

Idaho Behavioral Health Plan Initial Agreement for Wraparound

Wraparound is a team-based, family-driven and youth- guided planning process that is driven by a set of guiding principles, has a structured format, and specific activities. The *Initial Agreement for Wraparound* includes Phase One of Wraparound which is called Engagement and Team Preparation.

Client Name:

Date:

The Phase One of Wraparound activities that will take place over the next few meetings include:

- Learning about the Wraparound process
- Identifying urgent needs (such as crisis situations) and planned work to stabilize the crisis
- Creating a family vision statement that describes your goals for the future
- Developing a plan for who will participate in the team that plans Wraparound including both formal supports and natural supports, and meet with them as a team
- Identifying strengths and needs of the child or youth and family, including cultural needs
- Considering scheduling options for team meetings
- Completing any needed paperwork and provide important documents
- Initiating development of the Wraparound Plan of care and the Crisis and Safety Plan
- Reviewing the Wraparound Handbook for Families

The Wraparound Care Coordinator will orient family to Phases Two, Three, and Four of Wraparound to include Wraparound Plan of Care and Transition from Wraparound. Upon transitioning from Wraparound families will continue to utilize services and supports from community providers.

Other:

Assessment for Urgent Needs and Risk:

**Crisis Plan:** Child or youth will use individualized coping strategies to help reduce risk of harm to self or others. If necessary family/guardian will contact the following and/or on call crisis support or law enforcement to go to the nearest emergency department if unable to deescalate the client.

|                        |         |                 |
|------------------------|---------|-----------------|
| Wraparound Coordinator | Name:   | Phone Number:   |
| Community Provider     | Name/s: | Phone Number/s: |
| Emergency Services     | Name/s: | Phone Number/s: |

The next Wraparound appointment will be on \_\_\_\_\_ during which time the family and Wraparound Care Coordinator will work towards the formation of the Wraparound Plan of Care including the Crisis and Safety Plan.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date

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Signature and Date

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Signature and Date