

Entering TOM 2.0 Forms in WrapStat

- Navigate to Data Management and then the TOM 2.0 Tab.

The screenshot shows the WrapStat interface. At the top, there is a navigation bar with tabs for Dashboard, Youth Roster, Evaluation Cycles, Data Management (selected), Reports, Resource Center, and Manage. Below the navigation bar, there is a green banner that says "Click here to take the yearly group member survey!". The main content area is titled "Data Management" and shows a "Select Site" dropdown menu with "DEMO SITE 1 - Pacific Source Marion Polk" selected. Below this, there is a breadcrumb trail: "DEMO - State of Oregon / DEMO - Marion County / DEMO SITE 1 - Pacific Source Marion Polk". A red box highlights the "TOM 2.0" tab in the "WFI-EZ" section. Below the tabs, there is a summary section with "Select Cycle" (TOM 2.0: JUL-AUG 2020), "Sample Size" (9), "Date Range" (07/15/2020 12:00 PM - 08/31/2020 10:00 AM), and "Cycle Progress" (2 of 9). At the bottom, there is a table with columns: WrapID, Client, Status, Care Coordinator Contact, Actions, Consent Collected, Date Started, and Date Completed. The first row shows "site640", "Benjamin Lewison", a status icon, a warning icon, "Yara T", and a "NO" toggle.

Remember: only youth who are included in the current Evaluation Cycle will be listed here.

- Your site may have more than one **Evaluation Cycle**, so prior to looking for the name in your list, select the correct **Evaluation Cycle** from the **Select Cycle** drop-down list.

- Click on the light blue plus sign icon in the **Actions** column.

The screenshot shows a data entry interface for TOM 2.0. At the top, there are filters for 'Select Cycle' (TOM 2.0: JUL-AUG 2020), 'Sample Size' (9), 'Date Range' (07/15/2020 12:00 PM - 08/31/2020 10:00 AM), and 'Cycle Progress' (2 of 9). Below this is a table with 9 rows. The first row is highlighted. The columns are: WrapID, Client, Status, Care Coordinator Contact, Actions, Consent Collected, Date Started, and Date Completed. In the 'Actions' column of the first row, a red box highlights a light blue plus sign icon.

If the TOM 2.0 was not completed:

- Click on **No** if a TOM 2.0 was not completed for the team included in the sample.
- Next, click on the reason **Why Not?**, why the TOM 2.0 was not completed.
- Click on the blue **Next** button.

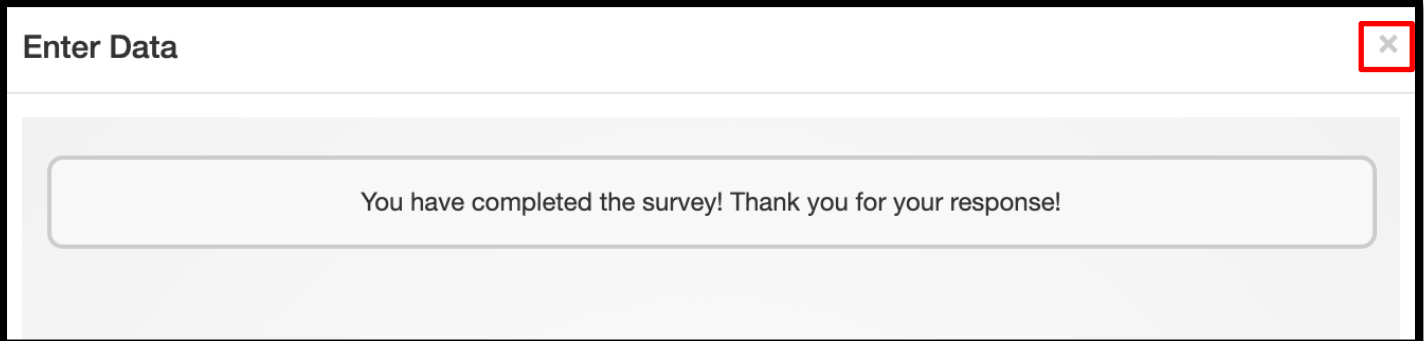
The screenshot shows the 'Enter Data' form for 'Team Observation Measure 2.0'. The form asks 'Was the TOM 2.0 administered?' with two radio button options: 'Yes' and 'No'. The 'No' option is selected and highlighted with a red box. Below this is a 'Why not?' section with five radio button options, also highlighted with a red box. The options are: 'Observer unable to attend a team meeting (e.g., scheduling conflict, time constraint)', 'Team did not consent to meeting observation', 'Youth is currently institutionalized (i.e., hospital, inpatient facility, juvenile justice)', 'Youth has been discharged since the evaluation cycle was created', and 'Other (Please specify)'. A 'Next' button is visible at the bottom right.

- On the next screen, click the blue **Complete** button.



The screenshot shows a window titled "Enter Data" with a close button (x) in the top right corner. The main content area displays "Team Observation Measure 2.0" and "Thank you for your participation!". Below this text are three buttons: a blue "Back" button on the left, a blue bar in the center, and a blue "Complete" button on the right. The "Complete" button is highlighted with a red rectangular border.

- This is one of the variables that enables WrapStat to calculate your program's response rate for Evaluation Cycles.
- This information needs to be entered for all youth in the TOM 2.0 sample for whom a TOM 2.0 was not completed.
- Click the **x** button in the upper right corner of the next screen to close the data entry window.



The screenshot shows the same "Enter Data" window. The main content area now displays a confirmation message: "You have completed the survey! Thank you for your response!". The "x" button in the top right corner is highlighted with a red rectangular border.

If the TOM 2.0 was completed:

- On the first question, click on **Yes** if you have a TOM 2.0 form to enter.
- Click on the blue **Next** button.

Enter Data

Team Observation Measure 2.0

Was the TOM 2.0 administered?

Yes

No

Next

Enter Data

Team Observation Measure 2.0

This form was completed by:

Internal Staff

External Evaluator

What format was this team meeting?

In person

Via telehealth

Back

Next

- Indicate who completed the TOM 2.0, **Internal Staff** or **External Evaluator**.
 - Wraparound Care Coordinator Coaches who work at the same program as the WCC they are observing are **Internal Staff**.
- Indicate the format of the team meeting, **In person** or **Via telehealth**.
- Click the blue **Next** button.

- The next screen shows you the **Wraparound Site Location, Youth/Family ID,** and **Youth's Age.**
- Click the blue **Next** button.

Enter Data

Team Observation Measure 2.0

Wraparound Site Location: DEMO SITE 1 - Pacific Source Marion Polk

Youth/Family ID: site620

Youth's Age: 17

Back Next

Observed Meeting Information

Enter Data

Team Observation Measure 2.0

Observed Meeting Information

Meeting Date:
MM/DD/YYYY

Meeting Length:
 minutes

Meeting Place:

Supervisor Name/ID:

Observer Name/ID:

Type of meeting:
Select one.

Initial team/planning meeting

Follow-up meeting

Transition/discharge meeting

Other (Please specify)

Back Next

- Enter the information from the first page of the TOM 2.0.
- Click the blue **Next** button.

Team Membership and Meeting Attendance Grid

Enter Data

Team Observation Measure 2.0

Team Membership and Meeting Attendance Grid
(Before or after the meeting, the observer should check with the Care Coordinator about who is on the team.)

Team Members	How many on team?	How many present?	Notes
Care coordinator	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth (1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent (birth or adoptive) (1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foster parent (1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Caregiver (if different from parent or foster parent) (1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling of the youth (17 or younger)	<input type="text"/>	<input type="text"/>	<input type="text"/>
School representative (1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Juvenile justice representative/probation officer (1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social services representative/social worker (1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court appointed special advocate (CASA) (1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Attorney (1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health provider (1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health agency representative (1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical provider (1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family support partner or advocate	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Enter the team member information from the first page of the TOM 2.0.
- Click the blue **Next** button.

Full Meeting Attendance Questions

Enter Data

Team Observation Measure 2.0

Full Meeting Attendance Questions*

Please select "Yes" if the statement is true and "No" if the statement is not true.

1a. At least one parent/caregiver was present at the meeting.	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="N/A"/>
1b. The youth was present at the meeting. <i>(N/A for youth age 10 or younger)</i>	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="N/A"/>
1c. All key representatives from school, child welfare, and juvenile justice agencies who are on the team OR seem integral to the youth and family's plan were present at the meeting.*	<input type="button" value="Yes"/>	<input checked="" type="button" value="No"/>	<input type="button" value="N/A"/>
1d. All other family service providers who are on the team OR seem integral to the youth and family's plan were present at the meeting.*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input checked="" type="button" value="N/A"/>
1e. All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) who are on the team were present at the meeting.*	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="N/A"/>

Please select "Yes" if the statement is true and "No" if the statement is not true.

1f. At least one natural or community support for the youth and family was present at the meeting.	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>
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Do you have any comments or notes about the above Full Meeting Attendance questions?

- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.

Effective Teamwork Questions

Effective Teamwork Questions

Please select "Yes" if the statement is true and "No" if the statement is not true.

2a. All team members demonstrated a full understanding about what the Wraparound process is, the need for a single plan, and what they will contribute to the process to help the youth and family.

Yes No

2b. Talk was well-distributed across team members, and each team member made a meaningful contribution. No one or two people dominated the conversation or remained virtually silent during the meeting.

Yes No

Please select "Yes" if the statement is true and "No" if the statement is not true.

2c. Since the last team meeting, all team members have followed through with their previously assigned tasks/action steps or at least demonstrated diligent efforts to do so.

Yes No N/A

Please select "Yes" if the statement is true and "No" if the statement is not true.

2d. There was a clear understanding of who would be responsible for following through on the tasks and strategies necessary to help the youth and family meet their needs.

Yes No

Please select "Yes" if the statement is true and "No" if the statement is not true.

2e. Team members demonstrated a consistent willingness to compromise or explore further options when there was disagreement.

Yes No N/A

Do you have any comments or notes about the above Effective Teamwork questions?

**Before or after the meeting, the observer should check with the facilitator about who is on the team.
**If four or more items are "N/A", score subscale as "N/A".*

Back Next

- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.
- Click the blue **Next** button.

Driven by Strengths and Families Questions

Enter Data

Team Observation Measure 2.0

Driven by Strengths and Families Questions

Please select "Yes" if the statement is true and "No" if the statement is not true.

3a. The parent/caregiver(s) and/or other family members constructively contributed to the care planning process (e.g., by articulating their needs, explaining their perspectives, and/or suggesting a potential service, support, or strategy).

Yes No N/A

3b. The youth constructively contributed to the care planning process (e.g., by articulating their needs, explaining their perspectives, and/or suggesting a potential service, support, or strategy).
(N/A for youth age 10 or younger)

Yes No N/A

Please select "Yes" if the statement is true and "No" if the statement is not true.

3c. The team identified or reviewed at least one functional strength of the youth that was used in planning to develop a strategy to meet their needs.

Yes No

Please select "Yes" if the statement is true and "No" if the statement is not true.

3d. The team identified or reviewed at least one functional strength of the parent/caregiver or family as a whole that was used in planning to develop a strategy to meet their or the youth's needs.

Yes No N/A

Please select "Yes" if the statement is true and "No" if the statement is not true.

3e. Team members avoided blaming and remained focused on solutions, rather than dwelling on negative events.

Yes No

Do you have any comments or notes about the above Driven by Strengths and Families questions?

- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.

Based on Priority Needs Questions

Based on Priority Needs Questions**

Please select "Yes" if the statement is true and "No" if the statement is not true.

4a. Before beginning to brainstorm strategies, the team explicitly articulated, prioritized, and/or reviewed and confirmed the youth's and family's needs to plan for/address during the meeting.

Yes No

Please select "Yes" if the statement is true and "No" if the statement is not true.

4b. Every need that was planned for/addressed during the meeting was articulated as the underlying reason(s) why a problematic situation or behavior was occurring, and was not simply stated as a deficit, problematic behavior, or service need.

Yes No N/A

4c. Planning focused on the underlying needs of other family members, not just the identified youth.

Yes No N/A

4d. For every need that was planned for/addressed during the meeting, the team brainstormed more than one strategy to meet the need before deciding on next steps.

Yes No N/A

4e. The team discussed how they will know the youth and family's needs have been sufficiently met to warrant a transition out of formal Wraparound services.

Yes No N/A

Do you have any comments or notes about the above Based on Priority Needs questions?

List the strengths identified and needs that were planned for/addressed during the meeting to assist in scoring (optional):

**If four or more items are "N/A", score subscale as "N/A".

Back Next

- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.
- From the TOM 2.0 form, enter the strengths identified and needs planned for during the meeting.
- Click the blue **Next** button.

Use of Natural and Community Supports Questions

Enter Data

Team Observation Measure 2.0

Use of Natural and Community Supports Questions**

Please select "Yes" if the statement is true and "No" if the statement is not true.

5a. The team encouraged the youth's and family's positive connection to their natural supports (extended relatives, friends, neighbors, clergy, business owners, etc.) by exploring their current level of connection and integrating activities to foster connections into the Plan of Care.

Yes No N/A

5b. The team encouraged the youth's and family's positive connection to their community through participation in community activities, clubs, and/or other informal organizations by exploring their current level of connection and integrating activities to foster connections into the Plan of Care.

Yes No N/A

5c. Natural supports (e.g., extended relatives, friends, neighbors, clergy, business owners, etc.) are actively involved in implementing strategies in the Plan of Care or Crisis Plan developed and/or discussed at the meeting.

Yes No N/A

5d. The Plan of Care or Crisis Plan developed and/or discussed at the meeting supports the youth's integration into the least restrictive residential and/or educational environment possible.

Yes No N/A

5e. The Plan of Care or Crisis Plan developed and/or discussed at the meeting represents a balance between informal (natural and community) and formal strategies, services, and supports.

Yes No N/A

Do you have any comments or notes about the above Use of Natural and Community Supports questions?

- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.

Outcomes-Based Process Questions

Outcomes-Based Process Questions**

Please select "Yes" if the statement is true and "No" if the statement is not true.

6a. The team reviewed how close the youth and family are to achieving their vision, mission, or Wraparound team goal (i.e., the overarching purpose of Wraparound involvement).	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
6b. The team reviewed the status of task/action step completion since the last meeting.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A
6c. The team monitored progress toward meeting needs and achieving outcomes/goals since the last meeting.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
6d. Progress toward meeting needs and achieving outcomes/goals since the last meeting was evaluated using objective and verifiable measures, not just general or subjective feedback.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
6e. For any <u>new</u> outcome or goal (i.e., what it would look like if a need was met) developed during the meeting, the team discussed and agreed upon a specific and measurable way to evaluate progress.	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A

Do you have any comments or notes about the above Outcomes-Based Process questions?

***If four or more items are "N/A", score subscale as "N/A".*

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- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.
- Click the blue **Next** button.

Skilled Facilitation Questions

Skilled Facilitation Questions

Please select "Yes" if the statement is true and "No" if the statement is not true.

7a. The Care Coordinator prepared the needed documents and materials prior to the meeting, such as the Plan of Care, Crisis Plan, data on progress, etc., and had enough copies to share with each team member.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7b. The meeting followed a clear agenda that provided an understanding of the overall purpose of the meeting and the priority agenda items.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
7c. The Care Coordinator reflected and summarized team members' contributions, probed for further information, and generally stimulated productive brainstorming and discussion.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7d. The Care Coordinator was dynamically engaged in the process, and was able to maintain an appropriate momentum and members' focus throughout the meeting.	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Please select "Yes" if the statement is true and "No" if the statement is not true.

7e. The Care Coordinator was able to manage disagreement and conflict and make sure all team members' opinions and ideas were heard.	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
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Do you have any comments or notes about the above Skilled Facilitation questions?

Overall reflections of the meeting, the Wraparound team process, areas of strength and needing improvement (optional):

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- Click on the boxes to indicate the responses on the TOM 2.0 you are entering.
- Enter any notes written into this section of the TOM 2.0 form.
- Enter any overall meeting reflections written on the TOM 2.0 form.
- Click the blue **Next** button.

- On the next screen, click the blue **Complete** button.



- Click the **x** button in the upper corner of the next screen to close the TOM 2.0 data entry window.

