WISe Cross System Care Plan – Example form template

Washington State Health Care Authority

Note: This form is intended for use as an example template and is not fillable.

Name

Date

ID

Care coordinator

| **1** | **Ground rules, vision statement, and mission** |

Ground rules generated by the team
What will help us be most productive as a team?

Vision statement of family and youth
What does "better" look like for my family?

Mission statement of the team
What do we need to accomplish while we're together?

2   **Team contact information**

1. _____ _____
Name   Role

_____ _____
Email   Phone

2. _____ _____
Name   Role

_____ _____
Email   Phone

3. _____ _____
Name   Role

_____ _____
Email   Phone

Template note: Add more team members as needed.

3   **Strengths and needs summary**

Strength

Strengths are generated from the family, youth, and all team members as well as the CANS.

Strengths list from the CANS

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Strengths list from the team

[text box]

Strengths to build from the CANS

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Strength: _____ Score: _____

Template note: Add more CANS strengths as needed.

Needs

Needs are generated from the family, youth, and all team members as well as the CANS.

Needs list from the CANS

Need: _____ Score: _____ Target: _____

Need: _____ Score: _____ Target: _____

Need: _____ Score: _____ Target: _____

Need: _____ Score: _____ Target: _____

Need: _____ Score: _____ Target: _____

Template note: Add more CANS needs as needed.

Needs list from the team

4	**Individualized plan**

At the WISe team meeting on _____ the youth, family and the team reviewed the latest CANS data and also brainstormed a list of needs. The team collectively prioritized the following needs.

Priority 1

Life domain: _____

☐ CANS generated | Score (0-3): _____ | Status: ☐ Dropped ☐ Met ☐ Ongoing

Context

What: Can include team concerns, observable behavior, background CANS items, system requirements - e.g., being on probation, etc. - and any other information relevant to plan development. May also include the way system partners and providers express needs.

Needs statement and CANS target

Why: Underlying need statement developed by the team and from the youth and family perspective and linked to CANS Target.

SMART GOO statement (1.1)
The SMART indicator of the desired end result. Depending on the agency, may be called a Goal, Objective, or Outcome.

```



```

Options
Potential strategies brainstormed by the team at the meeting.

```




```

Strengths
May include CANS items and team generated strengths that can be used as part of the plan.

```



```

Selected strategies
Preferred strategies selected by the youth and family from the list of options brainstormed by the team.

```



```

Actions steps
Team member assigned action steps to achieve the GOO and meet the need.

1. **Action:** _____

   Person responsible   Time frame   Status
   _____   _____   ☐ Active   ☐ Complete

2. **Action:** _____

   Person responsible   Time frame   Status
   _____   _____   ☐ Active   ☐ Complete

3. **Action:** _____

   Person responsible   Time frame   Status
   _____   _____   ☐ Active   ☐ Complete

Optional: Anticipated outcomes (across life domains)
CANS items expected to change as a result of addressing the prioritized need.

1. _____

2. _____

3. _____

Template note: Add more action steps and anticipated outcomes as needed.

There may or may not be more than one SMART GOO or goal/objective/outcome for an identified need.

SMART GOO statement (1.2)

[blank box]

Options

[blank box]

Strengths

[blank box]

Selected strategies

[blank box]

Actions steps

1. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

2. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

3. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

Optional: Anticipated outcomes (across life domains)

1. _____

2. _____

3. _____

Template note: Add more action steps and anticipated outcomes as needed.

Priority 2

Life domain: _____

☐ CANS generated | Score (0-3): _____ | Status: ☐ Dropped ☐ Met ☐ Ongoing

Context

Needs statement and CANS target

SMART GOO statement (2.1)

Options

Strengths

Selected strategies

Actions steps

1. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

2. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

3. **Action:** _____

    Person responsible   Time frame   Status

    _____   _____   ☐ Active   ☐ Complete

Optional: Anticipated outcomes (across life domains)

1. _____

2. _____

3. _____

There may or may not be more than one SMART GOO or goal/objective/outcome for an identified need.

SMART GOO statement (2.2)

| |
| |

Options

| |
| |

Strengths

| |
| |

Selected strategies

| |
| |

Actions steps

1. **Action:** _____

   Person responsible   Time frame   Status

   _____   _____   ☐ Active   ☐ Complete

2. **Action:** _____

   Person responsible   Time frame   Status

   _____   _____   ☐ Active   ☐ Complete

3. **Action:** _____

   Person responsible   Time frame   Status

   _____   _____   ☐ Active   ☐ Complete

Optional: Anticipated outcomes (across life domains)

1. _____

2. _____

3. _____

Priority 3

Life domain: _____

☐ CANS generated | Score (0-3): _____ | Status: ☐ Dropped   ☐ Met   ☐ Ongoing

Context

_____

Needs statement and CANS target

_____

SMART GOO statement (3.1)

_____

Options

_____

Strengths

```

```

Selected strategies

```

```

Actions steps

1. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

2. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

3. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

Optional: Anticipated outcomes (across life domains)
CANS items expected to change as a result of addressing the prioritized need.

1. _____

2. _____

3. _____

There may or may not be more than one SMART GOO or goal/objective/outcome for an identified need.

SMART GOO statement (3.2)
The SMART indicator of the desired end result. Depending on the agency, may be called a Goal, Objective, or Outcome.

```

```

Options
Potential strategies brainstormed by the team at the meeting.

```

```

Strengths
May include CANS items and team generated strengths that can be used as part of the plan.

[blank box]

Selected strategies
Preferred strategies selected by the youth and family from the list of options brainstormed by the team.

[blank box]

Actions steps
Team member assigned action steps to achieve the GOO and meet the need.

1. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

2. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

3. **Action:** _____

Person responsible	Time frame	Status
_____	_____	☐ Active ☐ Complete

Optional: Anticipated outcomes (across life domains)
CANS items expected to change as a result of addressing the prioritized need.

1. _____

2. _____

3. _____

Strengths

Useful strengths
List useful strengths and explain how they are used in the plan of care.

Strength: _____

Explanation

_____

Strength: _____

Explanation

_____

Strength: _____

Explanation

_____

Strengths to build
List strengths to build and activities for each skill.

Strength: _____

Activities

_____

Strength: _____

Activities

_____

Strength: _____

Activities

_____

Template note: Add more strengths as needed.

Plan summary and notes

<div style="border:1px solid #000; height:460px;"></div>

Signatures

_____   _____
Wraparound Care Coordinator signature   Date

_____   _____
Wraparound Supervisor/Coach signature   Date

Wraparound team member signatures

_____   _____
Team member signature   Date

_____   _____
Team member signature   Date

_____   _____
Team member signature   Date

Template note: Add more team member signatures as needed.