

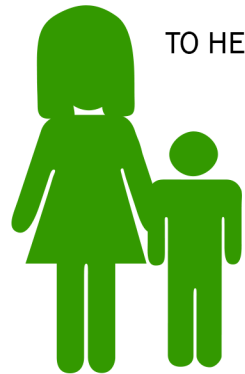


WRAP

FAMILY WRAP HAWAII

1 OF 4 INNOVATIVE INTERVENTIONS

WHY ARE WE DOING WRAP?



TO HELP CHILDREN ACHIEVE REUNIFICATION

REDUCE BARRIERS TO REUNIFICATION



PREVENT MOVES WITHIN FOSTER CARE FOR YOUTH



REDUCE LENGTH OF STAY IN FOSTER CARE

HOW DOES IT HELP FAMILIES?

- FAMILIES ARE EMPOWERED AS THEY ENGAGE IN DEVELOPING THEIR SERVICE PLAN
- REUNIFICATIONS ARE SUPPORTED AND ACHIEVED
- WELL-BEING OUTCOMES OF CHILDREN AND YOUTH ARE IMPROVED



HOW DOES THIS HELP ME?



- THE EXPERTISE AND CREATIVITY OF OTHERS CAN ASSIST MY WORK ON THIS CASE
- FOSTER CARE CASELOADS ARE REDUCED
- MY GOALS FOR THIS YOUTH WILL BE SHARED BY A TEAM

WHAT ARE WE LEARNING?

- AS OF DECEMBER 2015, WRAP HAS SERVED **37 CHILDREN** AND **22 FAMILIES**.
- AS OF MARCH 2016, **6 CASES**, INVOLVING 11 CHILDREN, WERE CLOSED.
 - OF THOSE CASES, **7 CHILDREN** AND **3 FAMILIES** WERE REUNIFIED
 - **3 CHILDREN** AND **2 FAMILIES** ACHIEVED ANOTHER FORM OF PERMANENCY



- DOES WRAP MOVE FAMILIES TO REUNIFICATION?
- WHAT HAPPENS TO THE CHILDREN AFTER WRAP?

HOW CAN I HELP?

THE EVALUATION TEAM WANTS TO TELL A STORY ABOUT

- WHO THE CHILDREN ARE THAT ARE SERVED BY WRAP
- WHAT HAPPENED TO THEM OVER THE COURSE OF WRAP
- WHAT THE RESULTS OF WRAP ARE COMPARED TO BUSINESS AS USUAL

YOU CAN HELP BY REFERRING APPROPRIATE CASES AND ENTERING THE FOLLOWING INFORMATION INTO CPSS AND SHAKA

CPSS

```

0037 DATA SUCCESSFULLY ADDED
05/05/15                SERVICE DATA - ADD                KFKCC50N
14:29:00.6                K363810U

CASE NO    00090625        CASE NAME    3-IVE-WAIVER, GINGER
CLIENT NO  0000092115     FMN    02    NAME    3-IVE-WAIVER, GINGER
-----
SERVICE NO    004
SERVICE ACTION CODE    M104 WRAP SERVICES - IV-E WAIVER ONLY
SERVICE OVERRIDE CODE    -

PROVIDER CODE    _____
PROVIDER NAME        WRAP AGENCY _____
CPO FOSTER PARENT CODE    _____
UNITS/HOURS    _____    AMOUNT/RATE    _____
PAYMENT REQUIRED?(Y/N)    N
PRIMARY RECIPIENT FMN    _____
DATE NEEDED        4_ 1_ 2015
INITIATION DATE    _____

SERV TERM CODE    _____
SERV TERM DATE    _____

NEXT CA50 KEY    _____
DATA
    
```

1 M104 SAC CODE

2 DISPOSITION DATE AT WRAP CLOSURE

3 DISPOSITION AT WRAP CLOSURE

SHAKA

State of Hawaii Automated Keiki Assistance
Wednesday, May 15, 2016 09:24 AM

SHAKA Cases Intake CWI Calendar Reports & Charts Document Center NYTD Transition Plans Admin Procedures Manual Help ShakaTown Management Quick Search

My Account - Imua Kakou - Management - Services - Waiver - Reports - Help - Feedback -

SHAKA (Staging)/SSL Assessments View Client Georgina M Bush

You are on the Test Site! Data entered may be erased.

Child and Adolescent Needs and Strengths (CANS) Assessment [Hawaii Version V2015.06.01]

Assessment Date: 05/18/2016

Select Appropriate Use:
 Initial Reassessment Transition/Discharge

Client Name: Georgina M Bush Gender: Male Female Race/Ethnicity: Date of Birth: (Age: 16.9)

Current Living Situation: Caregiver Name: Relationship to Child:

LGBTQ Assessment: Assessor/Caseworker:
 Required

4 INITIAL CANS

5 6 MONTH OR FINAL CANS