

Supporting Wraparound Implementation: Chapter 5d.1

Developing, Financing, and Sustaining Wraparound: Models for Implementation

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Introduction

Sustainable, effective wraparound practice takes more than good intentions and values. Leaders involved in developing wraparound capacity must consider not only what is happening on the direct practice level as it relates to the capacity to implement high-fidelity wraparound, but must also attend to the organizational and system levels to assure that wraparound efforts are robust, relevant and resilient. For many communities, some of the biggest implementation challenges revolve around funding for the wraparound effort. For example, there is the need to fund key roles that are required for high quality wraparound and the need for funding that is flexible enough so that the service and support strategies identified in wraparound plans can be put into place.

While every community develops a unique set of strategies for responding to the challenges of wraparound implementation, their overall approaches often resemble one another. In this section, three of the more typical overall approaches or models for implementing and funding wraparound are described from three different communities and states. The models described include:

- **Provider-Implemented Model: Catholic Community Services of Western Washington in Pierce County, Washington.** This article describes an effort to build flexibility at the provider level that has been more than fifteen years in the making. This provider works collaboratively with several state and county funders in order to assure that families have access to the wraparound process. This description details

the dance between direct funder, provider and policy levels to assure that families' needs are met with maximum flexibility.

- **Public Sector-Implemented Model: Butler County, Ohio.** This description details the efforts of one county in Ohio to develop capacity for wraparound implementation. In this model, local leadership created the organizational capacity to implement wraparound by working across systems. In reviewing this implementation model it is important to remember that context counts. Ohio is a home-rule state that has a long history of projects jointly managed through intersystem collaboration.
- **Network-Driven Model: Orange County, California.** This description identifies a public-private partnership for implementing wraparound. This model allows the county to contract for care coordination and direct services. In its large urban setting in Southern California, this model has worked effectively to assure that families have access to wraparound.

Context counts when designing a wraparound project. Local leadership should consider the community context in which the project is operating. Several important contextual features that will impact implementation include:

- What is the **population** you are worried about? Each leader involved in wraparound has to start somewhere. Identifying the highest priority population among potentially eligible families will allow leaders to make the right organizational decisions about where to start.
- What is the **urgency** for action? Timing matters with wraparound implementation. Leaders have to identify how quickly they must produce results in order for those families in the target population to get the help they need soon enough. At the same time, leaders have only so much time to demonstrate to the community stakeholders that the project is able to produce desired outcomes. Implementors should consider what organizational model will result in a "right timed" response.
- What is the nature of the **host environment** in which you are operating? Leaders have to consider the larger community and system settings for operations. A provider model is often shielded from larger system challenges which may allow faster implementation in the early days. On the other hand, a critique of the provider model is that it can get so protected from the larger environment that it becomes irrelevant to larger system practices. When this happens, the wraparound project can serve to function like a subculture within the larger system culture. This can be a problem for those families who can't find their way to the wraparound provider.

In reviewing these models, the reader is encouraged to consider population, host environment and urgency in identifying their first implementation options. Each model is summarized on the table on the following three pages along with key features and advantages and disadvantages of each. Additionally, each model is highlighted in the following community stories. What is true about each of these stories is that each model has experienced—and continues to experience—mid-course corrections based on local, state and national context. Consider these changes:

- *Catholic Community Services* started their wraparound journey in an environment in which local child welfare and mental health leadership blended funds. Today, they are operating with a braided model in which each system holds a separate contract with the same principles and values. The agency takes on the responsibility to create an experience of integration for those practitioners who get to work directly with families.
- *Butler County, Ohio*, a public implemented model, began with a wide change effort based on the notion that they could train many practitioners across multiple systems in hopes that families would have minimal barriers in finding their way to a wraparound process. Concerns about quality assurance and reliability caused leadership to rethink this strategy and build a centralized unit that is held in the local

Type of Implementation	Defined	Key Features	Some Advantages	Some Disadvantages
Provider-Implemented Model Catholic Community Services of Western Washington, Pierce County, Washington	Funding that is typically pooled (although this is not required) is passed on to a provider that is usually a private, non-profit. The provider takes responsibility for hiring staff roles assigned to implement the wraparound process including wraparound facilitators, parent/family partners and, in some cases, direct service supports such as behavioral support workers, clinicians or others. In this model, the provider assumes a certain amount of risk and rewards. Usually, some agreement occurs so that the provider can maintain a certain amount of savings from the per-month rate. In recent years, sharing strategies between funder and provider have been developed during initial days of implementation.	- Funding typically passes to provider with a monthly, per family rate. In some settings, providers are encouraged to use additional funding streams, including Medicaid. - Provider assumes some level of risk for implementation. - Active hands-on oversight from the public sector (typically a Community Team) - Funder/public sector selects referral source while provider is positioned to “just say yes.”	- Builds trust between funder and provider - Creates a role for provider - Often the quickest to implement since private provider is not hampered by public sector rules - Allows funders to develop a stable funding base with a per-family rate for wraparound. - Often creates an impetus for change within private provider community. - Creates flexibility in funding that builds incentives for providers to work with those situations considered hardest to serve.	- Can create a proprietary feeling on part of the provider - Referring sources (public sector) may get resentful, feeling the provider has all of the flexibility. - Over time, perception the provider is getting “rich” from savings can cause resentment. - How relevant is the provider practice to the larger system practice? - Enclaves of wraparound capacity can result in isolation of the project.
County- or Public Sector-Operated Model Butler County, Ohio	This model requires the county or public sector system directly develop staff roles for wraparound implementation. In inter-system efforts, a unit is often configured that houses those public sector workers who are being assigned to the wraparound project. Examples might include a county that dedicates a Child Welfare worker, a county Probation Officer, a Mental Health clinician and a Special Education consultant to one unit that is specifically configured to operate wraparound. Other staff roles such as a parent/family partner or paraprofessional direct service roles may be developed through contractual arrangements with individuals or an organization to supplement public sector capacity.	- Public sector leadership (county, city or municipality) has to be able to develop some flexibility. - Flexibility in public sector workers being able/willing to take on new roles - Ability to “back-fill” public sector workers’ existing work load	- Close to public sector essential services, i.e., creates a way for long-term public sector workers to directly experience wrap-around practice - Increased potential to transfer practice change to essential public functions - Opportunities for staff development - Close relationship to funders increases likelihood of long term buy-in. - Keeping funders directly involved in child and family teams may result in increased flexibility in funding overall.	- Public bureaucracies are not known for their flexibility - Loss of potential donation base, i.e., private non-profits can do fund-raisers, harder for government - High sensitivity to flexible funds since government is directly involved in writing checks - Potential for intersystem turmoil as public sector systems may lobby for control based on priorities or community pressures

Type of Implementation	Defined	Key Features	Some Advantages	Some Disadvantages
Network Model Orange County, California	This model creates a separation between wraparound staff roles that are part of the organizing process and direct service, intervention and support roles. In this model, wraparound facilitation/care coordination agencies are identified to hire staff to implement the wraparound process. Simultaneously, direct service providers are developed to provide direct services as called for by the child and family team in the wraparound plan of care. This second group is often referred to as the “provider network.” These two groups intersect around individual families when the wraparound facilitation staff lead teams in developing a plans of care. A plan of care includes services from the provider network, the larger community and any other systems.	• Separates facilitation from service provision • Allows a wide range of participants, with providers being part of the provider network or one of the care coordination agencies • Creates “bottom up” budgeting in that providers receive no promises for funding, i.e., care coordinator funding levels driven by enrollment and provider network reimbursements driven by individual plans of care	• Fixes costs for wraparound implementation • Allows costs for individual plans of care to be driven by need rather than funding caps • Requires partnership and communication between funder, providers and wraparound implementors • Public sector can assume the risk and reward • Allows multiple ways for providers to participate in wraparound implementation, i.e., if you aren’t be good at wraparound coordination you can still be in the provider network	• Requires dual development, i.e., providers to do direct support work and facilitation/care coordination agencies to do wraparound work • Takes time to develop a flexible, broad based and robust provider network • Pricing for direct supports can be a challenge • Requires a management infrastructure to make sure contracts are changing and adapting to community context

education agency, overseen by public systems and viewed as organic and continually evolving.

- *Orange County, California*, elected to pursue a hybrid network that required an ongoing dance between providers and funders. In their model, county systems invested heavily in creating a management capacity while freeing up providers either to develop a wraparound facilitation capacity or to join a provider network. Their approach began with a series of experiments or exceptions to policy and, over time, developed into a system.

None of these models is the single, right one for wraparound implementation in every setting. Each community story has lessons that can be relevant to other communities implementing Wraparound. Readers should pay attention to their own concerns about target population, urgency and

host environment in deciding what organizational model to pursue first. Readers should also remember that where they start is not necessarily where they will end up in terms of creating options.

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