that helps identify strengths the youth and family have, especially within the priority need areas.

Deficit-based plans may have already been tried without positive outcomes. A comprehensive Strengths, Needs and Cultural Discovery will permit the plan to include strength-based options for meeting the unique needs of the youth and family that reflect the culture of the family. It is a distinctive plan.

Discovery Organizer

Discovery Organizer			
Needs	Strengths	Culture	People
1.			
2.			
3.			

Discovery Table			
Need (Expressed by family)	Strengths	Culture	People
Need 1	Strengths related to Need 1	Culture related to Need 1	People who may be able to assist with Need 1
Need 2	Strengths related to Need 2	Culture related to Need 2	People who may be able to assist with Need 2
Need 3, etc.			

Main Components of the Strengths, Need, and Cultural Discovery

Family Vision

The family vision is where the family wants to be at the end of the formal part of the HFW process, or at some point in the future. The vision can be identified and modified at any point in the HFW process.

A vision statement can be elicited by asking, “If you could imagine a better future what would be different about your family’s life?” One family might say, “The kids would be home and doing well in school.” Another might say, “The family would get along without anger, we could do activities and have fun together.” Another question that could be asked is, “What would your life look like if all your needs were met?” The vision is to be the focus of a HFW plan. **If the youth’s vision is different from the parent’s, both are included in Discovery. The parent vision and needs don’t “trump” youth vision and needs. The team will prioritize and plan for both.**

Life Domains

Life Domains are universal areas of life that help break down the complexity of our lives. Life Domains can be used as a road map to gather information about the family’s strengths, needs, culture, and important people in their lives. A list of Life Domains follows:

- **Residence.** Where does the family live? What is the neighborhood like? Do the current living arrangements meet the family's needs? Are there supports in the neighborhood? Does the neighborhood have needs that affect the family (e.g. safety)?
- **Family.** Who is in this family by their definition? What do the members of the family need to stay together or in touch with each other? Are there serious, unmet needs for any family members that will impair the family reaching their vision? How do the children/youth view who is in their family? Who makes decisions in families? When are

the relationships satisfying? What works in terms of the family relationships? What are the family values?

- **Social.** How do family members make friends and have access to their friends? How do they socialize with each other? Do individuals socialize outside the family? How do they have fun? How do they relax?
- **Behavioral and Emotional.** What recovery behaviors support positive adaptations even though there may be serious mental health concerns? Does the child/youth/family member have any unmet needs in these areas? If ongoing trauma symptoms exist, how are these being coped with? Are there concerns that impede normal interactions within the family or in the community? How does the family understand the behavioral issue (culture related to understanding of what the diagnosis means and views of treatment options)? What has worked in the past? What made that intervention or support work well? How does the family handle stress? Do the youth and other family members have differing views in this life domain? Who are the people that have been helpful? What is it that has made them helpful?
- **Educational/Vocational.** What will it take to ensure a successful educational experience for the children? Do older children have access to employment opportunities? Are their legal rights under IDEA being protected? Do other family members have educational needs? What does the family think about education? What was their experience? What are the strengths and needs identified by the school staff? Who at the school is helpful?
- **Safety.** Are there dangerous or safety issues for individual family members? Is anybody potentially dangerous to themselves or to the community? What has worked to keep family members safe? What are the issues that have caused separations in the family (including children and youth being placed in out-of-home situations)?
- **Legal.** Are any family members involved in the judicial system, on probation or parole? Are there issues around custody? What are the needs that must be met to satisfy the legal system and ensure community safety?
- **Health.** Are healthcare needs met? Does the family have access to specialized medical services they may need? What has helped with healthcare needs? Who has been helpful? Does the youth and family understand their healthcare needs? What are their views on health, wellness and sickness?
- **Spiritual.** Are the family's spiritual needs being met? What are the spiritual practices of the family? What are these unique cultural aspects of the family? Do they have a faith-based community? Who is helpful in their faith-based community? What support do they provide?
- **Other Possible Areas:** Financial, Transportation

Needs (a component of our Theory of Change)

What is the family/youth most concerned about? What are they worried about? **A need is not necessarily about a service.** A service might be a brainstormed option to meet a need. Generally a need can be discovered with the answer to the question, “I need help with...”

Needs are defined by the youth and family who are experiencing them. One question may be “What do you need to be different to have a better life?”

People often want to identify needs in others. This leads to planning action steps for others. As we know, planning for ourselves is what can lead to change because our motivation is key. When a team wants to plan for others not present, reframe the conversation to “what do **you** need help with in this area?”

Once a youth and family have identified an area of need, it is crucial to find out why the need is important. These needs must be met for the family and their team to reach the long range vision and team mission of what life would be like if things were better for them.

We clarify and understand needs so that the eventual solutions can be individualized, strengths-based, and culturally relevant to the youth/family. Skillful facilitators make sure that needs are understood and clarified.

Family Culture

Every family is different and every family has its own culture. It goes with the adage, “we all come from somewhere”! This has been referred to as our “invisible suit” because it is always worn, and always there to help define who we are and where we have come from.

Culture is about **differences**... legitimate, important differences. Cultural competence in the area of family culture occurs not only when we discover what the individual family culture is, but also when we appreciate the cultural differences of the family and use this information to individualize our HFW process and plan. You may find most people are used to thinking about culture in terms of race or ethnicity. Family culture is much more.

Culture is:

- what we value
- how we live our lives
- how we spend our time
- how we spend our money
- how we raise our children
- what we eat
- what holidays we celebrate
- what is important to us and why
- how decisions are made
- the distribution of power

- what outside influences impact our families
- what roles the extended family have in decision making
- how we handle stressful situations...
- how we understand our needs

In a statement, **“It is everything!”**

Natural Supports

When looking at the process, natural supports are one of the components of the Theory of Change (TOC) and one of the Ten Principles. The Theory of Human Ecology (Bronfenbrenner, 1979) emphasizes the importance of social influences on human development and functioning.

Many research studies demonstrate that people with stronger natural support systems are healthier, happier, and have more positive outcomes than people with fewer natural supports. Youth are influenced by their parents and the people who play important roles in their lives. In turn, these people are influenced by the interrelations of their families, social networks, neighborhoods, communities and cultures. When parents have networks of family members and friends who share a commitment to the youth, for example, parents’ efforts to care for the youth are enhanced.

One of the central aspects of the Theory of Change (TOC) is that the impact of the youth-parent relationship on outcomes for the youth is directly related to the relationships the parent has had with others. Parents who have supportive relationships that are also supportive of the youth-parent relationship strengthen the impact on the youth.

The youth and family may let you know that they do not want their friends and family members in their business as natural supports. Some families feel that it is their responsibility to handle situations as a family and not go outside for help. In order for the youth and family to achieve success they have to obtain all the components of the Theory of Change (self-efficacy, integrated planning, natural supports and the ability to prioritize needs).

One of the reasons why a youth and/or family may not want supports involved could be that they are embarrassed by their circumstances. Whatever the reason may be, explain that they are in control and the natural supports on the HFW team will only know what the youth/family allows them to. The supports may not have to come to every meeting. They will only come to meetings that the youth and family agree to, and/or only if the individual has the ability to help with that particular need.

People

Based on the Theory of Change and why HFW works, HFW workforce members need to gather information about the important people in the families’ lives. What support do they offer? How do they support each need area? These people will become the natural supports of the

family, who will be there for the family long after the professionals are gone. These will be possible team members or support to the team in the form of consultants.

CANS and the Discovery

All youth entering Intensive Care Coordination and High Fidelity Wraparound in Virginia will have a Child and Adolescent Needs and Strengths (CANS) assessment completed. The CANS is a **form** to complete that focuses on the psychological and social factors of youth with mental health issues. Similar to the Discovery, personal and interpersonal functioning, family functioning, needs and strengths are included. The Discovery differs from the CANS in that it is a **document** that focuses on the strengths and achievements of the youth and family, as well as their hopes and dreams. Both the CANS form, and the Discovery document can be utilized together for a comprehensive look at the youth and family.

Facilitator's Role/Skills for the Discovery Process
<ul style="list-style-type: none">• Engage core family members and primary caretakers in the process of doing the Discovery.• Listen actively to the family and youth to truly understand what they are saying.• Assist the youth and family to identify priority concerns, i.e., the one or two things they are most worried about.• Assist the youth and family to identify needs across life domains, i.e., what the youth and family believe they need help with.• Elicit detailed information and examples of family and individual strengths.• Elicit detailed information and examples of family and individual culture including: race, ethnicity, and family preferences, customs, beliefs and values.• Support the family to express their long range vision of the youth and family.• Support the family to identify the priority needs that must be met to reach the long range vision.• Identify potential natural supports of the family and select those that might participate on the child and family team. Ask these natural supports to add their views of the youth/family strengths and needs.• Identify the people who are providing services for the family and select those that might participate on the child and family team. Ask these system partners and providers to add their views of the youth/family strengths and needs.• Develop a document that summarizes the family and youth strengths, needs and culture.

Facilitator's Role/Skills for the Discovery Process

- Review the summary document with the family and youth (and custodial agent if involved) and amend it as necessary.
- Obtain permission from the youth/family to distribute document to the team prior to the first team meeting.

Engaging System/Agency Partners

Managing and addressing youth and family needs with other system/agency partners will lead to more effective meetings and better outcomes.

Some system/agency partners think that HFW is only involved to represent the voice of the youth and family. They may not be aware that there are nine other HFW principles, several of which involve them such as team based, collaboration, and integrated planning. Lead by example; ask what they want for the family. What are the mandates or goals they are working on? Tell them how HFW can help them with their mandates/goals.

It is important to help the system/agency partners feel a part of the HFW team. Even if they are unable to attend meetings, their participation needs to be encouraged and supported.

Engaging system/agency partners is similar to engaging youth and families. It is a matter of knowledge, education and a clear understanding of the HFW process. Many people who first learn about the HFW process what to know “what’s in it for me?” A HFW facilitator needs to have answers to this question.

Crisis Prevention Planning

In HFW, the Crisis Prevention Plan is a critical part of the process. Crisis for youth and families involved in the HFW process is frequently a way of life. Even if not a daily occurrence, they often present high levels of risk for serious crisis. Therefore, it makes sense to plan proactively for needs and behaviors that may lead to a crisis.

Crises can destroy the resiliency of the family, especially when the consequences include lengthy out-of-home placements. Alternatively, when families and youth can learn about the behaviors that lead to crisis and have an effective plan for dealing with them, we see self-efficacy and growth in families. Crises Prevention Planning fits with the ten HFW Principles, the four HFW Phases and activities, and the Theory of Change, and our practices flow from the guidance this framework provides.

A Crisis Prevention Plan is useful for any situation that indicates unsafe behavior to self or others, any behavior that could lead the youth into deeper system involvement within their current system, and/or any behavior that could lead to an additional system involvement.

The general strategy of crisis planning is to gather information based on the **three phases of the crisis: 1) a prevention plan; 2) an early intervention plan; and 3) an intervention plan.** This information is used to prevent a behavior or crisis situation, to stop it once it starts, to respond if it does occur, and a plan to change the environment so it does not continue to reinforce the behavior.

What warrants a Crisis Prevention Plan and what behaviors can be addressed by a HFW Team? A good rule of thumb is if the answer is “yes” to any or all of these questions, then the behavior warrants a crisis plan:

1. Is the behavior a serious safety behavior- harmful to self or others?
2. If the behavior occurs, would that lead the youth into deeper system involvement?
3. If the behavior occurs, would that lead to the addition of another system involvement?
4. Is the behavior something the family, youth and team feels is a crisis?

It could also be the behavior that brought the family/youth to HFW.

All other behaviors could be addressed with a team in the Implementation Phase. These may still be challenging, but could wait for a larger team to offer support.

Examples:

Crisis Behavior: Cutting, drug use, truancy, suicidal ideation, violent outbursts, threats of harm to self or others, etc.

Behavioral Challenge: Having tantrums, not doing chores, “hanging with wrong crowd,” not engaging in social activities, refusing to complete homework, etc.

Remember the principle of individualization here. What may be considered a behavior challenge to one family may be considered a crisis behavior to another.

Who do we create crisis prevention plans for, and when is the best time to do these? In HFW, we would do a Crisis Prevention Plan for **anyone** in the family, when it became a priority need, and one that would interfere with the vision if not attended to.

During the initial Engagement Phase the HFW team is sensitive to the potential crises that might disrupt the HFW process. A “band aid” Crisis Stabilization Plan is provided until the crisis needs can be reviewed again with the entire team. This is different than the full gathering of information (functional assessment) and crisis plan for this part of the Planning Phase.

During the initial HFW team meeting the team will prioritize the needs to be addressed. In some cases the first prioritized need will be a crisis behavior and the crisis stabilization plan will be developed in the first meeting. The facilitator’s next task is to lead the team through the crisis prevention planning process. This also occurs in the Planning Phase and throughout the remainder of the phases as new potential crises emerge.

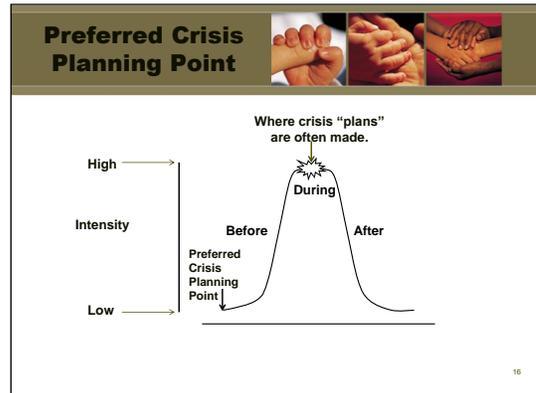
It would be unusual for youth and families in the HFW process to not have a crisis plan. These are complex families with complex needs that have often taken them deep into systems or in lengthy placements. One goal for HFW is to teach families the process of HFW so they can do it themselves. We do crisis prevention plans to teach families how to anticipate behaviors and

crisis situations, how to prevent them and how they can plan to respond. The self-efficacy of the youth and family grow as they learn how to manage the behaviors that lead to a crisis.

Crisis prevention planning is most often conducted with the youth and immediate family and others from the team who know the behavior the best (including the mental health specialists). If crisis plans are made by a subset of the team, the plan is always shared with the full team at the next scheduled meeting of the entire team. It is part of our integrated planning to ensure that any professionals involved with the emotional/behavioral care of the youth and family would participate in the gathering information (functional assessment) and crisis prevention plan. If a Crisis Plan has already been written by a mental health provider, it should be reviewed by the team for effectiveness and to determine if additional functional assessment information is needed for it to serve as a prevention plan. A three-part plan for managing the crisis behavior is then established. Those writing the previous plan must be involved in the new plan or we fail to write an integrated plan with the youth/family.

Phases of Crisis

Crises have three phases or stages. The beginning phase is when an event, behavior or sequence of behaviors initiates the crisis cycle. The second is a middle or peak phase when there is rapid escalation of emotional intensity, fear and risk. The third is the end phase when there is rapid de-escalation of emotional intensity and fear. The immediate level of risk subsides substantially during the end phase. The phases of a crisis often repeat in a circular pattern, i.e., once the crisis has reached the end phase, a triggering event may initiate the crisis cycle again.



Outside of the HFW process, crisis “plans” in traditional service systems are often developed during a crisis when emotions are running high. As a result, poor decisions are often made in the “heat of the moment”. Proactive planning for crises ensures that plans are designed when the child and family team is capable of its most creative and best thinking. In addition, traditional crisis plans address the question, “what will we do once a crisis has occurred?”

- What are the events that happen right before and what has happened earlier that lead to a crisis behavior? What are the setting events and triggers
- What is the behavior that occurs?
- What happens right after the behavior? What are the responses to the behavior?

When we understand the function of the behavior, we can ask:

- What can we do to prevent the crisis from occurring? (Prevention)
- Can we see a crisis coming? If so, can we de-escalate it before it is full blown? (Early Intervention)

- If the crisis does occur even with our efforts to prevent it, how will we respond? (Intervention)

If the stabilization plan has not been done at the orient meeting, we will want to develop a Crisis Prevention Plan in the Planning Phase of HFW. We might develop several of these plans as needed as the process unfolds. On some occasions, such as when a youth is returning home from a temporary out of home placement, a Crisis Prevention Plan may need to be developed before the first action plan is addressed.

Important to remember: The steps of the HFW process are non-linear and need to be managed based on the prioritized needs of the youth and family.

Functional Assessment and Gathering Behavior Information

Defining the Crisis Behavior, Determining the Function/Purpose of the Behavior, Understanding what is Reinforcing the Behavior, and Developing a Measurement Strategy:

With assistance from the facilitator, the youth and family begin to reflect on the crises of the past, specifying what the crisis behavior looks like. This is the point in the HFW process where we are not entirely strengths-based. Once the crisis behavior is defined by frequency, (how often the behavior occurs), duration, (how long it lasts), and intensity, (how severe it is on a scale from one to ten) the facilitator then asks the team to understand the function of the behavior, and what is reinforcing the behavior. This includes the part of the behavior we want to lessen, its frequency, duration, intensity, or all of the above to an attainable level. Then the team develops a measurement strategy based on the question, "How do we know when this goal is met?" ***Remember in HFW, we work on "baby steps" in goals that can be reached to create self-efficacy.***

Prevention – Before Information:

Behaviors occur based on a "chain of events" that involve people and situations. The facilitator needs to ask questions to fully understand what leads to the behavior. They are investigators of the behavior. They can gather this information by asking, "What and who makes things worse? What happens right before? Are there "setting events"? These are the conditions that make the behavior more likely to occur. What has not worked in the past, who was involved, and why didn't it work? These questions help the facilitator understand the period of time before the behavior that could have led up to it. This information also tells the facilitator what didn't work so the team doesn't make the same mistakes again.

HFW facilitators want to find out what has worked in the past and who and what makes things better. No behavior happens 100% of the time. Asking about exceptions (i.e. all things being the same, what has caused the behavior not to occur) really helps the team to think about options for a good prevention plan.

Early Intervention – During Information

Planning around the function/purpose of the behavior (what is happening during the behavior that reinforces it) to identify replacement behavior:

All behavior serves a function. A behavior can work for a youth so that they can “get” something or to “get away” from something. Behavior can be observed and therefore are not making guesses about behavior or interpreting behavior. We are considering what we observe as objectively as possible.

Important to note: this Positive Behavior Support approach has the research behind it to help families and professionals understand why it has an important role in HFW. ***It may also be important for individuals to have support to look at deeper meanings in their behavior. Positive Behavior Support approach is transforming much of the way educational systems in particular are dealing with student behavior. You can research this, or Google it for more information. This approach has been demonstrated to be effective with or without other therapies.***

The facilitator and team use the knowledge of the unique crisis process (derived from the gathered information) as the foundation for developing options drawn from the community and based on family strengths. This knowledge helps prevent the events, behaviors and sequences of behaviors that can lead to a crisis. At times, this information is used to quickly intervene in an emerging crisis and stop it from going further. This may include changing the events that happen earlier in time, or the response to these events. We want to know “why” the behavior is occurring, what is the youth and/or others “getting” or “avoiding” by the behavior (function). We will eventually avert a crisis altogether with a team that successfully teaches replacement behaviors (behaviors that serve the same purpose of the crisis behavior). Sometimes this takes several attempts to get the plan working. Our data collection will eventually help us get it right.

Intervention – Response

What happens after the behavior subsides that helps to reinforce the behavior?

It is helpful for the facilitator to learn about what is going on in the environment that may reinforce the crisis behavior. It is often through asking question in this part of the gathering information (Functional Assessment) that families, youth, and team members often have their “aha” moments. They seem to really understand how they may be contributing to the behavior inadvertently! This is the section where people begin to see how they can change their response to the behavior, and/or change the environment so it doesn’t continue to reinforce the crisis behavior.

Steps of Crisis Prevention Planning

Crisis Prevention Plan: Includes identifying the signs that indicate the behavior or crisis is beginning. It involves specifying de-escalation options, and a plan to respond to a full crisis. The

facilitator works with the family and team to develop steps for the management of the crisis if the crisis occurs despite our prevention efforts. Who calls who? Who does what? When? Where? Clearly defined steps crafted in advance that detail how to manage the crisis when it occurs makes it much easier to handle. Being proactive will often lessen the intensity and the risk level of the crisis. The plan for managing the crisis provides direction to family and team members when they are feeling the emotional effects of the crisis. The youth and family must know what to do and what not to do during the crisis.

Identify and engage the people who know the crisis situation best.

- Who is generally present during the behaviors or crisis situation?
- Who knows the youth and family best?
- Are there people who review or work on crisis situation/behavior?
- Other formal supports

Use the information gathering in the functional assessment as the guide. Plan in three parts:

- 1) Prevention (before)
- 2) Early Intervention (during)
- 3) Intervention (after)

1. Prevention Planning-before the behavior occurs

For the Prevention Plan, brainstorm options that directly relate to the setting events and triggers that include both natural supports and formal supports. For good planning, use the information gathered in regard to “exceptions”. All things being the same, what has cause the behavior not to occur?

2. Early Intervention Planning-when the behavior begins

For the Early Intervention Plan, brainstorm options that directly relate to the function of the behavior. What behavior could replace the behavior and still meet the same purpose? Identify strengths, culture and resources to support a less harmful behavior. These options need to ‘fit’ with the strengths and culture of the family. However, what is most important is that it meets the same function as the behavior that has been “working”.

3. Intervention –after the behavior occurs

For the Intervention or different response plan, brainstorm options regarding what needs to change in the environment so the crisis behavior does not continue.

Part of this plan also includes what team members need to do if the behavior occurs. Who, what, when, where, and how should all be asked to develop this plan. Everyone needs to know what to do.

Implement the Crisis Prevention Plan, see if it works, and revise, if needed.

Implement the Crisis Prevention Plan 

- See if it works.
- Revise if needed.
- Some plans may need to be revised several times before we get it right!

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Appendix: AJ’s Crisis Prevention Plan and sample plan format

Implementation Phase

For most families implementation is the longest phase of HFW. It begins when the initial plan is developed and continues until the team mission is almost complete. There are four primary activities for the implementation phase.

- Implement and evaluate success of the HFW plan
- Revisit and update the plan
- Maintain and build team cohesion and trust
- Manage documentation and logistics

In HFW, it is the responsibility of the HFW staff (Facilitator and Support Partners) to make sure the plan is implemented and to monitor its success. Following HFW plan meetings, this includes ensuring that team members understand their assignments and have needed support to accomplish the steps. It means that HFW staff will keep up with timelines and check to see that things are done in a timely fashion. In addition, monitoring will evaluate if strategies are working and when objectives are being achieved.

In the second activity the HFW plan will be continually revisited and updated as needed. As objectives are achieved and needs met, new objectives are added. When plans are not meeting needs they are revised. The team identifies new emerging needs and these are added to the plan.

One of the primary activities of this phase is building, strengthening and maintaining team cohesion and trust. This requires good, frequent, and consistent team cohesion as enhanced by fostering team safety, and team cohesion and support is strengthened through success. Ensuring that all team members feel their time is well used and valued is a primary strategy for success.

Skill Sets for Implementation

During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while

maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.

Theory of Change

In the implementation phase, we focus on ensuring the plan continues to address the most important needs and that it is successfully doing so. We add emerging needs to the plan over time. Success by the youth and family builds self-efficacy and staying on top of things better ensures success. Supporting the natural supports and providers in the efforts to implement the integrated plan strengthens the natural support system and integration.

Implement Action Steps

The implementation phase begins after the first HFW plan is working to meet the initial priority needs and Crisis Prevention Planning has been done (at least on the priority crisis behavior). At this point, the team has a track record for follow-through on assignments and it is important that the youth, family and team experience success from the very beginning. Often families have a history of plans being developed and not implemented in the way they were intended. This may be because team members have different understanding of the plans, because team members do not believe in the plan, or because they do not have the resources or supports to follow through. Traditionally such problems show up at a later progress review or team meeting and sometimes the family is blamed for the plan not working. In HFW, staff take ongoing steps to increase the chance of success. Many of these steps are forms of monitoring and it is critical that a strengths-based approach is used to improve engagement of all team members and build team safety and cohesion. The steps include:

- Contacting team members or people who are included as providers in the action steps to orient them to HFW and to get their commitment to follow through with the plan **(Facilitator Skill: Educate providers and other system and community representatives about the HFW process.)**
- Following through with team members to ensure they understand action steps, have the resources and supports needed to implement them, and meet assigned timelines **(Facilitator Skill: Identify what support team members need so they can successfully complete their assigned task(s).)**
- Assist the family to access needed resources and encourage them to follow through on their action steps **(Facilitator Skill: Assist the family and youth to access necessary resources.)**
- If action steps will not be completed, find out why and determine if changes need to be made in the planning process to better ensure that plans can be implemented as planned **(Facilitator Skills: Monitor team members' completion of assigned actions steps; and Explore why action steps were not completed.)**
- Move quickly to revise ineffective plans

In a perfect world everyone who is going to provide services and supports for a youth and family will be at the initial team meeting. In many cases this will not happen and may not even be realistic. Some service providers will not be able to attend all meetings and other providers may not even be identified until the planning meeting. In these and other cases, someone (often the Facilitator) will need to orient these individuals to HFW and engage them in the process.

HFW is a team-based process and nurturing the team is of critical importance to the success of the process. The methods the Facilitator uses for monitoring can improve or detract from this cohesiveness. Using a strengths-based approach that supports team members can be an effective way to ensure follow through, identify implementation challenges before they impair team cohesiveness, and support a team culture of success. The Facilitator has the responsibility for ensuring that the plan is carried out by team members. This doesn't mean that the Facilitator must manage this task alone. He or she might delegate some or all of the tracking functions to someone else on the team, however, the Facilitator retains responsibility for follow through.

Options to meet needs indicate specific actions that need to be carried out by team members. This is the "who, what, where, and when" of the plan. Nothing will rob the team of momentum and the youth and family of hope more than a significant failure of a team member to follow through with an important element of the plan. Walking into a team meeting and learning that nothing has happened between meetings is disheartening to the team as a whole and may cause some team members to rethink their commitment to the team.

The importance of tracking assignment completion is especially important early in the process. Later, the HFW team will have stronger relationships (and therefore more leverage) with team members and will better know the strengths and needs of each team member. The staff will know what realistic commitments for team members are and what kinds of commitments are too ambitious. Until then, the Facilitator and Support partners will find it efficient to invest time between meetings calling team members to nudge them along on their action steps. Gentle reminders and quick thank you when a task is completed on schedule will shape follow through behavior.

When people do not follow through on their commitments, there may be obstacles to completion. One of the HFW mottos has long been, "whatever it takes." Instead of waiting until the task is not complete, developing plans to overcome these obstacles can create more success and more commitment to the process by everyone on the team. In HFW, we say, "plans fail families, families don't fail plans!"

Assisting Families in Implementation

One of the therapeutic goals of HFW is to support families to develop and implement their own plans. Families will begin HFW at a wide variety of levels of development in this area. Some will already be doing this well and just need some information and access to resources. Others will need much more support. The role of the HFW staff is to assess these skills and provide the

minimal amount of support that assures success. In a program in Parsons, Kansas a Facilitator described the shaping process for these families as “Do for, do with, and cheer on.”

Overview of Facilitator Skills in Implementation: Review (with the team) if the services and supports defined in the plan and implemented through corresponding action steps are meeting priority family and youth needs.

<p>Rationale: Specific action steps are reviewed against the measurement strategies to give the team objective data about what is working. If actions steps are not leading to change, team determines whether new actions steps will be brainstormed or a new need is identified.</p>	<p>Notes:</p>
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Based on their past experiences with providers, systems and teams, some youth and families will “try to say the right thing” in initial team meetings and agree to plans that do not match their strengths or culture. In the past these plans have failed because they are not really “sold” on the plan and do not follow through especially if some of the steps are challenging. The first thing HFW staff need to do, often soon after the meeting, is to review the plan with the family and make sure they understand what is being done and why. The HFW staff (often a family support partner) should find out if the family sees barriers to following through on the action steps and planning how to overcome these with them.

Evaluating Success of Implementation

Another implementation responsibility of the Facilitator is tracking progress toward goals through data and other “evidence”. If a goal for a youth is successful attendance at school (as measured by an increase in days, classes attended), the Facilitator needs to ensure data on how many successful days the child has had (this is data consistently gathered and shared at the team meeting. This is how the team will know, objectively, whether progress is being made toward goal completion. If the data does not show progress over time toward the goal, then the plan needs to be adapted and readapted by identifying a deeper need to be addressed until progress is reflected by new data.

The Facilitator is responsible for monitoring progress and facilitating plan modification when progress is not evident. Lack of progress and lack of follow through on assignments to child and family team members may reflect that certain options are not sufficiently individualized or aligned with the culture of the youth and family. Whatever the reason for options not resulting in progress, the Facilitator uses a feedback model of change, (i.e., keep trying new options until something works). This is in contrast to the traditional western model of change that is reflected in the old adage: “If at first you don’t succeed, try, try again.” **The HFW adage is: “If at first you don’t succeed, try something different.”**

Tracking plan implementation (i.e., Have options been carried out as planned?) and plan impact toward goal attainment is dependent on HFW plans that are measurable. We use quantitative measures (things that can be counted) and qualitative measures (less directly measurable

things that are measured by sharing thoughts or feelings, with the team deciding if the goals are being met).

Overview of Facilitator Skill: Evaluate progress toward the team’s mission and reaffirm team commitment to the mission.

Rationale: Team mission is the statement about the purpose of the team. Each meeting the team assesses if progress is being made related to their purpose. This step is critical to keeping a cohesive, productive team together.	Notes:
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Overview of Facilitator Skill: Encourage team culture that honors team members for their contributions and that frequently celebrates successes.

Rationale: The process of HFW from the planning phase on through transition is guided by the plan. Plan review for the successes it is producing is critical for maintaining the fidelity to the model.	Notes:
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Revisiting and Updating the Plan

Initial HFW plans are not intended to address all of the priority needs of children and families or fully address the initial needs. HFW is a process of ongoing needs identification, prioritization and planning. Teaching families this ongoing planning process is a key to sustaining progress in HFW. A key is helping teams to understand the importance of and methods for ensuring they are focused on addressing needs to meet the team mission and long term family vision.

Overview of Facilitator Skill: Identify new areas of need as they emerge or as objectives are met.

Rationale: Facilitator leads team to make decisions about need areas for next planning steps. Truth-speaking by team members of the team can help identify new, deeper need areas that can lead to more successful plan development. This is sometimes called, “un-layering the onion”.	Notes:
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It may seem obvious what a need is, but in fact since the early days of HFW, implementers have found that definition of needs and what needs are is a confusing matter. We define a need by what it is not and what it is:

1. A need is not an action step or an option

“Have a baby” is not a need, but may be an action step behind the need of “Carry on the Smith bloodline”

2. A need is not a service.

“Bob needs therapy” is not a need, as a need is never a service. Bob may need to be less depressed, and therapy may be the eventual option used to meet the need, but there are many other ways of meeting this need than just therapy.

3. A need is not a long range vision or goal

A long range vision is the youth/family definition of what they want life to be like in the middle to long term, such as “We would like Sam to graduate high school”. The need is why this is so important, which can be different for many families. For one youth, the need may be “Sam needs to complete educational requirements to get off probation”; for another the need is “Bob needs to complete his education so he can get a better job”.

4. A need is not the same as a “want”

A participant may say “I need a new pickup truck” but the real need is transportation. The new truck is a want, not a need.

5. A need is very important to the person experiencing it

The term “need” is one of the oldest words in human language, and is a word most often associated with survival, such as the need for shelter and love.

6. A need is defined by the person having it.

In child welfare or juvenile justice situations, those systems’ mandates in safety areas may dictate that these staff spend extra times clarifying needs in child and community safety areas.

It is important to ask the person with the need what the need really is, and to avoid clarifying the need by telling someone why they have a need. The HFW principle of voice and choice means that we are each experts on ourselves, but not others. Each youth/family gets to state their own definition of their needs. However, due to stress or confusion, a person may not have any idea of what their need really is. In this situation, the HFW staff and/or the team may help clarify the need by asking questions, looking at life domains, or hearing examples. A HFW staff person or a team member would not tell the person with the need what their need was, but rather help them understand the need.

When needs are identified. Typically, the initial needs were selected during strengths, needs, and culture discovery by the youth/family. These were reviewed and finalized with the team prior to group brainstorming about options. These needs must be met for the family and their team to reach the long range vision and team mission of what life would be like if things were better for them.

More about clarification of needs. It is vital to clarify and understand needs. For example, a family may have a vision of a time where daily life is less stressful, but not understand the

needs that are beneath the vision. Many families may have a vision of a less stressful daily life, but each family has unique individual needs behind the vision. We have to understand a need and clarify a need before options are selected. Some families may need a less stressful family life because aggression is occurring as a result of the stress, while other families may need less stressful family life because some family members have stopped communicating.

We clarify and understand needs so that the eventual solutions can be individualized, strengths-based, and culturally relevant to the youth/family. The family with aggression behind stress will have different options than the family with communication issues due to stress. Unfortunately, once a need is identified, it is human nature to make assumptions about the need. A competent HFW Facilitator makes sure that needs are understood and clarified.

Once again, needs are not services! One of the most common errors in HFW planning (and one that limits brainstorming and creativity) is for a Facilitator or a team to understand a vision of a family (e.g., a vision of a less stressful home) and then when the question is asked “What does this family need to have a less stressful home?”, the Facilitator, team, or youth/family answers with services (e.g., this family needs Stress Management Classes!). The moment that services are confused as needs, the option selection stalls.

The successful HFW staff stops the planning and clarifies that needs are not the same as services. Services may, in some instances, be part of options to meet needs, but they are not needs. For example, in this situation, the HFW staff member may say “Remember, needs are not the same as services. Let’s look again at the need behind the vision of a less stressful daily life.” In this example, a team member may say “I heard that the need behind the vision of a less stressful home life was the need to reduce verbal aggression in the family”. The Facilitator may then say “Yes, exactly, so what options can we brainstorm to reduce aggression in the family?” The team may then brainstorm options such as:

- Have the family members play more racquetball to work off tension and extra energy
- Have the person who is aggressive learn to identify their stressors that lead up to the aggression, and work with Cousin Sam on this
- Teach the aggressive person to “Count to ten”.
- Have more quiet time for the aggressive person
- Give more support during the evening when he aggression occurs the most
- Attend the “Stress Management Classes” at the mental health center
- Have the family take a vacation to a sunny climate
- Rearrange the house so that everyone has some private space.

The team can then prioritize the options and choose the one, or a combination of options, that most fits this youth and family. Note that the service of Stress Management Classes is one option, and may be chosen, but due to the presence of eight other options, the youth/family/team has true choice.

Brainstorming

Not enough brainstorming! In their seminal monograph on Individualized Service/Support Planning, Walker and colleagues studied many HFW efforts across the country. They made an important observation about HFW planning sessions – most teams did not brainstorm multiple options for a team and youth/family to select from, but often went with the first or second option proposed. The notion of youth/family voice and choice is central to the HFW process, but part of the essential nature of choice is selection from multiple options. Without brainstorming, the team risks undermining choice and then actually selecting options that may not be sufficiently robust to meet identified needs.

Overview of Facilitator Skill: Brainstorm needed options including: formal services and natural supports, which are strength-based and based on youth and family strengths and culture.

Rationale: All HFW staff remind the team about the strengths and culture prior to brainstorming so the options are individualized to this family, creative and build on what has worked already.	Notes:
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About brainstorming. Creativity is not equally shared by all people; some are more creative than others. For some teams coming up with a lot of ideas may be hard at first. The good news is that it speeds up as the team gains HFW experiences. For new teams, the Facilitator and the Support Partners may have to prompt more and give more sample ideas. At times, a group may be “shy” and not want to give ideas in front of each other. In this case, a Facilitator may ask the group to work first in pairs to create options, and bring their options back to the large group. Brainstorming should support all major learning types: Visual, Auditory, and Kinesthetic learners. The process should be active and fun.

Overview of Facilitator Skill: Guide the team to evaluate and change as needed the composition of the team so needed individuals participate in plan development and implementation based on the reprioritization of needs.

Rationale: We want people at the table who know the family and can help brainstorm on solutions based on community resources and natural supports. These people will change as the focus of the team changes.	Notes:
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Overview of Overview of Facilitator Skill: Revise the plan so it incorporates new options and action steps.

Rationale: The plan is a living document. It will be ever changing as new options are looked at and current action steps are evaluated for success.	Notes:
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For each of the selected options the team should specify clearly what the step is, who is responsible to do it, and when it will be done.

Overview of Facilitator Skill: Monitor revisions to the plan to ensure they continue to align with the team's mission.

Rationale: It is the Facilitators job to keep the team focused on the mission and that the goals being worked on in the plan directly relate to the team mission.	Notes:
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