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Supporting Wraparound Implementation: Chapter 5d.6

EMQ Children & Family Services: Transformation from Residential Services to Wraparound

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EMQ Children & Family Services

Introduction

EMQ Children & Family Services (aka Eastfield Ming Quong) is a private, not-for-profit community-based organization that provides a wide range of services, from addiction prevention to wraparound and Rate Classification Level (RCL) 14 group home care (aka residential treatment services), in four major counties throughout California: (a) Santa Clara, (b) Sacramento, (c) San Bernardino, and (d) Los Angeles. It also provides foster care services in 20 other counties. The agency is over a century old, founded in 1867 with roots as an orphanage (Home of Benevolence, later known as Eastfield's Children Center) and a rescue mission for Chinese girls (the Presbyterian Mission Home later known as Ming Quong) founded in 1874.

In 1970, Jerry Doyle became Executive Director of Eastfield Children's Center. At that time, the agency had an annual budget of approximately $300,000 to provide residential treatment. In 1987, Eastfield and Ming Quong merged to become Eastfield Ming Quong. Prior to becoming the first wraparound provider in California in 1994, EMQ operated 130 RCL 14 residential treatment beds, at a cost of $95,000 per year per child. The most common primary diagnosis was related to disruptive behaviors (47%), with some type of depressive disorder as the second most common. The outcomes for these youth, after an average of 18 months of service, reflected the general "treatment as usual" outcomes.

Today, residential treatment revenue represents 5% of a $55 million annual revenue stream, as compared to 72% of a $12 million annual revenue stream prior to the implementation of wraparound. The purpose of this article is twofold:

national wraparound initiative

1) to present a case study of how a child-serving organization transformed itself from residential to innovative, community-based services; and 2) to share issues revealed in the process of implementing wraparound. The article contains three major sections including Introduction, Current Operations, and Tips to Implement Wraparound, as well as a final section that includes Lesson Learned. Throughout this article, we will reflect on the significant systems change required to implement wraparound.

Part 1: From Residential to Community Based Care

Attempt to Grow Residential Treatment

Initial County Partnership. In the course of the 1987 merger, EMQ collaborated with the Santa Clara County Executive and local Social Service, Juvenile Probation and Mental Health Agencies to assess their need for residential treatment beds and arrived at an agreement that would make EMQ's 130-bed residential treatment program available exclusively to referrals from Santa Clara County. EMQ accepted any child the County referred to the residential program. In return, the County provided additional funding to meet the mental health needs of all the children in the program, as the basic residential or group home rate structure covered only the care and supervision of the children. Initially, the agreement met the respective parties' needs. However, review of the program's outcomes revealed that while some children seemed to benefit from the residential program, for many others, the gains were short-lived once they returned home. Often, this was due to the complex family needs that were left unaddressed by the residential stay, including siblings with significant emotional and behavioral challenges.

Private Insurance. For a brief period in the early 1990's EMQ explored the possibility of serving children whose treatment could be covered by private insurance. As the trends suggested that the managed care environment was likely to impact both the public and private sectors in California, the organization realized that it was on an unsustainable course. With the confluence of events, EMQ underwent a fundamental reinvention, or what is referred to by Nadler and Tushman (1995), as a reorientation, "a fundamental redefinition of the enterprise—its identity, vision, strategy and even its values" (p. 26). In a reorientation, the organization must change the definition of its work, the attitudes of its people, its formal structures and processes, and its culture.

Embarking on a New Path. Under the leadership of Jerry Doyle and Rick Williams (Chief Operating Officer during the most tumultuous period of the process), the agency consulted with Michael Doyle, a nationally prominent expert in the change management and consensus building process, to lead a visioning process which would result in the fundamental reinvention of the then-123-year-old organization. Existing assumptions about the business were set aside so as to start a visioning process from a blank slate (see Doyle, 1986). The change and renewal process began with a self-assessment of strengths and weaknesses.

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The second step was an environmental scanning process which included dialoguing with all customers, conducting market research, reviewing trends in the children's mental health and child welfare fields, and benchmarking services in an effort to find more effective approaches to serving children with serious behavioral and emotional disturbances and their families. Through this benchmarking process EMQ learned about wraparound from some of the early pioneers of the wraparound movement including Karl Dennis (Kaleidoscope Program, Chicago), John Vandenberg, Ph.D. who led the Alaska Initiative wraparound program (see Burchard, Burchard, Sewell, & VanDenBerg, 1993), and John Burchard, Ph.D.,

who had developed a wraparound program in Vermont (see VanDenBerg, Bruns, & Burchard, 2003), and with whom Richard Clarke, EMQ's Research Director at the time, had worked. Simultaneously, EMQ also codified its values and beliefs with an end product of an organizational Values Constitution, which would guide the work and behavior of the organization and its employees. This process involved staff at all levels of the organization.

The next step in the change process was to create a vision of the desired future which was congruent with the result of the self assessment, environmental scan, and Values Constitution. It was proposed that a visioning approach be utilized, emphasizing a future ideal state, and then creating a plan to reach that state. A growth and renewal strategy was then developed and a change architecture was designed to move the organization to be more wraparound focused and less dependent on residential services.

Transformation from Residential Services to Wraparound

Creating a wraparound Funding Source. In 1991, there was no funding structure for wraparound in California. The County agreed to continue to pay EMQ the same 60% share of the group home rate that it would otherwise fund to have the same children in the residential program. In addition, EMQ worked in partnership with the county in an ultimately successful four-year effort to secure passage of legislation (AB2297) providing that the state's 40% share of the group home rate was made available to help fund wraparound, and to leverage potentially available federal funding streams including Title XIX (Medicaid federal mental health funding; known as Medi-Cal in California) and Title IV-E dollars (federal reimbursement to states for the board, care, and supervision costs of children placed in foster homes or other types of out-of-home care under a court order or voluntary placement agreement). To ensure cost neutrality to the County, EMQ was paid the appropriate share of the group home rate less any concurrent out-of-home placement costs to the County for children in wraparound. Although each county varies in application of the 60-40% share, this continues to be the primary financial structure to fund wraparound in California.

Persistence in Creating Systemic Change. Implementation of wraparound is more than simply starting a new program. Successful implementation requires a major systems change effort that affects and is affected by all levels of the services system. In any social system, 2.5% of the individuals are innovators and 13.5% of the individuals are early adapters to change (Rogers, 1995). Moreover, if a heterogeneous 5% of a social system fundamentally shifts its culture, fundamental change will occur in other areas of the system (Rogers, 1995).

With EMQ's experience, it took four years to create significant systems change. Initial efforts

concentrated on identifying and working with innovators and early adapters that would support the change. This included the presiding judge of the dependency court at the time, the Honorable Len Edwards, who became an early champion of the wraparound process.

As change is dynamic, it is important to address local, state, and national levels concurrently. This includes extensive wraparound training for all employees within the organization, management and line staff of the Social Services Agency, and the Mental Health Department, the District Attorneys, Public Defenders, and County Counsel. Through this process, additional champions for the change process will emerge. Partnerships with national wraparound experts may help generate support for the major systems changes necessary to provide training.

Policy and Legislation: The Four-Year Struggle for Funding. Having an agency reserve helped in the period of financial crisis. While promoting wraparound on all systems levels, EMQ closed 100 residential beds over an 18-month period, resulting in a precipitous drop in annual revenue from $12 million a year to $8 million a year. EMQ had fixed overhead costs including bond payment obligations which could not be eliminated, and for the first time in over 20 years, EMQ had serious and growing budget deficits.

Meanwhile, EMQ worked with the California Department of Social Services (CDSS) and elected officials on statewide wraparound legislative proposals to allow for funding of wraparound as an alternative to group home care. However, there was enormous resistance to the legislation from the group home industry. Ultimately, the first two attempts at legislation failed, but EMQ persisted in working with various legislators (e.g., Senator John Vasconcellos, Assemblymember Cunneen) and state and county leaders (Eloise Anderson, Director of CDSS) that eventually resulted in successful legislation (AB2297, SB163) that provided state and county funding for wraparound.

Wraparound Growth in California

Wraparound in California has increased rapidly since 1994. By 2000, seven other counties were providing services through some version of the wraparound process. Five years later, 29 counties were providing wraparound. In FY2007, Proposition 63 is projected to generate $1.6 billion in new funding for mental health services for children, adults, and older adults through a 1% tax on personal income above $1 million a year. Within three years of the passage of Proposition 63 in November 2004, the Mental Health Services Act (MHSA) requires every county to implement an SB163 wraparound program for youth and their families, unless the county provides "substantial evidence that it is not feasible to establish a wraparound program in that county." (See http://www.dmh.cahwnet.gov/MHSA/docs/meeting/12-17-2004/Mental_Health_Services_Act_Full_Text.pdf.) In effect, wraparound will be available as an alternative to group home care throughout California. Furthermore, these programs will have access to the state and county foster care share of the group home rate for each wraparound slot.

In response to a class action lawsuit filed in 2002 that challenged California's practice of confining at-risk youth to hospitals and large group homes instead of providing services to enable them to remain in their homes and communities, Judge A. Howard Matz ordered the state to provide wraparound and therapeutic foster care to any child in or risk of entering California's foster care system. The *Katie A. vs. Bonta* litigation (Katie A. et al., v. Diana Bonta et al., 2006) provides another avenue through which wraparound should proliferate across California.

Part 2: EMQ Wraparound Operations Today

Today EMQ serves approximately 6,000 youth and families on an annual basis. Approximately 350 of those youth receive wraparound and another 250 receive services from programs based on system of care and wraparound principles. Although the agency has over ten years of experience as a wraparound provider, the local system of care in which it operates vary significantly and have made implementation of services a challenge. Accordingly, it is critical to continually engage in positive systems change efforts focused on each of the counties served, and on the state as a whole.

All of EMQ's wraparound programs serve an ethnically diverse group of children between 5 and 18 years of age who meet Medi-Cal criteria for services. Prior to referral to wraparound, many of these youth received traditional mental health services, such as residential treatment, day treatment or intensive outpatient. The current average length of stay is 16 months, with a range of 9 to 24 months.

In the rest of this section, we present some tips for wraparound implementation based on EMQ's experiences reconfiguring itself to support service provision via the wraparound model.

Tips to Implement Wraparound

Tip #1: Commit to Being a Continual Learning Organization. EMQ uses several tools to support continual improvement:

1. Formal change management techniques to

enhance the success of an implementation that will impact large systems or the culture of an organization. Such tools (e.g., Business Case for Action, sponsorship contracts, etc.) are widely applied in corporate organizations and can also be applied in social service organizations.

2. Consistent data collection via various outcomes measures and an electronic health record system. It is critical to have an infrastructure that includes identified staffing with specific responsibilities to coordinate outcomes and evaluation efforts.
3. A Research Advisory Council composed of renowned subject experts. The purpose of the council is to provide an objective review of current outcomes evaluation and recommend research based on their cutting edge information from the field. Such a relationship provides a vehicle for collaboration between universities and local agencies that provide direct services.

Tip #2: Management Infrastructure Needs to Support Wraparound Implementation. A Licensed Clinical Program Manager (CPM) is responsible for both clinical and administrative supervision of services provided by the Masters-level family facilitators (FF), family specialists (FS), and family partners (FP), all of whom serve a number of families. Facilitators conduct the child and family teams (CFT) while family specialists work directly with the children and Family Partners provide the support for parents. Under the supervision of the CPM, this group of facilitators, family specialists, and a family partner comprise a *pod*.

Child and Family Team (CFT). The pod and CPM are the two basic organizational structures that support the CFT. The CFT is the primary unit involved in implementing the wraparound process. The team is comprised of the child, caregivers, other family members, clinical professionals, and any "natural" (non-clinical professional) members and is responsible for identifying, facilitating, and monitoring services for the child.

Pod Meetings. The teams of clinical professionals work in a group to provide and manage the wraparound process. Pod meetings have two major aims: building staff morale and providing a forum for the pod members to exchange ideas to better meet the needs of children and families. The structure of the pod meeting reinforces the needs-driven approach of the wraparound program and thus differs from most traditional clinical team or staff meetings.

Tip #3: Provide On-Going Training and Mentoring for Staff. Successful CPMs have sophisticated facilitation skills. They are responsible for training Pod members in wraparound philosophy and practices. As mainstream graduate schools tend to emphasize traditional clinical practices that focus on the medical model as opposed to a strength based, family-centered practice, training is a crucial component of the CPM's responsibility. In general, training and coaching is an on-going process that should encompass all aspects of one's responsibility. Table 1 (see following page) provides a sample of current training topics.

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Tip #4: Continually Improve Wraparound Implementation. In the effort to continually provide best practices, the following components are included to enhance the wraparound process and subsequently enhance outcomes for children and families.

Functional Behavior Assessments (FBA). As described by O'Neill, et al. (1997), the purpose of a functional assessment is to improve the effectiveness and efficiency of behavioral interventions by serving as a data-collection tool. The processes employed provide an analysis that may reveal the children's patterns of behavior, iden-

tifying specific triggers for undesirable behaviors (antecedents) and the needs that the behaviors fill (consequences). Using this information, the staff, particularly the family specialists, create a behavioral support plan whereby an intervention is proposed based on the hypothesized function of the behavior, and youth are taught alternatives to the target behavior that fulfill the same need. This intervention takes the form of a proactive behavioral support plan that contains the educative components and means of communication with the child, and lays the groundwork for evaluating the outcomes of the plan (Ingram, Lewis-Palmer, & Sugai, 2005).

Conograms. A conogram is a pictorial illustration of relationships in an individual's life. (See

Table 1. Wraparound Program Sample Training Topics

General Category	Topic	Description
Orientation	Job Expectations	Introduce staff to performance- and outcomes-based work, and review job responsibilities for each position to support wraparound and program goals
	On-Call	How to respond to family emergencies using wraparound values and the safety plan
Legal and Ethical	Confidentiality and Abuse Reporting/ HIPAA	Responsibilities and procedures for confidentiality and mandated reporting, and how these issues are handled in the wraparound process and community setting
Financial	Documentation (Progress notes)	How to bill and document billable services for wraparound
	Flex Funding	Appropriate ways to utilize a funding stream to enhance services
Wraparound	Wraparound Overview (day 1)	Historical overview of wraparound and exploration of wraparound values
	Wraparound Overview (day 2)	How to implement the 10-step domain planning process, and the roles and responsibilities of CFT members
	Community Access	How to implement timely, relationship-based resources to meet needs in multiple life domains
	Safety Planning	How to facilitate the development and design of dynamic and responsive safety plans and how to implement them in the family, home and community
Interventions	Connectedness Mapping	How to visually map out primary connections for children in CFTs
	Family Finding	The importance of permanency and durable connections for children over time; tools and skills for implementing family finding
Outcomes	Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000)	CAFAS ratings and integration of the CAFAS into the wraparound plan

Figure 1. Sample Conogram

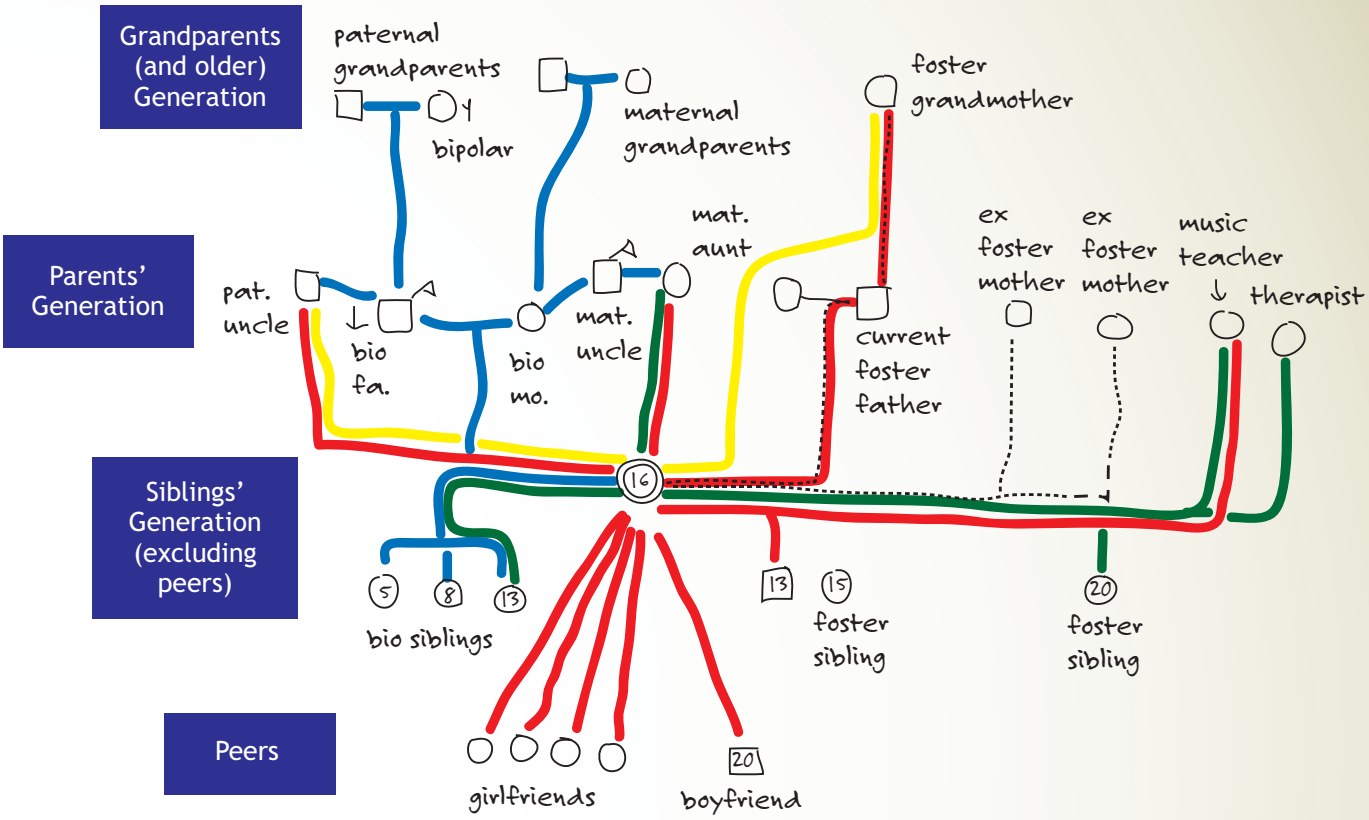

Figure 1.) Red lines of connection indicate who loves whom, blue lines indicate blood relations, green lines indicate who is teaching whom, and yellow lines indicate spiritual connections while purple lines capture cultural connections. The EMQ connectedness diagramming process is designed to be used collaboratively with children and families to explore various relationships that might not otherwise be discovered. This process attempts to capture the various types of relationships in a manner that fosters engagement, empowerment, genuine inquiry, and the desire to truly understand the intimate lives of children and families. This connectedness map provides the basis of ongoing work for the team that supports the child.

Family Finding. Family finding, pioneered by Catholic Community Services of Western Washington (CCSWW) in Tacoma, WA, is a process to identify or locate a dependent child's biological family members who have lost connection with the child for various reasons. The process is a combination of conversations, chart reviews, internet searches and travel, all in the interest of re-establishing broken connections and developing potential permanency for these children.

Professional Parenting. A professional parent is someone, often a foster parent with specialized training, who will support the youth through the planning and transition process and help them move on to their permanent home. The professional parent provides a stable, caring and structured environment for the youth while meeting all community care licensing foster care requirements.

Independent Living Skills (ILS). Family specialists provide individual and group ILS training (e.g., money management, household chores, employment training, community safety, etc.) for

the youth as needed to meet their goals to better prepare them for adult life.

Tip #5: Wraparound Can Be Used to Meet Different Target Population Needs. Although wraparound in California was designed as an alternative to high level residential care, the wraparound principles can be applied to various target populations. For example, in 2001 EMQ adopted the wraparound principles as the basis for service re-design and provision in two other clinical services: System of Care (SOC) and Matrix, as neither program was achieving desired outcomes such as those being demonstrated by the agency's wraparound program. Despite its name, "System of Care" (which reflected a particular mental health funding stream in California prior to 2003), the SOC program was serving fewer than 35 children in a traditional, clinic-based therapeutic model. The Matrix program was originally designed in 2001 as an alternative to residential placement for older adolescents in the Santa Clara County Children's Shelter. Some youth were living in congregate care residential treatment while others were living in the community with therapeutic support. The residential component was fraught with the usual difficulties inherent in congregate care for this population of high-risk, older, street-savvy adolescents.

Table 2 illustrates the positive impact of wraparound on different target populations in an organization. Prior to the implementation of the wraparound philosophy (e.g., strengths based) and practices (e.g., services in the community), both programs were well below the program census with lengths of stay longer than anticipated. Furthermore, staff attrition reflected that of similar settings in the nation (Ben-Dror, 1994), and productivity was half of the expected target. Since the implementation of the wraparound philosophy and practices, both programs now meet, if not exceed, the program census with lengths of stay half that of pre-implementation. Furthermore, staff attrition is well below the 15% target, and productivity has doubled.

Because these three levels of care are available within a single agency, recipients of services have the benefit of a seamless transition between appropriate levels of care, decreasing or increasing service intensity given the child's behavior and/or level of functioning and their caregivers' ability to address the challenges. Families in this program to do not have to be concerned about being referred elsewhere to have their needs met.

Tip #6: Continually Evaluate Treatment Outcomes and Process Outcomes. In addition to analyzing treatment outcomes, EMQ developed the wraparound Supervisor Adherence Measure (W-SAM; Castillo & Padilla, 2007). Developed on the same premise as the Multisystemic Therapy Supervisor Adherence Measure (SAM; Henggeler,

Table 2. SOC and Matrix Process Outcomes

Indicators	SOC		Matrix	
	Pre-Wrap	Post-Wrap	Pre-Wrap	Post-Wrap
Average Census/ Capacity	35/50	145/160	13/20	27/24
Length of Stay	18 months	10 months	22 months	11 months
Intensity of Service	1 hr/wk	3-5 hr/wk	3 hrs/wk	5-10 hrs/wk
Staff Attrition Rate	50%/yr	5%/year	60%/yr	5%/year
Staff Productivity	50 hrs/mth	100 hrs/mth	43 hrs/mth	100 hrs/mth

Schoenwald, Liao, Letourneau, & Edwards, 2002), in that the supervisor plays a critical role in maintaining fidelity, the Wraparound Supervisor Adherence Measure (W-SAM; Castillo & Padilla, 2007) is a 40-item questionnaire that rates the supervisor's fidelity to the wraparound principles and practices from the facilitator's perspective on a 5-point Likert scale (1- Never to 5- Almost Always). Currently, the tool is in its infancy stage and further analyses are necessary. However, there appears to be a trend in the relationship between the supervisor fidelity scores and positive process and treatment outcomes. For example, the trend suggests that higher fidelity scores tend to be correlated with planned discharges.

Part 3: Lessons Learned

Operational Lessons. Below are only a few operational lessons learned over a decade of wraparound implementation in California.

Lesson #1: Systems Practices Impact Service Provisions. When implementing wraparound, there needs to be an effective system in place for addressing systems issues, particularly as they manifest at the direct care level. Without objective data, much less a forum to address these concerns, sometimes idiosyncratic events or issues are inappropriately generalized to the program rather than viewed as a symptom of a larger systems issue. With no formal forum to address the system's issues, the problem is likely to continue to rear itself in direct service situations. Regular convening of a local community collaborative, and/or quarterly meetings of managers for each referring department is recommended. This forum may address such topics as: (a) review and discussion of program outcomes (including trends over time); (b) identification and resolution of department concerns or needs; and (c) strategizing and planning. This proactive approach to resolving systemic concerns may also serve as an interdepartmental collaboration to identify current training needs for program and referring department social workers, probation officers, and mental health clinicians.

Lesson #2: Management of Flexible Funding is Important. Having a formal flex fund stewardship plan from the onset will establish clear guidelines on appropriate use of flex dollars for all stakeholders. The stewardship plan should include: (a) specific flexible funding training for staff; (b) a "Stewardship of Flexible Funding" protocol to be shared with each new family and referring workers; and (c) job performance expectations for the direct care staff that families are provided with a viable transition plan from the use of these flex funds to accessible community resources.

Lesson #3: Need for an "In-Vivo" Coaching/Supervision Model as opposed to a traditional office based supervision model. The wraparound service delivery model and underlying principles require staff to work in the community, and to provide very specific, individualized care. The traditional supervision approach of meeting with staff in the office during the typical work week hours is not sufficient to support staff in providing high quality wraparound. In a coaching/support model of community-based services supervision, supervisors are required to go out into the community to observe the provision of the wraparound process and be available 24/7.

Lesson #4: Need for Evidence Based Practices (EBP) to Support the Overall Effectiveness of the Wraparound Process. Promising and evidence-based practices can enhance the wraparound process. For example, when the family specialists are trained to utilize Functional Behavioral Assessments and Positive Behavior Support plans, the amount of time they need to spend with the children decreases as their work is more effective in a shorter period of time. Furthermore, given that the majority of our youth have been traumatized as they have been removed from home and experienced some type of trauma, Trauma Focused-Cognitive Behavior Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006) has been used to help achieve more positive outcomes in a shorter period of time.

Lesson #5: Documentation of Wraparound that Emphasizes a Strengths-Based, Youth- and Family-Driven Service within a "Medical Model" that Focuses on Medical Necessity for EPSDT Reimbursement. Continual training is necessary for staff as they integrate a service delivery model that emphasizes different aspects of treatment from the revenue streams' emphasis. Initially staff may struggle to integrate a strengths-based,

needs-driven philosophy in a system whose funding stream is pathology based (e.g., Medi-Cal). For example, documentation may focus on support activities and capturing the child's and family's strengths, rather than articulating the extensive interventions utilized to intervene with the child's behaviors. Training is essential to illustrate how mental health concerns of the child and family are components of the "behavioral and psychological domains" of a comprehensive wraparound plan that addresses the various aspects of youth and families' lives.

Lesson #6: The Need for a Significant Investment in Training and Supervision Can Not Be Overemphasized. While values that are core to wraparound are gaining increasing acceptance nationally, it is still not a core practice. Assuring families' voice, choice, and ownership of their treatment plan and focusing on strengths as the building blocks for the creation of that plan often flies in stark contrast to the pathology-based, expert-centric medical models that still exist in many communities and university curriculums today. Subsequently, new and seasoned clinicians alike require significant education, training and supervision to support this practice change.

Lesson #7: Celebrate Successes and Provide Consistent Reinforcement. It is important to consistently reinforce staff for positive outcomes. Having a formal forum for such recognition is powerful reinforcement for all stakeholders. Graduation celebrations are a formal means of celebrating success. When families share their journey with the entire wraparound team and referring system staff, it can be an incredibly rewarding and rejuvenating experience for both the families and staff.

Macro-Level Lessons

Lesson #1: The Power of the Visioning Process. EMQ has learned from experience that a well-executed visioning process to fundamentally transform an organization is extremely powerful. Allowing people to imagine what could be, rather than simply trying to fix what's broken, involves engagement of people's hearts and minds.

Lesson #2: Systems Thinking. The introduction and dissemination of wraparound is best understood and executed as a major systems change effort, and not simply as the introduction of a new program. Many of the fundamental principles and values of wraparound will directly challenge and confront existing assumptions that are prevalent in many children's services systems. Fundamental cognitive, attitude, and cultural changes toward parents and about the appropriate roles of various players in the system are imperative at the individual clinician level and various systems levels.

Lesson #3: The Value of Partnerships. Real and effective partnerships, rather than mere "purchaser/vendor" relationships between government entities and non-profit organizations, can have enormous benefits to both parties, as well as to children, families and the community as a whole. Many leading private sector companies who have made a commitment to an emphasis on total quality and continuous quality improvement have learned that it is much more cost effective to build long-term partnerships with high quality suppliers, rather than to continuously subject "vendors" to competitive bidding based primarily on cost. The same is true of relationships between government entities and non-profit provider organizations.

Lesson #4: Change Management. It is very helpful for organizations to consciously think of themselves as being in the change management business, rather than as in the child welfare or mental health business. Equipping its management and key staff with state-of-the-art change management methodologies and knowledge will greatly increase the effectiveness of the organization, no matter what environmental challenges it may face. Perseverance and tenacity are criti-

cal, as major systems change is often long and difficult. Establish a culture that embraces change as an opportunity for personal and professional growth.

Lesson #5: It's All about Outcomes. Focus on outcomes, not on cost. Agencies' commitment to improve the outcomes for children and families should be the fundamental driver of systems change efforts. It is true that timing is everything. It is much better to initiate the introduction and diffusion of wraparound at a time when government funding is relatively stable, rather than in the middle of a major budget reduction. Otherwise, there is a very great risk that the primary emphasis will be on cost saving, rather than on achieving positive outcomes for children and families. On the other hand, if agencies implementing wraparound are allowed to keep any savings that may be achieved, and to reinvest those savings in the provision of new prevention or early intervention services, their motivation to make the change will be greatly enhanced, and the long term savings will be maximized.

Conclusion

The dissemination of wraparound requires a systems change effort as the very nature of wraparound requires significant systems review, and perhaps systems overhaul. The process not only impacts an agency, but all systems (child welfare, education, juvenile probation, mental health, substance abuse, etc.) involved in the lives of participating youth and families' lives. Accordingly, implementation of wraparound requires the development of effective and collaborative relationships with elected officials, public agency leaders at the state and local levels, and key leaders in the private and non-profit sectors.

The shift in cognitive schema about mental health services cannot be overemphasized. Wraparound should not be viewed as a money saver in the context of limited resources. Rather, it should be viewed as a service to produce better outcomes for the youth and families who have often times been through a system that may have inadvertently hindered quality of life. Organizations and all systems should consider the tremendous advantage of building real partnerships between government agencies and leading non-profit agencies rather than mere purchaser/vendor relationships. Most non-profit agencies really want to help children and families. Many agencies, with the proper training and support will willingly and perhaps eagerly make the shift from a residential focus to a wraparound focus if they are given the opportunity to retain any savings achieved and to reinvest those savings to provide additional services for children and families.

In the 15th century, Niccolo Machiavelli wrote, "There is nothing more perilous to undertake, nor more uncertain of its outcome, than to create a new order of things." The historical failure of the foster care and mental health systems to effectively meet the needs of children has been well documented. We owe it to the children and families we serve, and we owe it to ourselves, "to create a new order of things." Although the birthing of wraparound in California has been long and at times very painful, the results have been worth the effort.

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Dedication

To my great friend, my spiritual brother, and my mentor, Michael Doyle, December 21, 1942 - January 29, 2007.

-Jerry Doyle

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