It has been over twenty years since the term “wrap-around” was used to define an intervention approach that surrounds a youth and family with customized services and supports. Since that time perhaps no other term used in the field of mental health has been more praised or embraced, redefined or misunderstood.

The wraparound concept is one of the cornerstones of the Children’s Mental Health Initiative, which started in the 1980’s with the advent of the Child and Adolescent Service System Program (CASSP), and continues on today with system of care grants and cooperative agreements across the nation and in the territories of Guam and Puerto Rico. The concept of wraparound permeates this incredibly successful federal initiative to improve services for youth with mental health challenges and their families.

During my tenure as Chief of the Child, Adolescent and Family Branch at SAMHSA (the Substance Abuse and Mental Health Services Administration), we have seen an impressive increase in the understanding of how to operate from a family-driven, youth-guided perspective when designing services for youth and families. Yet we still suffer from empty rhetoric and misinterpretation of what it means to be family-driven and youth-guided; to fully operationalize the concept of “one family, one plan”; and to fully implement the principles of wraparound in practice.

We know why the wraparound process is important. This field is blessed with a rich complement of leaders in the wraparound movement who have written volumes over the past twenty years making the case for why a wraparound approach is an effective strategy for working with youth
and families. What we have yet to learn is how to consistently apply the principles of wraparound in practice.

The field of children’s mental health is benefiting from more and more evidence about how to deliver treatments that work, and the field is also learning that children with the most complex needs and their families require more than just one specific evidence-based practice. Practice-based evidence affirms that a more comprehensive approach to meeting complex needs must include additional elements, such as those that are part of the wraparound process—additional coordination, more flexible supports, and a team approach.

Fortunately for our field, we have this Resource Guide, put together with painstaking love and great attention to detail by Eric Bruns and Janet Walker, the co-coordinators of the National Wraparound Initiative. Compiling over fifty articles and a large number of resources on the wraparound process was no easy task. Bruns and Walker recognize the living and ever-changing nature of the wraparound process. The more that families and practitioners become involved with the process, the more we learn. The more we learn, the more refinements and enhancements are made. This guide describes the current state of the art in wraparound, offering information and resources that you can apply in your work with youth and families.

What is also important to understand about this Resource Guide is the unwavering honoring of the original intent and vision of the early pioneers of the wraparound process. In the 1980’s, the wraparound process was being developed in states like North Carolina, Kansas, Alaska and Illinois, with the philosophy of doing “whatever it takes” to meet the needs of the families being served. These guiding principles remain steadfast. Nowhere else is there a resource guide like this that cuts through the rhetoric and misinterpretation of wraparound and gives you clear examples of the wraparound process, solid research to support the effectiveness of the approach, and specific tools you can use today.

The National Wraparound Initiative strives to be flexible and collaborative. This Guide is evidence of that commitment. I encourage you to embrace this resource guide in your practice. Share the information with colleagues and contribute your thoughts and ideas to the National Wraparound Initiative. If we are to improve understanding of the wraparound process and expand its practical application in the field of children’s mental health, we need an active dialogue and interchange among families, practitioners, researchers and policy makers.

This resource guide continues to take us on that path.

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Author

Gary M. Blau, Ph.D., is a clinical psychologist who currently serves as Chief of the Child, Adolescent and Family Branch of the Center for Mental Health Services. In this role, he provides national leadership for children's mental health and for creating “systems of care” across the country. In his former role as a clinician, he was fortunate to have provided services using a wraparound approach, and later, as an administrator, he had the opportunity to train others in the use of wraparound. In his current role as Branch Chief, he feels privileged to support the National Wraparound Initiative, as well as other efforts to bring wraparound to all children and youth with serious mental health challenges and their families.

Suggested Citation:

Introduction

The editors of the Resource Guide to Wraparound met one another some time during 2002. One of us (JW) was writing a monograph describing what her research team at the Portland State University Research and Training Center had found about communities implementing team-based planning to provide individualized services and supports for children and families. The team was finding that many of these initiatives called themselves “wraparound” projects, but what actually was happening with youth and families looked very little like the descriptions presented by wraparound’s leaders. Teams were not coming up with creative ideas to meet the family’s needs; extended family, advocates, friends, and informal helpers were rarely involved; teams often had not created a plan to guide their work, and rarely assessed their progress or outcomes; and there was little evidence of a strengths focus in planning. This was not the wraparound that was described in stories told by Karl Dennis, early research by John Burchard (e.g., Burchard & Clarke, 1990), manuals by John VanDenBerg and Mary Grealish (1998), or the monograph by Barbara Burns and Sybil Goldman (1999).

The other editor (EB) had just taken a job at a university after a few years overseeing service implementation at a community organization in a big city. While at this organization, he observed firsthand the same concerns that the Portland State team found in its research: There were few clear expectations about what the city’s funded “wraparound” programs should be doing. Training was spotty, staff turnover was high, and fiscal arrangements did not encourage availability of flexible supports. There was not much of a
community commitment to the programs and no real community “ownership” of the process. These experiences aligned with what he had learned researching wraparound with his mentor, John Burchard, of the University of Vermont. Though they had devised a tool to measure fidelity to the core principles of wraparound (the Wraparound Fidelity Index), how to achieve fidelity was not so clear. How might a group of concerned citizens and practitioners realize these principles in practice? How best to replicate the successes found in wraparound projects elsewhere?

Not surprisingly, perhaps, we started working together almost immediately. We found that there were a lot of leaders in wraparound, and in children’s mental health more generally, who were asking similar questions. In 2003, we suggested that a national meeting of the minds might help to identify the most crucial questions and to suggest some possible solutions. With very little notice and no financial support, just about everyone we invited showed up, and we filled a room in Portland to talk about the issues.

From the start, there was an interesting tension. The grassroots, decentralized nature of wraparound implementation nationally had been a blessing in many ways: Innovation was a hallmark of many initiatives, and bureaucracy was less likely to get in the way. But as interest and investment grew, these same blessings also complicated dissemination of the central ideas. Local practitioners could not find written information describing how to set up governance structures, achieve flexible funding, or build training and supervision capacity. Funders were not confident about how best to invest in the necessary capacity building or how to monitor the impact of their investments.

The leaders who convened in 2003 were also concerned about the impact that the evidence-based practice movement would have on communities seeking to implement wraparound. At that time, the movement was in full swing, and communities around the country were experiencing increased pressure to focus expenditures on practices that had been tested through rigorous research. Wraparound’s development was highly conducive to generating real-world, practice-based evidence. But the lack of specificity regarding its procedures and necessary infrastructural conditions had historically restricted formal research. As investigators interested in advancing the research base on a model that was so enthusiastically embraced by families and their advocates, we realized that acceptance of wraparound as a researchable phenomenon would also require that it be better described.

So, for all the above reasons, and in full acknowledgment of the perils of overspecification, the founding advisors of the National Wraparound Initiative (NWI) set an initial goal of creating materials and resources that would help the field better understand the wraparound model; implement it with greater consistency and quality; and support research studies. We assumed that it would be important to do this collaboratively, in order both to tap into the full range of expertise on wraparound and to engage as many stakeholders as possible. (For a more complete description of the methods of the NWI, see Walker & Bruns, 2006. Specific examples are also presented in various articles in this Resource Guide.)

One of the main benefits of coming together in this way is the opportunities that emerge for sharing resources and experiences. As the richness and abundance of this accumulated wisdom became clear, we began to think about how to tap existing knowledge in a way that it could be effectively and efficiently shared. Thus, the idea of a compilation of stories, examples, tools and other supports began to form. Over time, the scope of the project grew—it seemed important to solicit a wide range of relevant material, in order to highlight the diversity of approaches to achieving
the wraparound principles at many levels of practice. Finally, with encouragement (and financial support) from the Child, Adolescent, and Family Branch of the SAMHSA Center for Mental Health Services, we moved forward with a plan to make all this information accessible and available as a web-based resource.

**The Resource Guide to Wraparound**

The result is the *Resource Guide to Wraparound*—a collection of articles, tools, and resources that represent the range of expertise, experience, and shared work of the participants in the NWI. In the *Resource Guide*, you will find chapters of a number of different types, including:

- Foundational descriptions of the wraparound model;
- Examples of how different communities and programs have implemented wraparound and supported its implementation;
- Stories from youth, families, and communities;
- Review articles about wraparound’s current standing in the field of community services; and
- Appendices containing tools and resources that can be used in everyday practice

We have organized the *Resource Guide* into six sections, each of which include a variety of different types of chapters. In **Section 1: Introduction and Basics**, we have included this preface and some background information, such as a description of the National Wraparound Initiative and a presentation of the history of wraparound by John VanDenBerg.

In **Section 2: The Principles of Wraparound**, we present the most basic of all the foundational documents, a description of the ten principles of wraparound, as confirmed by the advisors of the NWI over several iterations and several years. In this section, we also present a few specific examples of how practitioners and communities have made some of these principles come to life in the real world, including strengths-based practice (by John Franz and Kathy Cox) and community-based services and supports (by Bob Jones). Because the *Resource Guide* is a living, evolving document, we welcome and will continue to update this section with additional practice examples over time.

In **Section 3: Theory and Research**, we present the results of several studies and literature reviews. This includes an insightful presentation of the theory base for wraparound that summarizes the basic research that supports the model. Elsewhere in this section, you will also find articles on the state of the research base for wraparound and a comprehensive review of published outcomes research on the wraparound process. Finally, this section presents the results of a national study on wraparound implementation, original research that assessed how widespread wraparound deployment was in 2008, and how it was being supported by states and communities.

**Section 4: Wraparound Practice** presents the second major foundational document of the wraparound model—the *Phases and Activities of the Wraparound Process*. This document represents a key contribution of the NWI to the community services field, in that it provides a summary of the typical activities that take place in wraparound team practice. Supplementing this document are a number of additional resources, including descriptions of key roles that communities have developed to support wraparound practice, such as the family partner, the youth advocate, the behavioral support worker, and the wraparound clinician. Other chapters provide further detail on how to ensure family and youth voice throughout the wraparound process.

Recent research has illuminated how critical community and program supports are to implementing the wraparound model. As such, it is probably fitting that **Section 5: Supporting Wraparound Implementation** is the largest section of the *Resource Guide*. The foundational documents here include an overview of the necessary support conditions for wraparound, a summary of the critical monograph by Walker, Koroloff, & Schutte (2003, included as an Appendix in this Guide), as well as a description of the *Community Supports for Wraparound Inventory*, an assessment of the level of system support for wraparound. In addition, this section also presents multiple examples and descriptions of methods to train, coach, and supervise staff filling key roles in wraparound; a
description of financing basics for wraparound, as well as multiple financing examples; a review of methods for measuring wraparound implementation fidelity; and an example of how Wraparound Milwaukee built databases to support wraparound implementation. Finally, this section includes several additional chapters, such as a review of systems change issues by John Franz, a description of the community collaborative team model used by wraparound initiatives in Canada, and a description of how wraparound can be integrated into school settings, by Lucille Eber.

Finally, we have included Appendices, including the Wraparound User’s Guide (a handbook for families) in English and Spanish, Achieve My Plan! (a how-to manual for helping youth participate actively in wraparound planning), and sample copies of a number of evaluation and fidelity instruments.

**Conclusion**

Needless to say, it is not without some anxiety that we have produced this compilation of materials. For one thing, there is already a wealth of resources out in the world describing wraparound and systems of care. Such information can be found in training manuals, book chapters, monographs, and academic journals, as well as in the stories and expertise of those who have been implementing wraparound for years and decades. No matter how hard we try to be “even more comprehensive,” the idea of creating a resource on wraparound is hardly a new one.

Moreover, a key feature of this resource is the somewhat audacious idea that we can simultaneously define what wraparound is—in operational and measurable terms—and yet still insist that it must be tailored to the context of each local community and the needs of each participating youth and family. To do so requires a balancing act that will never be perfectly achieved. After four years of producing materials that attempt to present the consensus of a diverse community of practice about what wraparound should look like, we have begun to hear calls for less specification and more local innovation. Perhaps this is evidence that we have achieved the goals the NWI’s founders set in 2003.

Regardless, for us, this seems like a good time to present this wealth of information, analyze some research data, and pause to consider what is needed next with respect to wraparound. We hope that you find these materials helpful and that you will give us feedback about their usefulness. Our feeling is that there are revisions to be done and new materials that will be added to these contents well after we write this introduction. This Resource Guide is not a product but part of a process that intends to continually improve our ability to support individuals with complex needs and their families.

**References**


**Authors**

Eric Bruns is a clinical psychologist and Associate Professor at the University of Washington School of Medicine in Seattle. He spends much of his professional life conducting research on innova-
tive 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 is Research Associate Professor in the School of Social Work at Portland State University and co-Director of the Research and Training Center on Pathways to Positive Futures. 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.

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. As is described in depth in other sections of this Resource Guide, 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;
- Develops a plan that includes 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.

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The Resource Guide to Wraparound
Section 1: Introduction and Basics

Wraparound 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, promising evaluation studies, and many success stories from communities around the nation have promoted explosive growth in the use of the term “wraparound” over the last two decades. As described in another article in this Guide, it has been estimated that the number of youth engaged in wraparound is well over 100,000 (Sather, Bruns, Stambaugh, & Burns, Faw, 2007).

History of the Wraparound Process

Dr. Lenore Behar of North Carolina coined the term wraparound in the early 1980s to describe the application 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 have historically varied 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 movement, 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 disabilities. 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 col-
laborative 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 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 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 provided a foundation for the wraparound process (Goldman, 1999). 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 described different aspects of the process for different audiences, there remained a need to synthesize these innovations into one description of a model that includes standards and parameters for practice. As is described elsewhere in this *Resource Guide*, the National Wraparound Initiative has attempted to serve this purpose through a process of research and collaborative consensus-based decision making by a national group of wraparound experts (Walker & Bruns, 2006).

**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 experiencing 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. As with the basic description of the wraparound practice model, the NWI has also engaged an national task force of over 30 parents, youth, and family members to better describe, for example, what wraparound should look like from a parent or family member’s perspective, and the typical role of a family partner in achieving the principles 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 institutional 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 the wraparound process, it becomes apparent that the idea it represents is nothing new. Humans have been creative in supporting one another for eons. Furthermore, though our efforts to support one another seem simple, they are actually very complex. Given the complexity of the undertaking, it is not surprising that it has been so challenging to design a process that unites government, service providers, community members, and family members toward the cause of improving the lives of children and youth.

Nonetheless, the wraparound process, as described in this Resource Guide, represents the rapid evolution of a process that has the potential to be extremely efficient and useful. This process has spread to all 50 U.S. states, across Canada, and to other countries. As widely cited in this Guide, interpretations of the wraparound philosophy and the quality of implementation have varied a great deal (Burchard, Bruns, & Burchard, 2002; Walker, Koroloff, & Schutte, 2003). However, it is becoming increasingly clear that positive outcomes follow when best practices and standards for the full wraparound process are followed closely. It is in those instances that wraparound consistently lives up to its potential to improve the lives of children with complex needs and their families.

References

for severe emotional and behavioral disorders (pp. 69-90). New York: Oxford University Press.


Authors

John VanDenBerg, Ph.D., managed the Alaska Youth Initiative, the first state-wide system-of-care-based wraparound effort. He is an international author, trainer, lecturer, and coach of high fidelity wraparound, and is currently the President of Vroon VanDenBerg LLP, a consulting firm specializing in high fidelity wraparound.

Eric Bruns is a clinical psychologist and 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.

John Burchard was a tireless advocate for children, youth, and families, and he was passionate about wraparound’s promise. As a professor at the University of Vermont, John dedicated much of the last two decades of his life to thinking about how to better support communities and programs to implement wraparound. He co-wrote One Kid at a Time about the Alaska Youth Initiative, led the evaluation of Project Wraparound in Vermont, and created the Wraparound Fidelity Index. This Resource Guide is dedicated to John’s memory.

Suggested Citation:

The wraparound process has evolved from a small number of site-driven innovations to being a part of the services system for children and youth with complex behavioral health needs and their families in almost every state and province in North America. In this article, the author, one of the early developers of the wraparound process, extends his description of the history of wraparound (see Chapter 1.3) to describe the emergence of a newly defined continuum of care based on key principles of the wraparound process. He also presents a selection of innovative efforts which exemplify the “cutting edge” of wraparound practices.

The wraparound process is rapidly becoming a part of mainstream human services. The first state-wide system of care-based wraparound effort was established in Alaska in 1986 (VanDenBerg & Minton, 1987; Burchard, et. al, 1993). These efforts were based on creative, agency-based individualized planning being done at the Kaleidoscope agency in Chicago (Dennis & Lourie, 2005; Kendziora, 1999), which was based on de-institutionalization and normalization efforts from Canada. The process has grown to include locally innovated efforts across North America and in other parts of the world. Over its near 30-year history, wraparound has emerged as a primary method of integration and delivery of services and supports for children and youth with complex behavioral health needs, and their families.

In many sites, wraparound started in reaction to the common practice of use of long term and sometimes out-of-state placements of children and youth with complex behavioral health needs, and their families. The Resource Guide to Wraparound
behavioral health needs. States such as Michigan, Maine, and Kansas have used the process to reduce the use of these potentially harmful long term placements and serve children and youth in their homes. Wraparound has roots in the continuing movement to improve behavioral health services for children and youth, which was accelerated by Jane Knitzer’s 1982 book, *Unclaimed Children*. In this book, Knitzer revealed that two-thirds of all children with severe emotional disturbances were not receiving appropriate services. These children were “unclaimed” by the public agencies responsible to serve them, and, said Knitzer, there was little coordination among the various child-serving systems. To address this need, Congress appropriated funds in 1984 for the Child and Adolescent Service System Program (CASSP) through the National Institute of Mental Health, which envisioned a comprehensive mental health system of care for children, adolescents and their families. Ongoing federal grants supported the development of wraparound practice and systems of care across the country. Subsequently, national technical assistance centers at Georgetown University, Portland State University, and the University of South Florida were founded to support best practice development, research and evaluation of systems of care.

In an accompanying article in this Resource Guide, a reprint of a 2003 piece for Portland State’s *Focal Point*, we present more details on the long history of wraparound and related efforts (VanDenBerg, Bruns, & Burchard, 2003). In the remaining sections of the current piece, I will concentrate on important issues, current innovations, and future directions for the wraparound process.

### Initial Fidelity Drift

In the earliest days of the wraparound process in Alaska (VanDenBerg & Minton, 1987; VanDenBerg, 1993), Washington (VanDerStoep et al., 2001), Vermont (Burchard & Clarke, 1990), and in many other states, the efforts were based primarily on the key principles of individualization and unconditional care, and increasing family voice and choice. There was little, if any, clear definition or standardization of what the wraparound process actually entailed. Regardless, from the start to the present, this creative teaming process has been inherently attractive to human services administration and advocates. As the initial efforts began to multiply through funding through CASSP, Robert Wood Johnson’s Grant Program and later the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) and other sources, the energy and growth of innovative services and processes such as the wraparound process was amazing.

By 1988, in early replications of the work in Alaska and Vermont, the wraparound process already began to vary in quality and in scope. By the early 1990’s, efforts in several states had been identified as failures by implementers and funders. Close examination of these efforts revealed that what was called “wraparound” more closely resembled children’s case management: no real individualization, no child and family teams, no integration of services, and certainly no youth and parent voice and choice. By 1997, many of the early innovators felt that although dozens of efforts were reporting positive results, overall the wraparound field was at risk of being “innovated to death” and becoming just another good idea that did not pan out once brought to scale and expansion. As a result, a meeting was held at Duke University and the first major organized effort to provide consistency to the definition of the wraparound process began (Burns & Goldman, 1999).

Later, the National Wraparound Initiative (NWI; Walker & Bruns, 2006) was established, which has led to standardized definitions of the principles of wraparound and the steps, or phases and activities, of the process (Walker et al., 2004). In addition to serving as a web-based clearinghouse of information and resources sharing across sites, the
NWl is currently making progress on defining key jobs in the process such as family support partner (Penn & Osher, 2007), and in developing innovative evaluation methods (Bruns et al., 2006). Many states and provinces have accepted the standardized Principles and the Phases and Activities of the NWI as the definition of the wraparound process, and the field is increasingly stable and consistent in terms of clarity of purpose and forward movement.

**Lawsuits**

A group of key lawsuits have influenced the speed of the growth of the wraparound process. The first major lawsuit that shaped the field was *Willie M. vs. Hunt*, in 1980 (Behar, 1986). A more recent and representative lawsuit was the *Jason K.* lawsuit in Arizona, which has led to the inclusion of over 16,000 children and youth in the wraparound process (Frank Rider, personal communication, October 13, 2007). Another recent crucial lawsuit was *Emily Q. vs. Bonta* (Bird, 2006), which has resulted in a major expansion of the process in California. These lawsuits have supported a basic right to effective services and supports. The lawsuits share a similarity—they all have been instigated by parents whose children were placed outside the home when the state decided to not establish viable alternatives such as wraparound, due to cost or administrative policy such as state Medicaid definition of reimbursable services. Out of over 30 successive similar class action lawsuits over 25 years, not one has been lost by the advocacy organizations bringing the suits. Now, the field is expanding and many innovative efforts have emerged.

**Similar Innovations in Other Fields**

Development of team-based planning models such as the wraparound process have simultaneously emerged in other core services areas for children and youth with complex behavioral needs. The work of John O’Brien and colleagues (1989) in the field of developmental disabilities has led to exciting system improvements through development of needs-based, individualized services in communities which are based on person-centered planning. The field of juvenile justice is further individualizing youth corrections responses through the use of innovations such as the Balanced Approach (Guarino-Gheezi & Loughran, 1996). The work of Kretzmann and McKnight (1993) on restructuring communities to support individuals with complex needs has been vital to the field.

**Future Directions for the Wraparound Process**

**Global Expansion and Research**

Recently, the government of Norway (Flessen, 2007) launched a nation-wide effort to establish NWI-inspired wraparound, which is being supported by trainers from the United States and from a successful wraparound effort in Toronto, Ontario in Canada. Karl Dennis (personal communication, September 11, 2007) has been supporting wraparound implementation in New Zealand. The author receives weekly queries from around the planet as “the word” gets out about the process viability and growth.

As is described in other chapters of this Resource Guide, the available research on the process is expanding (Bruns, 2008). Although many regard the evidence base as still “weak” (Farmer, Dorsey, & Mustillo, 2004), the number of quality research studies is growing (Suter & Bruns, 2007). The U.S. Surgeon General’s report (2000) listed wraparound as a “promising” intervention, and depending on the source, wraparound has been identified variously as an “evidence-based,” “emerging,” or “best” practice (Walker, Bruns, &
Almost a decade ago, Faw (1999) estimated the number of children and youth enrolled in wraparound-like service processes at 200,000. A more recent survey has found that at least 100,000 youths are engaged in an intensive wraparound process that meets the definition provided by the NWI (Sather et al., 2007; see also Chapter 3.4). This survey also found that the number of states with some wraparound project is over 90%, and that the rate of states with standards for wraparound implementation and/or resources for training and credentialing providers is growing.

**Wraparound and the Silo Effect**

One of the factors that has influenced growth of wraparound at the family level is the “silo effect,” caused by separately developed models of care from child welfare, juvenile justice, education, mental health, developmental disability, public health, addiction, housing, welfare, medical, vocational, legal, and other services. Even though families did not come in neat packages that fit the silos, these systems often did not interact at the policy, agency, and practice levels. As a result, many families received multiple plans with sometimes competing instructions from different systems. When these disjointed plans failed, families were often blamed and labels such as “non-compliant with services” were attached to the child, youth, or family.

In response to problems with silo-based, separately developed systems, the notion of a “system of care” was conceptualized by Beth Stroul and Robert Friedman in 1986. In the early days of CASSP funding from NIMH, states began to establish collaboration between systems as a major goal. This led to establishment of state and local community interagency teams, cross-system staffing of children, youth, and families with complex behavioral health needs, and many other efforts to build provider level knowledge of each system’s operations and mandates. However, at the practice level, regardless of the level of collaboration, each system held a “staffing,” made their own decisions about what services the family would receive, and determined what system consequences followed problem behaviors of the child, youth, or parent. For example, a building principal at a school may suspend a youth with behavioral health needs under a school district zero tolerance policy. This same youth is then at home during the day and ends up in trouble with legal authorities when vandalizing neighbors’ apartments. The youth may then be adjudicated and placed outside their school district in a detention facility where limited mental health services are available. As a result, although each system protected their own mandate (e.g., education, safety), no positive behavioral health outcomes are achieved.

It has also become clear that system-level collaboration alone does not achieve improved behavioral health outcomes. Bickman and colleagues (2003) have questioned the outcomes in sites where collaboration has been extensive (such as Stark County, Ohio), and concluded that collaboration alone may not result in improved behavioral health outcomes. In reaction to the limitations of collaboration, the wraparound process has thrived as a process of integration. What is the difference? VanDenBerg and Rast (2006) define collaboration as “when agencies are familiar with each other’s missions and roles, key staff work with each other at the child/family level, but often retain single system decision making power and planning.” Alternatively, integration is defined as “when agencies are familiar with each other’s missions and roles, and key staff work with each other at the child/family level, sharing decision making in a team format that includes the family in the driver’s seat, producing a single plan that meets all system mandates and that is owned by the entire team.” In other words, wraparound is a process of integration, based on core principles, which is supporting revision of the traditional continuum of care (VanDenBerg, 2007).

**A Re-Definition of the Continuum of Care Based on the Principles of Wraparound**

The original notion of a “continuum of care” described movement from service to service, with a child or youth rapidly moving up or down in restrictiveness of care. A child or youth essentially failed their way up the continuum. Children or youth quickly went through levels of the continuum as they left more restrictive care, such as going directly from psychiatric hospital to home. Solutions were deficit based, designed to “fix” the
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problem. A new conceptualization of continuum of care is being attempted in Arizona (Rider, personal communication, October 11, 2007), and in many other states and sites nationally. This notion of continuum of care is represented by the following statement: “The more complex the needs of the child and/or family, the more intensive the individualization and degree of integration of the supports and services around the family” (VanDenBerg, 2007). In this model, child, youth, and family needs drive the level of intensity of integration and individualization, not the restrictiveness of services. Individualized options for meeting needs are based on the unique strengths and culture of the family, and on practice-based evidence.

While the primary point of the new continuum is “the more complex the needs, the more intensive integration and individualization,” it is important to point out that in the old continuum and in most of current systems practice in North America, the reverse is true. The youth in the psychiatric hospital or other “deep end” services often have the least amount of system integration and individualization. In a continuum based on the principles of the wraparound process described by the NWI (Walker, et al, 2004), the children and families with the most complex needs will have the most integrated and individualized services and supports, although all children and youth with behavioral health needs at any level must have individualized services and supports.

The “Cutting Edge of Wraparound”

Variations of the wraparound process have emerged that range from wraparound for children under five years old (Hoover, 2006), to use of the wraparound process focused on reduction of youth in long term residential placements, to wraparound being used to reduce recidivism for adult prisoners in the correctional facilities of Oklahoma (VanDenBerg, 2006). (See sidebar at left.)

In addition, the wraparound process is being used in innovative community development efforts. The state of Rhode Island (Frank Pace, personal communication June 12, 2007) plans on experimenting with the use of Time Banks (see www.TimeBanks.org) for development of natural supports building and sharing as part of the wraparound process. With Time Banks, a wraparound family can access local neighborhood supports and assistance, and can pay back the supports through helping in ways that are based on their own strengths. When supports are used, the families’ Time Bank account is reduced. When the family supports others or does assistance such as car repair or baking, or baby-sitting, the family Time Bank account is replenished. In Ontario, community development innovators (Debicki, 2007) are innovating neighborhood-based wraparound where neighborhood councils (see accompanying box) drive the funding and implementation of the process.

In the state of Oklahoma (Pirtle, 2006), major progress has been made in the definition and use

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The Oklahoma Wraparound Re-Entry Program for Adult Corrections

In 2005, the state of Oklahoma initiated a novel effort to reduce recidivism in adult offenders. Oklahoma is the first state to attempt to apply the wraparound process to a corrections effort, and the exact role and function of the prison-based wraparound facilitators is being built one offender at a time, with the help of all concerned with the effort. The pre-wraparound baseline levels of offender recidivism are over 50% for the target population of 52% of all Oklahoma adult offenders who are released from prison with no aftercare plan beyond a case manager-produced discharge plan. The Principles and Phases and Activities of the Wraparound Process from NWI have been adapted for use with the prison population. The wraparound facilitators begin with the offender six months prior to discharge, form teams, and initiate engagement with the offenders to set their own goals and determine top needs for after discharge. Initial results from the Oklahoma Prison Wraparound efforts are promising, with dramatic reductions in the rates of recidivism.

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of family partners, called “family support providers” (FSP). It is clear that the FSP is a viable position in the behavioral health system as implemented in the Oklahoma system of care, and one that contributes to the positive outcomes currently being experienced with the wraparound process in Oklahoma. The current group of over 50 FSPs are skilled, dedicated, and working as competent team members to deliver individualized behavioral health services to children, youth, and families in Oklahoma who have very challenging behavioral health needs. (See sidebar, top of this page.)

Currently, Oklahoma counties have wraparound supervisors who oversee local wraparound efforts through agencies participating in county-based systems of care, covering most Oklahoma counties. These supervisors oversee both care coordinators (facilitators of the wraparound process) and FSPs, who provide direct support to the children, youth, and families. Both the care coordinators and the FSPs are vital parts of achieving outcomes with children and youth who would otherwise be placed in out-of-community or out-of-home care. New hiring efforts are recruiting highly skilled FSPs who have the ability to acquire and learn the skills of this very complex job, or who already have many of the skills. In Wraparound Tulsa, the FSPs are seen as one of the major variables in why hundreds of children and youth with complex behavioral health needs and their families have successfully graduated from wraparound. (See sidebar below.)

Summary

At the heart of wraparound is the belief that we as humans have better lives when our biggest needs are met, when we have a say in our own lives through self-determination, when we build our skills to manage the challenges of the future, and when we are surrounded with support from...
others. The work in prison-based wraparound in Oklahoma is an example of the potential of the process. The importance of the work of the NWI in supporting the sharing of resources and options must be emphasized. The coming products of the NWI in the areas of further defining the work of the FSP, the development of clear overall standards for the field, and the completion of a clear theory of change are important steps towards the continuing excellence of the wraparound process. Innovations such as Time Banks, community and neighborhood partnering efforts, and the demonstration of true system integration will drive the survival of the wraparound process.

In the early days of the wraparound process, the innovators operated from a strong belief in the power of individualization, in persistence and unconditional care, and in voice and choice of consumers. These beliefs must remain, but must be accompanied by further innovation, as the field continues to mature and evolve.

References


VanDenBerg, J. (2006). Wraparound as a process to reduce offender recidivism. Presentation at the First Annual Oklahoma Department of Corrections Re-entry Conference, Oklahoma City, Oklahoma.


Author

John VanDenBerg, Ph.D., managed the Alaska Youth Initiative, the first state-wide system-of-care-based wraparound effort. He is an international author, trainer, lecturer, and coach of high fidelity wraparound, and is currently the President of Vroon VanDenBerg LLP, a consulting firm specializing in high fidelity wraparound.
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Why?

As the history of wraparound (Chapter 1.3) clearly illustrates, wraparound originated as a philosophy and a grassroots movement as much as a specific intervention. This unique nature of wraparound has proven to be a source of both strength and difficulty. Normally, an intervention is designed and tested by a single person or group. In contrast, wraparound practice and supporting policies have evolved through a process of ongoing innovation on the part of families, trainers, and providers around the nation. This process has stimulated a kind of creativity that would never have occurred within a less flexible model. On the other hand, the lack of shared standards or guidelines for wraparound practice has created problems around issues of quality assurance and fidelity.

During the late 1970s and early 80s, wraparound emerged gradually from the efforts of individuals and organizations committed to providing individualized, comprehensive, community-based care for children and their families. While the term wraparound came to be more and more widely used throughout the 1990s, there was still no formal agreement about exactly what wraparound was. Many wraparound programs shared features with one another, but there existed no consensus about what was essential for wraparound. Some programs were able to document notable successes from using wraparound, but it also became apparent that many teams and programs were not operating in a manner that reflected the wraparound principles. Toward the end of the 1990s, it became increasingly
obvious that without a clear definition of what wraparound was (and wasn’t), any practice could be called “wraparound,” regardless of quality. Furthermore, it would be impossible to establish evidence for wraparound’s effectiveness without a clear definition of the practice.

What?

In true wraparound fashion, a team approach emerged to address these difficulties. In June of 2003, the Research and Training Center on Family Support and Children’s Mental Health hosted a national meeting in Portland, Oregon, and invited parents, parent advocates, wraparound trainers, practitioners, program administrators, researchers, and systems of care technical assistance providers. This was the first meeting of what became the Advisory Group of a new National Wraparound Initiative. At this initial meeting, the group reaffirmed the need to define a wraparound practice model, discussed potential methods for conducting such work, and described specific products that should result. By the end of the meeting, the group reached a consensus about what was most needed to promote high quality in wraparound:

1. Clear definitions of the wraparound philosophy and the wraparound practice model
2. Specific strategies on how to achieve high-quality wraparound at the family, team, provider, and system levels
3. Minimum standards for wraparound practice and for supporting families, teams, and practitioners
4. Implementation and fidelity tools—aligned with the strategies and standards for wraparound—that could inform quality improvement and be used in more rigorous evaluation
5. Handbooks for youth, caregivers, practitioners, and team members that explain Wraparound and what should be expected during implementation

Since that initial meeting, the collective efforts of the members of the NWI have been successful in meeting many of these needs and making progress toward meeting the others.

How?

Membership in the NWI’s advisory group is open to anyone who has expertise in wraparound and who is willing to contribute 20 to 40 hours per year to the Initiative’s work. The NWI’s main products are produced collaboratively, through structured and semi-structured processes. A formal, structured consensus-building process used by the NWI is described in detail in an article about the process that was used to define the practice model (Chapter 4a.1). A similar process was used to clarify the principles of wraparound, to create the Community Supports for Wraparound Inventory, and to develop the document describing the role of family partners in carrying out the ten principles. Less highly structured but still collaborative processes were used to develop other NWI products, including the theory of change and the various guides and manuals. The Resource Guide for Wraparound is also a collaborative effort, with contributions from dozens of NWI advisors. The overall goal of the Initiative is to preserve the creative essence and innovative spirit of wraparound while also providing specific guidelines and resources to support high quality implementation.

Author

Janet Walker is Research Associate Professor in the School of Social Work at Portland State University and co-Director of the Research and Training Center on Pathways to Positive Futures. 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.