The Wraparound Process: An Overview of Implementation Essentials

Eric Bruns, Co-Director
Janet Walker, Co-Director

National Wraparound Initiative

I. Overview

The wraparound process is an intensive, individualized care planning and management process for children and adolescents[1] with complex mental health and/or other needs. Wraparound is often implemented for young people who have involvement in multiple child-serving agencies and whose families would thus benefit from coordination of effort across these systems. Wraparound is also often aimed at young people in a community who, regardless of the system(s) in which they are involved, are at risk of placement in out-of-home or out-of-community settings, or who are transitioning back to the community from such placements.

Wraparound is not a treatment *per se*. The wraparound *process* aims to achieve positive outcomes for these young people through several mechanisms. For example, well-implemented wraparound provides a structured, creative and individualized team planning process that, compared to traditional treatment planning, can result in plans that are more effective and more relevant to the family. Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and address a range of life areas. Through the team-based planning and implementation process that takes place, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the

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1 While the wraparound planning process has primarily been used with young people and their families, it has also been used with transition-age youth, adults, and older adults in multiple service systems.

> ### Primary Mechanisms of Change in Wraparound
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> - *Being family and youth determined*
> - *Using a collaborative team process*
> - *Being grounded in a strengths perspective*
> - *Identifying and mobilizing natural and community supports*
> - *Being driven by accountability and results*

young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the family's social support network.

During the wraparound process, a team of individuals who are relevant to the life of the child or youth (e.g., family members, members of the family's social support network, service providers, and agency representatives) collaboratively develop an individualized plan of care, implement this plan, monitor the efficacy of the plan and work towards success over time. A hallmark of the wraparound process is that it is driven by the perspective of the family and the child or youth. The plan should reflect their goals and their ideas about what sorts of service and support strategies are most likely to be helpful to them in reaching their goals. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends, kin, and other people drawn from the family's social networks. After the initial plan is developed, the team continues to meet often enough to monitor progress, which it does by measuring the plan's components against the indictors of success selected by the team. Plan components, interventions and strategies are revised when the team determines that they are not working, i.e., when the relevant indicators of success are not being achieved.

The wraparound process—engaging the family, convening the team, developing and implementing the plan, and transitioning the youth out of formal wraparound—is typically facilitated by a trained care coordinator or "wraparound facilitator," of-

ten in collaboration with family support workers and, increasingly, youth support workers (i.e., peers and "near peers"). The wraparound process, like the wraparound plan itself, is designed to be culturally competent, strengths based, and organized around family members' own perceptions of needs, goals, and likelihood of success of specific strategies.

The wraparound process has four phases: ***Engagement and team preparation, Initial plan development, Plan implementation, and Transition***. Each phase has several core activities. Wraparound is also frequently described in terms of the ten principles or values to which practice must adhere. A full description of the principles of wraparound, and of the activities that take place in the four phases, can be found in articles published in the *Resource Guide to Wraparound*, which can be accessed through the web portal of the National Wraparound Initiative at www.wrapinfo.org.

II. Implementation Essentials

System- and Community-Level Support

The wraparound process is intended to ensure that youth with the most complex needs in a system or community benefit from a coordinated care planning process that is responsive to their needs and the needs of their families. The wraparound process produces a single, comprehensive plan of care that integrates the efforts of multiple agencies and providers on behalf of a youth and his or her family. The wraparound plan is designed to ensure that the young person and family receive the support needed to live successfully in the community, and at home or in the most home-like setting possible. To achieve this, wraparound plans and wraparound teams require access to flexible resources and a well-developed array of services and supports in the community.

Providing comprehensive care through the wraparound process thus requires a high degree of collaboration and coordination among the child- and family-serving agencies and organizations in a community. These agencies and organizations need to work together to provide the essential community- or system-level supports that are necessary for wraparound to be successfully implemented and sustained. Research on wraparound imple-

mentation has defined these essential community and system supports for wraparound, and grouped them into six themes:

- *Community partnership:* Representatives of key stakeholder groups, including families, young people, agencies, providers, and community representatives have joined together in a collaborative effort to plan, implement and oversee wraparound as a community process.

- *Collaborative action:* Stakeholders involved in the wraparound effort work together to take steps to translate the wraparound philosophy into concrete policies, practices and achievements that work across systems.

- *Fiscal policies and sustainability:* The community has developed fiscal strategies to support and sustain wraparound and to better meet the needs of children and youth participating in wraparound.

- *Access to needed supports and services:* The community has developed mechanisms for ensuring access to the wraparound process as well as to the services and supports that wraparound teams need to fully implement their plans.

- *Human resource development and support:* The system supports wraparound staff and partner agency staff to fully implement the wraparound model and to provide relevant and transparent information to families and their extended networks about effective participation in wraparound.

- *Accountability:* The community implements mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall wraparound effort.

The Resource Guide to Wraparound includes a large number of chapters focusing on system- or community-level supports for wraparound. These chapters provide detail on areas from finance to information systems to accountability systems.

Organizational Support

In addition to these system-level supports, the wraparound process requires that people in key wraparound roles—facilitators, family support partners, peer partners, etc.—have the right skills and the right working conditions to do their jobs. This means that the lead agency or agencies responsible for providing wraparound to families must also provide organizational supports for wraparound, including maintaining right-sized workloads (typically 6 – 15 youth/families per coordinator dependent upon paperwork expectations and other duties); empowering teams to make timely decisions regarding funding needed for individualized strategies to meet families' unique needs; and ensuring that primary staff receive comprehensive training, support and skill development.

Many of the biggest challenges faced by organizations providing wraparound have to do with human resource issues: having the right people, with the right skills, available with sufficient time to complete a high quality wraparound process with each child and family. Several of the key types of issues that organizations face include the following:

Role Definition. Wraparound initiatives often are implemented using a wide range of staff roles (e.g., facilitators, family partners, clinicians, youth partners, paraprofessional support workers, supervisors, coaches, and others). Expectations for each role must be clearly defined before professional development strategies for each can be implemented.

Training and Skill Development. Wraparound is a complex process involving many different skill sets. People with key roles for carrying out the wraparound process therefore require substantial training, as well as ongoing coaching and supervision, to ensure that they have the knowledge and skills they need. Most wraparound projects, at least in their early stages of development, rely to some extent on outside people for training and for consultation on how to set up ongoing procedures for staff development and quality assurance. Finding a consultant or trainer is not always easy, however, since wraparound is not a proprietary model. Thus, there is no single purveyor organization or consultant group that is recognized as the single entity with which a community or local initiative must contract for training, skill development, or other type of human resource development and support. The National Wraparound Initiative has created a tip sheet for selecting trainers and con-

sultants. In addition, the Resource Guide to Wraparound contains an entire section focusing on wraparound practice, as well as a series of chapters in the section on implementation that describe how to create and implement a comprehensive training plan.

A comprehensive approach to training and skill development has several important components, all of which must be in place to ensure that people have the knowledge and skills they need.

Development of Core Knowledge and Skills. Training and other professional development activities should focus on basic knowledge and a set of core skills that will lead to high-quality performance by people key roles. Some skills will be universal (e.g., understanding and communicating about the wraparound model, conceiving youth and families' stories in terms of needs and strengths) and may be presented in training to the full cadre of individuals serving key roles for wraparound implementation. Other skills will be specific to certain roles (e.g., facilitator, family partner, supervisor, clinician, child welfare case worker). Finally, trainings should be available on skill sets that may be critical to wraparound as well as other components of a system of care. For example:

- Developing strengths-based understanding
- Building family- and youth-driven collaboration
- Effective team, meeting and plan facilitation
- Crisis and safety planning
- Mobilizing community resources and support
- Interacting with the service system and its context

The National Wraparound Initiative recommends that trainees' knowledge be assessed post-training. In addition, the NWI recommends follow-up evaluation at a later date to determine the extent to which training is having an impact on work-related behavior or productivity. Local and state wraparound initiatives are encouraged to engage in their own learning about what training methods are working best.

Supervision and/or Coaching. A comprehensive approach to workforce development and support will include a well-defined approach to super-

Wraparound Outcomes

Significant outcomes found for wraparound compared to control or comparison groups:

- *Maintenance in less restrictive, community based placements*
- *Improvement in behavior and functioning*
- *Juvenile justice recidivism*
- *School achievement and attendance*

(Suter & Bruns, 2009)

vising and/or coaching key staff. Supervision and coaching should be consistent with, and clearly linked to the training that is provided, and supervision and coaching processes should be based at least in part on objective data. Such data can be gathered through observation, individual or collective inquiry with teams and families, document review, and other methods. The data should be used to create tailored training and performance improvement plans for individual staff. In addition to data, supervisors need access to up-to-date materials about the evolving practices within wraparound; families and team members who can provide feedback based on direct first person experience of the process; and organizational back-up that allows personnel actions to follow performance.

Comprehensive Performance Monitoring. In addition to data used to support supervision and coaching, the organization should support and integrate collection of satisfaction, fidelity, outcomes, and costs data into its ongoing quality assurance processes. Funders of wraparound initiatives should be able to create contracts that require organizations to engage in data-driven quality assurance. Wraparound Contract managers need to move away from a prescriptive model that defines minimal compliance elements (i.e. productivity, minimal contacts etc.) to a management system that supports continuous quality and practice improvement.

III. Outcomes Research

The wraparound process has been implemented widely across the United States and internationally for several reasons, including its documented success in promoting shifts from residential treatment and inpatient options to community-based care (and associated cost savings); its alignment with the value base for systems of care; and its resonance with families and family advocates. Wraparound has been included in Surgeon General's reports on both Children's Mental Health and Youth Violence, mandated for use in several federal grant programs, and presented by leading researchers as a mechanism for improving the uptake of evidence-based practices.

Continued expansion of the wraparound research base has provided additional support for ongoing investment in wraparound. To date, results of 8-10 (depending on criteria used) controlled (experimental and quasi-experimental) studies have been published in the peer-reviewed literature. A meta-analysis of seven of these studies has recently been published showing consistent and significant outcomes in favor of the wraparound group compared to control groups across a wide range of outcomes domains, including residential placement, mental health outcomes, school success, and juvenile justice recidivism (Suter & Bruns, 2009). The overall effect size in this meta-analysis was found to be between .33 - .40, about the same as was found in a recent meta-analysis of children's mental health evidence-based treatments.

Thus, though wraparound has typically been described as a "promising" intervention, there has been consistent documentation of the model's ability to impact residential placement and other outcomes for youth with complex needs. The research base for wraparound continues to expand and, as a result, wraparound is likely to be more consistently referenced as an "evidence-based" model in the years to come.

For More Information

The Resource Guide to Wraparound, an online volume of over 50 articles about the practice model for wraparound, implementation supports, theory and research, and other resources, is available at www.wrapinfo.org.

Reference

Suter, J.C. & Bruns, E.J. (2009). Effects of wraparound from a meta-analysis of controlled studies. *Clinical Child and Family Psychology Review, 12,* 336-351.

Authors

Eric Bruns is a clinical psychologist and an Associate Professor at the University of Washington School of Medicine in Seattle. He spends much of his professional life conducting research on innovative community-based models for helping youth and families with complex needs, including family treatment drug courts, treatment foster care, parent support programs, and the wraparound process. He is a lead developer of the Wraparound Fidelity Assessment System and, with Janet Walker, co-directs the National Wraparound Initiative.

Janet Walker, Ph.D. is Co-Director of the Research and Training Center for Pathways to Positive Futures, and Research Associate Professor at the Regional Research Institute at Portland State University. Her current research focuses on 1) exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, 2) describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and 3) developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning. Together with Dr. Eric Bruns, Dr. Walker co-directs the National Wraparound Initiative.

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