

YES Family Workbook

Name			
-			

Date _____



WINS IDAHO Wraparound Intensive Services







yes.idaho.gov Youth Empowerment Services

Introduction

This workbook is designed to help you organize your thoughts and ideas before starting the coordinated care planning process with your child and family, including preparing for your Child and Family Team meetings or the Wraparound process. Please write all over this workbook, draw on it, add notes, and make it yours. You can always print more copies, or add more pages if you need more room.

Coordinated care planning is the process of bringing your family together with your providers and natural support system to create a plan that looks at the whole picture of your child's care. There are different names for different types of coordinated care plans, but you can use this workbook to get started on any of them.

If you are unsure how to answer a question, that's OK. Just put down information that is important to you. You can change the questions to meet your needs, or add details that were not asked for, because the intent of this workbook is to help you be ready to help others understand your strengths and needs during the planning process.

YES Questions or Complaints

208-364-1910 (1-800-352-6044) YES@dhw.idaho.gov

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We provide free services to help you communicate with us, such as, text in other languages, large print, or you can ask for an interpreter. To ask for help, please call 211.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüistica. Llame al 211.



Youth					Contacts to remember
First Name					
Preferred Name					
Workbook Completed On Birth Date Age					
Home Phone					
Address	essCity			Zip	
Email					
Preferred Contact Method:	Email	Text Cel	II Home Phone	Mail	
Parent/Guardian 1		Same A	ddress Yes N	No	
Name					
Home Phone					
Address		City	State	Zip	
Email					
Preferred Contact Method:	Email	Text Cel	II Home Phone	Mail	
Parent/Guardian 2		Same A	ddress Yes N	No	Other Family Members
Name		Re	elationship		
Home Phone		Cell Ph	one		
Address		City	State	Zip	
Email					
Preferred Contact Method:	Email	Text Cel	ll Home Phone	Mail	

Engagement

A family vision statement is a sentence or two that describes how you want things to be in the future.

If you were to look into the future 2-5 years, what vision do you have for your family? What does your family's life look like? Any goals you have reached?

List some amazing things about your child. Include things like nicknames, unique talents, fun hobbies, personality traits, and personal preferences. Anything they enjoy learning about?

List some of your family's strengths. Any talents you enjoy or skills you have that make your family unique?

Does your child have anyone they enjoy spending time with?





What does a typical day look like for your What does your child's best day look like? What does a bad day look like? family? Is your description of the best day different for your family and your child? How so? Are there things you can do to change a bad day into a good one? What does your family do for fun?





Who is involved in your child's life that really helps your family? These people might live in your neighborhood or community, work at the school, attend your place of worship, or be family members who support your child and family. List names, relationships and contact information.

Natural or informal supports are people who are part of your family's personal social network.

Are there any important details from your child's medical or social history that may be important to know when creating a coordinated care plan?

- Coaches
- School staff
- Neighbors
- Religious leaders
- Church members
- Friends
- Extended family



Formal supports are individuals or organizations that provide paid services for your child or family.



What professionals are currently working with your child? List their names and contact information so you have it all in this workbook.

Has your child had any testing done? Do you have any diagnoses from providers? If so, please list the diagnosis, the provider, and the approximate date, if you can.



- Doctors
- Psychiatrists
- Psychologists
- Therapists
- Counselors
- Developmental disability staff
- Teachers



Initial Plan Development

List your top goals for your child and family. These don't have to be mental health related; just goals that you think would help your family. What goals for your child and family are most important to you right now? Do you have goals you would like to work on later?

What parts of your child and family's lives do you want to stay the same?

Anything about your child or family's life right now that you would like to change?





Crisis and Safety Planning

What does a crisis look like and feel like for your child? What does it feel like for you?

How does your child let you know when you are headed into a crisis? Any common triggers?

How do you define a crisis?

What behaviors do you see in your child during a crisis?

Are there locations or situations that frequently trigger a crisis?

How does your child define a crisis?



What does your child do to prevent a crisis? Do they do these things automatically or does someone need to cue them?

What does it look like when your child is getting close to a crisis?

What can you do to prevent a crisis? Are these thing you do daily or just when you see signs of a crisis coming?

How do you respond during a crisis? Does it help or are there other ways you want to handle a crisis?







Do you see any unsafe behaviors when in crisis?

How do you handle a crisis at home? Is it different if you are in the community?

Who helps you when there is a crisis in the home or the community?

What ways do you know to help your child calm down and stay safe?

Is your child able to stay safe during a crisis or do they need help to be safe?

Plan Implementation

Are there any services or supports that worked really well in the past? Why were they so effective?

Did you know?

"Services and supports" originally was a Medicaid term that identified the difference between medically necessary services (examples includes doctors, dentists, etc.) and functional supports needed to help your child and family access those medically necessary services (examples include transportation, respite, etc.). The term is now frequently used to reference the difference between services that directly help you work towards your goals, and those that provide support to your family so you are able to focus on those goals.

Are there any services and supports that did NOT work well? Why?

Learning Styles:

- Visual learners
- Auditory learners
- Kinesthetic learners
- Reading/writing learners

What do you know about your child's learning style? Are there any skills that help your child learn? Any barriers that your support team should be aware of?



Does your family have any activities or responsibilities that limit when your child can access services?

How do you know if your child or family is over scheduled? What does it look like when you are doing too much?



Do you have any barriers to accessing service? Transportation needs? Needs of other children? Conflicts with education services?

Transition

How does your child handle change? Do you find yourself preparing well in advance? What strategies work to help your child and family prepare for changes? Do you have any concerns about transitioning between different types of services and supports as your family works towards their goals?

How will you know when you have reached your goals? Is there a feeling or other evidence you will use to know you are finished?

Did you know?

Transitions come in many forms.

Sometimes transitions happen when a child moves between levels of service, for example being discharged from a program when it is complete.

Other times transitions are part of finding more services when your needs are higher. Transition planning is something that happens throughout care planning, because transitions are always happening.



Do you have any worries or concerns related to how your child and family handle transitions?

