1. **Discussion:**
   a. Need for greater awareness – there was general agreement that many families supported in the wraparound process include parents or care givers who are living with mental illness or addiction. This fact is not formally recognized nor built into service planning. Therefore one important step is to raise awareness of this set of needs which has significant impact in systems of care work and child and family activity in general.
   b. Scan - One suggestion was to document the frequency and need of mentally illness and addiction experienced by parents in systems of care. Another idea is to scan nationally for wraparound initiative which have targeted these needs. Another approach could be a literature review.
   c. Need for the development of protocols or processes in wraparound to effectively support children and their parents/care givers where these needs are present
   d. Natural supports – The group discussed the area of natural supports in wraparound as an important area to focus for this set of families. Teaching families about natural supports is particularly important since both mental illness and addiction are on going, lived experiences well beyond the mandates and term of formal resources. Natural supports play a particularly important role for young mothers and fathers.
   e. Child Welfare System – There was general consensus that the needs of parents and care givers involved in the wraparound processes in child welfare endeavors were particularly relevant. Providing stability, in terms of both acute symptom management and engagement in the recovery process, for parents in these situations is an essential first step in meeting child welfare goals of safety and well being of children.
   f. Adult Systems Integration – Many supports, such as behavioral health, rehabilitation, consumer supports, and transitional assistant. parents and care givers should have to address these needs are delivered through the adult system. These services and support, however, do not address the parenting/care giving role/needs and do not integrate with formal interventions in the child and family systems.

2. **Agreed Upon Short Term Goal for Work Group**: Define areas of focus and/or enhancement in wraparound process, as currently defined by the NWI, that will ensure the inclusion and effective integration of the needs of adult care givers (particularly those living with the impact of mental illness, trauma, and addiction) in a family plan.
3. Plan Activity and Time Frame:

a. **August 1st** – Distribute meeting notes and defined short-term goal to work group members.

b. **August 1st – September 15th** – Work group reviews wraparound process and identify areas for focus and enhancement. Work group members identify areas with notation as to the type of enhancement and related rational. Each member submits on September 15th response. Chip will organize responses into one document and return by October 1st to work group.

c. **October 1st – October 15th** – work group reviews and prioritizes combined areas in preparation for conference call. Comments can be emailed to group if member not able to participate. After conference call, Chip to create first draft of document and return to work group by November 1st.

d. **November 1st to December 1st** – work group reviews draft in preparation for conference call December 1st.

e. **December 1st** – conference call to discuss modifications to first draft. Chip to document and submit second draft by January 1st to work group.

f. **January 15th** – conference call to discuss final revisions.

g. **January 30th** – submitted to NWI for distribution to advisors with February 1st deadline for feedback. Submit feedback to work group.

h. **March 1st** – conference call to decide on next step for work group based on final version of document.