Youth – Ohio Fidelity Index	No, Not at all (0) Yes, once in a while (1) Yes, at least half of the time (2) Yes, often (3) Yes, A lot (4)

Youth and Family Team

	0	1	2	3	4
1. Do you participate as a member of the team on a regular basis?					
2. Is there a representative from your school or educational setting who actively participates on the team?					
3. Are there members of your team who participate in the Wraparound process because of legal considerations (example: you have a parole or probation officer, or case worker from JFS)?					
4. Are important of "key" participants invited to your team meetings (family, JFS worker, teacher, therapist and other individuals) who are meaningful to you and your family?					
5. Does your team consist of people you want to have on the team?					
6. Do team members come to meetings prepared to share information and/or update information on your and your family status (e.g. social history, legal information, school updates)?					
7. Do all team members regularly attend the team meetings?					

Community-Based Services

1. Are the services and supports in your wraparound plan difficult for you and your parent or caregiver to access because they are far away from where you live of because you don't have reliable transportation?					
2. Are at least half of the services you and your family uses located in your community or county?					
3. In the event that your team must consider a residential placement for you, do they also plan "up front" for your transition or step-down from that placement once you are stabilized and feeling better?					
4. During team meetings if a residential placement is discussed, does your team try to come up with placement options that are in your community rather than placements that are in another county or state?					
5. Does you team work to find services that will allow you to participate in the normal and typical activities for your age (e.g. recreational activities, sports, employment, etc.)?					
6. Do you have the opportunity to attend a school in a mainstream classroom for at least part of the day?					

Cultural Competence

1. Does you team include individuals who share similar race/ethnic backgrounds, spiritual orientation, lifestyle choices, and or cultural beliefs with you and your family?					
2. Does you team view your family's traditions, values and heritage as assets or sources of strength in the planning process?					
3. Does your team take time to incorporate the unique values and culture of you and your family into the wraparound process (e.g. gestures, holiday observations, beliefs, etc)?					
4. Do you have opportunities to tell the team about your beliefs and traditions?					
5. Could you point to a place in your plan where your beliefs, traditions or spirituality have been included into the planning process?					

Individualized

1. Does your team understand you and your family well enough to effectively plan services and support for you?					
2. Does your facilitator advocate for services and resources the team views as necessary for you and your family?					
3. Does your team have a written plan of care that includes life domains, goals, objectives and descriptions of resources to carry out the plan?					
4. Does your team come up with creative solutions to meet your needs and your family's needs when there is no clear option or service available in the community?					
5. Has your team helped you and your family prepare for major transitions (e.g. new school, residential placement, etc.) by making plans to deal with these changes?					

Strength- Based

1. Does your team plan services and interventions that are based on the individual's needs and strengths of you and your family?					
2. Does your team create a positive atmosphere around your successes and accomplishments at each team meetings?					
3. Does your team seek feedback from you and your parent or caregiver about what has worked in the past for your family?					
4. Does your written plan include strength based services and interventions (meaning; does the team include services that highlight things you are good at or do well)?					
5. Does you team take the time to help you get involved in activities that you like or do well?					
6. Does you team take the time to help you learn how to work through problems and come to solutions?					

Natural Supports

1. Does your team engage significant adults in the community (such as coaches, mentors, or employers) to assist in the planning and development of services and treatment for you?					
2. Does your team help you seek out and develop relationships with positive or pro-social peers					
3. Does you team find ways to increase the support you get from your friends and family?					
4. Is there a family friend or advocate who actively participates on the wraparound team?					
5. Is the wraparound process helping you and your family to develop or strengthen relationships that will support you when the wraparound process is finished?					

Persistence

1. Does your team help to identify barriers to using services or resources or interventions and discusses possible solutions?					
2. Does you team have a written safety/crisis management plan that describes how they will meet your needs in the case of an emergency?					
3. Do team members understand their role in the crisis management plan and could they act on the plan in the case of emergency?					
4. Do you feel confident that, in the event of a major crisis, your team can help keep you in your home and community?					
5. Do you think that your wraparound process could be discontinued before you or your family is ready for it to end?					

Family Voice and Choice

1. Are you and your parent or caregiver given opportunities to attend orientation sessions and/or training on the wraparound process?					
2. Does your wraparound facilitator explain or help you to better understand the different parts of the wraparound process?					
3. Does your wraparound facilitator regularly inform you about the different choices for programs and services that are available to you?					
4. Do team members ask your opinion about the types of services or resources you would prefer for yourself and your family?					
5. Do you feel comfortable expressing your opinions even if they are different from the rest of the team?					
6. Does your wraparound facilitator ensure that you are involved in designing a plan of care for yourself and your family?					
7. Do you have the opportunity to communicate your own idea when it comes time to make decisions?					
8. Do team members overrule your wishes regarding your treatment?					
9. Does you facilitator ensure convenient arrangements for you and your parent or caregiver to participate in team meetings (e.g. locations, time, transportation and daycare)?					

Collaboration

1. Does your team go out of the way to ensure that all team members-including friends, family, and natural supports – present ideas and participate in decision making?					
2. Does your team have on common written plan of care (wraparound plan) that describes how the team will meet your needs?					
3. Do team members treat one another with respect and appreciation for the unique value each person brings to the team?					
4. Does your team engage in brainstorming activities in order to come up with strategies that address your needs?					
5. Does the team assign specific tasks to each member at the end of meetings?					
6. Does your team come up with new ideas for your wraparound plan whenever your needs change?					
7. Do all of the members on the team take responsibility for implementing the plan for your care and treatment?					