



HISTORY OF THE WRAPAROUND PROCESS

The Wraparound process is a collaborative, team-based approach to service and support planning. Through the Wraparound process, teams create plans to meet the needs—and improve the lives—of children and youth with complex needs and their families. The Wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family.

The box on page 5 lists the essential elements of Wraparound, as determined by a group of Wraparound experts in 1998 (Goldman, 1999). Briefly, the Wraparound process can be described as one in which the team

- Creates, implements, and monitors an individualized plan using a collaborative process driven by the perspective of the family;
- Includes within the plan a mix of professional supports, natural supports, and community members;
- Bases the plan on the strengths and culture of the youth and their family; and
- Ensures that the process is driven by the *needs of the family* rather than by the services that are available or reimbursable.

Wraparound’s philosophical elements are consistent with a number of psychosocial theories of child development, as well as with recent research on children’s services that demonstrates the importance of services that are flexible, comprehensive, and team-based. However, at its core, the basic hypothesis of Wraparound is simple: If the needs of a youth and family are met, it is likely that the youth and family will have a good (or at least improved) life.

Much of the early work on Wraparound was focused on children, youth, and their families with very complex needs. However, it is important to note that the process has been proven useful with children, youth, and families at all levels of complexity of need, including those whose needs are just emerging. The intuitive appeal of the Wraparound philosophy, combined with promising initial evaluation studies and success stories from communities around the nation, has promoted explosive growth in the use of the term “Wraparound” over the last two decades. In fact, it has been estimated that the number of youth with their families engaged in Wraparound could be as high as 200,000 (Faw, 1999).

History of the Wraparound Process

Dr. Lenore Behar of North Carolina coined the term “Wraparound” in the early 1980s to describe the ap-

plication of an array of comprehensive community-based services to individual families. North Carolina implemented these services as alternatives for institutionalization of youth as part of the settlement of the *Willie M.* lawsuit. Since then, the use of the term “Wraparound” has become common shorthand for flexibility and comprehensiveness of service delivery, as well as for approaches that are intended to help keep children and youth in the community. As a result, the interpretations of what Wraparound means vary widely (Burchard, Bruns, & Burchard, 2002). The development of the Wraparound process has been shaped by a unique combination of local, state, and federal innovations; contributions from individual consultants and researchers; influential local, state, and national family organizations; new federal law; and key lawsuits. The rest of this article describes some of these historical influences on Wraparound.

Roots in Europe and in Canada

Some of the formative work in this area was conducted by John Brown and his colleagues in Canada, who operated the Brownsdale programs. These programs focused on providing needs-based, individualized services that were unconditional. Some of the roots of the Brownsdale efforts were influenced by the Larch move-

ment, a European approach that supports normalization and support from community members to keep individuals with complex needs in the community. These and other normalization concepts were employed in designing the Kaleidoscope program in Chicago, led by Karl Dennis, which began implementing private agency-based individualized services in 1975.

Similar Movements

It is important to note that during the era in which Wraparound has developed, parallel developments have occurred simultaneously in other fields. For example, approaches such as *Person-Centered Planning* and *Personal Futures Planning* bear a strong resemblance to Wraparound, and were developed to meet the needs of people with developmental dis-

abilities. Similarly, within juvenile justice, several approaches use values and steps similar to those in Wraparound to create individualized plans that balance the community's needs for safety and restitution with the goal of keeping young offenders in the community. Child welfare systems across North America have implemented *family group decision making*, a collaborative family-provider planning process with origins in New Zealand Maori tribal traditions. Within special education, federal legislation requires that many children receive individualized education plans designed by a collaborative family-provider team.

Major Efforts in Wraparound

In late 1985, officials of the State of Alaska social services, mental

health, and education departments sought consultation from Kaleidoscope, and formed the *Alaska Youth Initiative* (Burchard, Burchard, Sewell, & VanDenBerg, 1993). This effort was successful in returning to Alaska almost all youth with complex needs who had been placed in out-of-state institutions. The Alaska efforts were quickly followed by replication attempts in Washington, Vermont, and more than 30 other states. Major efforts based on Wraparound and system of care concepts were funded by the Robert Wood Johnson Foundation in the late 1980s, and studies of these programs proved to be a rich source of information for further development of the process. Many jurisdictions involved in the National Institute of Mental Health's CASSP (Child and

PHILOSOPHICAL ELEMENTS OF THE WRAPAROUND PROCESS

ELEMENT	DESCRIPTION
Voice and Choice	The youth and family must be full and active partners at every level and in every activity of the Wraparound process.
Youth and Family Team	The Wraparound approach must be a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized plan.
Community-Based Services	Wraparound must be based in the community, with all efforts toward serving the identified youth in community residential and school settings.
Cultural Competence	The process must be culturally competent, building on the unique values, preferences, and strengths of children and families, and their communities.
Individualized and Strength-Based Services	Services and supports must be individualized and built on strengths, and must meet the needs of children and families across life domains to promote success, safety, and permanence in home, school, and community.
Natural Supports	Wraparound plans must include a balance of formal services and informal community and family supports.
Continuation of Care	There must be an unconditional commitment to serve children and their families.
Collaboration	Plans of care should be developed and implemented based on an interagency, community-based collaborative process.
Flexible Resources	Wraparound child and family teams must have flexible approaches and adequate and flexible funding.
Outcome-Based Services	Outcomes must be determined and measured for the system, for the program, and for the individual child and family.

NOTE: This description of the elements of Wraparound was adapted from the monograph that resulted from the Wraparound meeting at Duke University in 1998. Burns, B.J., & Goldman, S.K. (1999). Promising practices in Wraparound for children with serious emotional disturbance and their families. *Systems of care: Promising practices in children's mental health, 1998 series, Vol. IV*. Washington DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Adolescent Services System Program) program and state level grants also used the Wraparound process during the late 1980s and early 1990s, while more recently, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Comprehensive Community Mental Health Services for Children and Families program has awarded grants to dozens of communities who proposed to use the Wraparound process

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to mobilize system of care philosophies for individual families.

In the early 1990s, several Wraparound pioneers planned and carried out a series of national conferences on the Wraparound process. These "Wraparound Family Reunions," in Pittsburgh, Chicago, Vermont, and San Jose, served to bring together early implementers of the process, and helped accelerate the growth of the movement. These national conferences were followed by dozens of state level Wraparound gatherings, many of which have become annual events. For example, the state of Michigan recently completed its eighth annual Wraparound conference, which was attended by over 500 administrators, service providers, family members, and youth.

In 1998, in response to concerns about the lack of specification of the Wraparound model, a group of family advocates, Wraparound trainers, providers, and researchers gathered at Duke University to debate the definition and core components of the Wraparound model. This important gathering resulted in delineation of 10 elements that provide the foundation of the Wraparound approach (Goldman, 1999; see box, page 5). In the years since this meeting, it has been recognized that further specification of the Wraparound practice model is necessary. Though a number of monographs, training manuals, and book chapters describe different aspects of the process for different audiences, there remains a need to synthesize these innovations into one description of a model that includes standards and parameters for practice. Nonetheless, the 10 elements represent an important framework for Wraparound, providing a philosophical value base and a set of minimum conditions from which to develop quality assurance measures.

The Family Movement and Wraparound

Over the last 15 years, the field of children's mental health has seen the rapid growth of a family advocacy

movement. This growth has been fueled by the efforts of advocacy organizations such as the Federation of Families for Children's Mental Health and the National Mental Health Association. These organizations have embraced the Wraparound process as a potential means for ensuring the fundamental rights of families with mental health needs. In many communities, family members and/or advocacy organizations have organized programs that link family members who are experienced with Wraparound with families who are receiving care through the process. For example, in Phoenix, the Family Involvement Center helps recruit, select, and prepare family support partners who work for the Center and other not-for-profit agencies to serve on Wraparound teams. The growth of the family movement in children's mental health has been an important impetus for the ongoing development of Wraparound.

EPSDT

In the U.S. Omnibus Reconciliation Act of 1989, the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) became a mandated service for children and youth served under Medicaid. EPSDT services include screening, diagnosis, and treatment of behavioral health needs. Federal EPSDT requirements mean that if a child or youth is deemed, through an EPSDT screening, to need services, those services must be provided. States have varied in their compliance with EPSDT guidelines, but EPSDT has continued to spur further use of the Wraparound process.

Lawsuits

Lawsuits, such as the *Willie M.* lawsuit in North Carolina and the earlier *Wyatt vs. Stickney*, continue to be an important factor in rapid growth of the Wraparound process. There have been over 30 major U.S. state-level lawsuits focused on the lack of creative service provision alternatives for families and the use of overly restrictive residential and in-

ISP/Wraparound Resources from the RTC

stitutional placements. These lawsuits, such as the *Reisinger* lawsuit in Maine, and the *Jason K.* suit in Arizona, have resulted in settlements that have promoted the use of Wraparound in a number of states, and that have forced changes in the flexibility of Medicaid funding for behavioral health needs.

In addition, the federal *Olmstead* decision in 2001 was an important factor leading to growth of the Wraparound process. The *Olmstead* opinion supported the right of a child to community-based services instead of unnecessary institutionalization due to lack of community-based services. States have to submit plans on how they will comply with the *Olmstead* decision, and many are using the Wraparound process as a cornerstone of their compliance.

Conclusion

In considering the history of Wraparound, it becomes apparent that the idea it represents is nothing new. Humans have been creative, and effective, in supporting one another for eons. Building on this seemingly simple idea, Wraparound represents a process that has the potential to be extremely efficient and useful in improving the lives of children, youth, and families. This process has spread to all 50 U.S. states, across Canada, and to other countries.

Yet, as a number of the articles in this issue of *Focal Point* point out, providing effective support through the Wraparound process is actually complex. Interpretations of the Wraparound philosophy and the quality of implementation have varied a great deal (Burchard, Bruns, & Burchard, 2002; Walker, Koroloff, & Schutte, 2003). It is essential that best practices and standards for the full Wraparound process are developed and followed with high fidelity. Then, and only then, will Wraparound consistently live up to its potential to make meaningful improvements in the lives of children with complex needs and their families.

The RTC has just published a full report on current research about “what it takes” to implement high quality ISP/Wraparound. The report, entitled *Implementing high-quality collaborative Individualized Service/Support Planning: Necessary conditions*, can be downloaded from our website (www.rtc.pdx.edu, search under Publications), or ordered in print (see page 31). The report includes three assessments to gauge the extent to which conditions necessary for high quality implementation are in place at the team, organization/agency, and system levels.

The RTC has also produced two references: *Individualized Service/Support Planning and Wraparound: Research bibliography*, and *Individualized Service/Support Planning and Wraparound: Practice-oriented resources*. These are available only on the website (search under Publications). Information on the RTC projects focusing on ISP/Wraparound has been updated to include latest findings and products. Visit the RTC website, click on “Research” and then the project names: *The Context of Individualized Services* and *ISP/Wraparound Teamwork in Practice*.

To be notified by email when resources become available, click on “Join Our List” from the RTC home page, and provide your email address.

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- John VanDenBerg** has over 17 years experience as a human services consultant and is a major innovator in development and improvement of the Wraparound process.
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