Supporting Wraparound Implementation: Overview

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Achieving broad scale, high quality implementation of wraparound has proven to be challenging for a number of reasons. Many of these challenges occur at the practice level, where teams have difficulty implementing the wraparound process in a way that reflects the principles of wraparound. However, experience has also shown that the successful implementation of creative, individualized wraparound plans at the team level requires extensive support from the larger organizational and system contexts within which the teams operate. Achieving the necessary level of collaboration and support can be very challenging, given entrenched agency cultures and ways of doing business, a lack of local expertise in providing wraparound, inter-agency barriers, funding exigencies, and skepticism regarding the effectiveness of family-driven, strengths-based practice.

A wraparound project usually operates as a collaboration between agencies that contribute resources for implementation. To make wraparound work, these agencies and organizations must collectively develop numerous formal and informal policies, addressing, for example, questions about:

- who oversees the project,
- who makes decisions about what,
- which children and families are eligible for wraparound,
- how the referral process works,
- how decisions will be made about which children and families will be accepted into wraparound,

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- how information will be shared,
- how wraparound families will access services and supports from the community's array,
- how staff time will be made available for the activities that are part of wraparound,
- who will pay for particular services and supports,
- how information will be stored and documented,
- what kind of training will be provided and for whom, and so on.

Because wraparound essentially operates between agencies, rather than within a single agency, answers to these questions must be arrived at collaboratively, creating a highly complex implementation context. A study undertaken at the Research and Training Center on Family Support and Children's Mental Health (Walker, Koroloff & Schutte, 2003, included as Appendix 6f in this guide) used qualitative methods to describe the implementation context for wraparound and to develop a framework of "necessary conditions" that must be met in the implementation context to support wraparound. Based on interviews and feedback from more than 75 experts from communities around the nation, the authors proposed a matrix of conditions that must be met for wraparound to be successfully implemented and sustained. The framework grouped the necessary conditions into a set of themes at the system level.

The *Community Supports for Wraparound Inventory*

Building on this conceptual framework of necessary conditions, members of the National Wraparound Initiative worked to develop the *Community Supports for Wraparound Inventory* (CSWI), a survey tool that assesses the adequacy of the implementation context for wraparound. The CSWI was designed to be used by researchers—to determine the impact of contextual features on fidelity and outcomes of the wraparound process—and community evaluators—to provide information

about system support that can be used as an input to strategic planning for sustainable wraparound implementation.

A community that chooses to use the CSWI begins the process by designating a local coordinator who will inform the community about the CSWI, build enthusiasm for participation, and create a list of potential respondents for the assessment. The coordinator is instructed to include on the list members of various stakeholder groups who typically have knowledge about implementation, including: members of the project's community team (i.e., the group that oversees and guides the collaboration); people directly employed by the project (e.g., facilitators of wraparound teams or care coordinators, supervisors, family partners, etc.); current or former recipients of services; staff and administrators from public and private agencies who are part of the collaboration (e.g., child welfare, school systems, mental health provider agencies); and representatives of other stakeholder groups. Research staff from the Wraparound Research and Evaluation Team (a partner of the NWI) then create an online CSWI survey for that particular community, and invite participation from each of the stakeholders included on the coordinator's list. Participants receive their invitation by email, and simply click on a link to respond to the CSWI.

The CSWI includes items grouped into six themes: *community partnership, collaborative activity, fiscal policies and sustainability, access to supports and services, human resource development and support, and accountability*. Descriptions of each theme, and sample items from each theme, are presented in Table 1. Each item offers two "anchor" descriptions, one for "least developed system support" and one for "fully developed system support." Respondents rate their community on a 0-4 scale where 0 corresponds to "least developed," 2 to "midway," and 4 to "fully developed." When data collection is finished, research staff prepare a report for the community describing how the community scored on each theme and item, and listing areas of particular strength and challenge. A pilot test of the CSWI with seven communities around the country showed that the assessment had excellent internal reliability (both for the themes and for the measure as a whole) and that there was very good inter-rater reliabil-

Table 1. Themes and Sample Items from the Community Supports for Wraparound Inventory

Item	Fully Developed System Support	Least Developed System Support
Theme 1: Community Partnership. *Collective community ownership of and responsibility for wraparound is built through collaborations among key stakeholder groups. (7 items)*		
Item 1.3: Influential Family Voice	Families are influential members of the community team and other decision-making entities, and they take active roles in wraparound program planning, implementation oversight, and evaluation. Families are provided with support and training so that they can participate fully and comfortably in these roles.	Family members are not actively involved in decision-making, or are uninfluential or "token" components of the community team, boards, and other collaborative bodies that plan programs and guide implementation and evaluation.
Theme 2: Collaborative Action. *Stakeholders involved in the wraparound effort take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements. (8 items)*		
Item 2.3: Proactive Planning	The wraparound effort is guided by a plan for joint action that describes the goals of the wraparound effort, the strategies that will be used to achieve the goals, and the roles of specific stakeholders in carrying out the strategies.	There is no plan for joint action that describes goals of the wraparound effort, strategies for achieving the goals, or roles of specific stakeholders.
Theme 3: Fiscal Policies and Sustainability. *The community has developed fiscal strategies to meet the needs of children participating in wraparound and methods to collect & use data on expenditures for wraparound-eligible children. (6 items)*		
Item 3.3: Collective Fiscal Responsibility	Key decision-makers and relevant agencies assume collective fiscal responsibility for children and families participating in wraparound and do not attempt to shift costs to each other or to entities outside of the wraparound effort.	Each agency has its own cost controls and agencies do not collaborate to reduce cost shifting, either to each other or to entities outside of the wraparound effort.
Theme 4: Access to Needed Supports & Services. *The community has developed mechanisms for ensuring access to the wraparound process and the services and supports that teams need to fully implement their plans. (8 items)*		
Item 4.6: Crisis Response	Necessary support for managing crises and fully implementing teams' safety/crisis plans is available around the clock. The community's crisis response is integrated with and supportive of wraparound crisis and safety plans.	Support for managing crises is insufficient, inconsistently available, or uncoordinated with wraparound teams' crisis and safety plans.
Theme 5: Human Resource Development & Support. *The community supports wraparound and partner agency staff to work in a manner that allows full implementation of the wraparound model. (6 items)*		
Item 5.5: Supervision	People with primary roles for carrying out wraparound (e.g., wraparound facilitators, parent partners) receive regular individual and group supervision, and periodic "in-vivo" (observation) supervision from supervisors who are knowledgeable about wraparound and proficient in the skills needed to carry out the wraparound process.	People with primary roles for carrying out wraparound receive little or no regular individual, group, or observational supervision AND/OR supervisors are inexperienced with wraparound or unable to effectively teach needed skills.
Theme 6: Accountability. *The community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort. (7 items)*		
Item 6.1: Outcomes Monitoring	There is centralized monitoring of relevant outcomes for children, youth, and families in wraparound. This information is used as the basis for funding, policy discussions and strategic planning	There is no tracking of relevant outcomes for children and youth in wraparound, or different agencies and systems involved maintain separate tracking systems.

ity within each community.

Other Resources Described in this Section of the *Guide*

Subsequent chapters in this section of the *Guide* focus in more detail on some of the key areas of support that a community must provide if wraparound is to be implemented and sustained. Chapters focus on training, coaching and supervision; financing; community collaborative teams; and data, particularly data for ongoing quality assurance processes.

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The Wraparound Process: An Overview of Implementation Essentials

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I. Overview

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

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

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

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Primary Mechanisms of Change in Wraparound

- *Being family and youth determined*
- *Using a collaborative team process*
- *Being grounded in a strengths perspective*
- *Identifying and mobilizing natural and community supports*
- *Being driven by accountability and results*

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

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

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

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

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

II. Implementation Essentials

System- and Community-Level Support

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

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

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

- *Community partnership:* Representatives of key stakeholder groups, including families, young people, agencies, providers, and community representatives have joined together in a collaborative effort to plan, implement and oversee wraparound as a community process.
- *Collaborative action:* Stakeholders involved in the wraparound effort work together to take steps to translate the wraparound philosophy into concrete policies, practices and achievements that work across systems.
- *Fiscal policies and sustainability:* The community has developed fiscal strategies to support and sustain wraparound and to better meet the needs of children and youth participating in wraparound.
- *Access to needed supports and services:* The community has developed mechanisms for ensuring access to the wraparound process as well as to the services and supports that wraparound teams need to fully implement their plans.
- *Human resource development and support:* The system supports wraparound staff and partner agency staff to fully implement the wraparound model and to provide relevant and transparent information to families and their extended networks about effective participation in wraparound.
- *Accountability:* The community implements mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall wraparound effort.

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

Organizational Support

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

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

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

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

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

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

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

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

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

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

Wraparound Outcomes

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

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

(Suter & Bruns, 2009)

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

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

III. Outcomes Research

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

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

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

For More Information

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

Reference

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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 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.

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Supporting Wraparound Implementation: Chapter 5a.3

Choosing a Consultant to Support Your Wraparound Project

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Implementing wraparound in a community is complex and difficult. At the service level, successful implementation of wraparound requires that key team members—team facilitators, parent partners, resource developers, and others—acquire skills and expertise that will enable them to collaborate with families to build plans that are individualized, culturally competent, and community- and strengths-based. Successful implementation also requires changes in the wider organizational and systems context within which wraparound teams operate. The agencies and organizations that participate in wraparound must learn new ways to work together, sharing authority, responsibility, and resources.

Because wraparound implementation is so complex, sponsors, managers, project staff, and collaborative partners often seek advice and assistance from experienced colleagues and other consultants. Opportunities to network with peers have never been greater, with a wide range of supports available including web-based resources, state-level information and technical assistance, and local, state, and national conferences. This peer interaction offers many advantages including the opportunity for sharing new insights, techniques, or implementation strategies, and the opportunity for mutual sharing about fresh lessons learned.

At the same time, it is not unusual for leaders in Wraparound projects to find that they need professional consultation as they move toward full implementation. In the past, Wraparound projects had to rely on word of mouth in order to find consultants with high levels of expertise. However, as Wraparound has become more widely implemented, the availability of consultants, experts, and helpers with direct

Wraparound experience has grown significantly, making it easier for projects to select the right mix of experience, skills, and talent to meet their unique implementation needs.

But how exactly should stakeholders proceed once they have decided to seek consultation for their Wraparound project? What steps can they take to ensure that they are investing wisely and getting the type of information and support they need?

Perhaps the most important thing to keep in mind is that a consultant will not solve your problems or fix your system. Do not expect or allow the consultant to manage your staff for you. You must provide leadership for your project, and there must be a committed group of active stakeholders within your own project who are continually expanding their own knowledge and expertise. Thus, these people are in a position to make best use of the knowledge the consultant brings, and to help structure the kinds of learning experiences that are needed by other people involved in the local implementation.

Steps for Choosing a Wraparound Consultant

- **Step One: Identify Your Objectives.** The first step in developing a successful relationship with a consultant is for the project to identify its aims or goals. A common mistake for projects experiencing significant implementation challenges is to skip this step and assume the consultant will be able to "fix" the problems they are experiencing. The consultant should not be the only voice in articulating the project problems but instead project leadership should be clear about the desired results of the consultation.

- **Step Two: Identify Your Audience.** Wraparound projects, by definition, involve a range of people with a range of roles getting togeth-

er to design and develop imaginative and creative plans. The range of people and roles who may be involved in Wraparound implementation include project staff; project supervisors; family members; community members; people in existing staff roles such as clinicians, child welfare workers, probation officers, and teachers; and children or youth involved in the project. It is important for project staff to identify primary audience(s) that the Wraparound consultant should reach. Efforts should be made to find a consultant who is a likely match for the target audience of terms of expertise, style, and personality.

- **Step Three: Identify Your Preferred Consulting Method.** Consultants have a variety of approaches to offer a Wraparound project. It is important that the project identify what type of approach is best suited to their needs. Listed below are four methods that consultants often use in working with a local project to achieve their goals.

  - » *Information Consultation.* This method involves using a consultant to provide expertise, information, and professional advice designed to help the project. Typically, if your need is for information, activities will primarily center on formal training activities or the development of materials that can be disseminated to various stakeholders. When seeking an information consultant the project should consider the following areas:

    - What is the consultant's expertise in the area of need?

    - How much credibility will the consultant have in this area with your local audience? What can project personnel and/or the consultant do to assure credibility?

    - What is the best method for us to communicate this information? Training sessions? Written materials?

    - Does the consultant understand the need to provide information in a variety of modes, so that people with different learning styles can benefit from consultation?

- Does the consultant have a well-developed sense of the structures and strategies that are likely to be helpful to adult learners?

- Are there any barriers in the project that keep us from developing or sharing this information now?

- How long is this expected to take? Are our expectations realistic?

» *Coaching.* When a project feels a need to help people in key roles develop their skill and expertise in particular aspects of Wraparound, they may employ a consultant to serve as a coach. Coaching is usually fairly intensive, and involves an opportunity for the coach to observe, as closely as possible, the current skill level of the person being coached. The coach offers techniques, tools, strategies, and other supports that will help the person achieve a higher level of expertise. A coach will often demonstrate new skills and techniques in "real life" situations. Coaches often work with a project over time, offering new supports and insights appropriate to people's increasing level of skill and experience. Coaches may also work with supervisors to help expand local coaching capacity. When seeking coaching, the project may want to consider:

- Does the coach have a high level of expertise in the skills needed by our identified key project personnel?

- Does the coach have a well-developed sense of the structures and strategies that are likely to be helpful to adult learners?

- Is the coach able to relate to adult learners in ways that inspire them and increase their confidence?

- Does the coach have a variety of tools and resources to offer as supports to the coaching process?

» *Process Consultation.* If a project seems to have access to the right information but still seems to have difficulty making headway, a process-based consultant can be helpful. Projects that need a process consultant usually have a good sense of what they want to accomplish, but experience difficulty actually doing it. They may have a need for someone who has some distance from their local project and who can provide information and insight they need to get "unstuck". When selecting a process consultant, the project should consider the following areas:

- Is the consultant able to consider a range of implementation strategies?

- Can the consultant articulate a variety of strategies for implementation?

- Is the consultant able to grasp major themes or the "big picture" by analyzing the details of our implementation, local system, and local community?

- Will this consultant be able to summarize these themes to us in a way that moves the project towards its goals?

- How long will this take? Are we being realistic with expectations?

» *Relationship-based Consultation.* Some projects find their needs are best met by hiring an outsider to work with their project over time. A consultant in this role will work with a project over time providing feedback, strategic problem solving, and situation-specific advice and strategies as needs arise. A project that elects to use a relationship-based consulting process is typically looking for someone who can sustain a longer-term relationship with the project. When selecting a relationship-based consultant the project should consider the following areas:

- Is this person someone whom we could imagine working with over time?

- Is the consultant able to review our local implementation and make suggestions that are appropriate to our local situation?

- Do we feel comfortable with the consultant's base of knowledge?

- Do we feel comfortable that the con-

sultant is able to gather information about our process?

- How long do we expect this to take? Are we being realistic with our expectations?

Wraparound projects that are interested in pursuing consultation may consider what methods would most fit their local needs and strengths. Some projects may find individuals that will fit all three of the methods described above while other projects may find that they want to use different individuals to fit each of these methods. Projects may also find it useful to use several consultants with expertise in different aspects of implementation.

- **Step Four: Begin the Consultation Process.** When your project has matched the target audience with the consulting method, it is time to begin a consultation process. In some cases, this might entail trying a range of individuals before making a longer-term commitment. In other cases, initial interviews and getting references is enough to get started with consultation. In hiring a consultant, it is important that the project identify, in writing, the results they are hoping for from each consultation session. This allows the consultant and the project to continually evaluate the effectiveness of the consultation. Feedback on the consultant's activities should also be systematically sought from those who participated.

- **Step Five: Modify & Adjust: Hiring the consultant is only the beginning.** The successful consultation process involves an interchange between the client and consultant. Objectives should be outlined and agreed upon by both parties. Over time accomplishment of those outcomes should be reviewed to determine whether the strategies used should be adjusted, maintained, or simply stopped.

Some Tips for Selecting A Consultant

- *Beware the Expert View:* If you search for the ultimate answer you are likely to find that it won't work in your community anyway.
- *Relationships Count:* It is important to find someone who can make you feel comfortable in the consultation process.

- *Get References:* Don't be afraid to ask others for their view of the consultant's approach. Ask whether the consultant has delivered promised services and materials, and delivered on schedule. It is often a good idea to ask those people on the consultant's reference list if they can suggest anyone else for you to contact. Be sure to find out if the reference has current knowledge about the consultant.

- *Solicit Samples:* Ask the consultant to provide sample of other work and review it to determine compatibility with your project's needs. Samples can include published materials, reports, or training materials. Ask the consultant who wrote the materials—inexperienced trainers may be using materials developed by other with a higher level of expertise.

- *Follow Your Instincts:* Sometimes the final decision to selecting a consultant comes down to trusting your basic feelings about the person and their skills, personality, and attributes.

- *Be Clear About Expectations:* Establish a contract with clear expectations for the work you expect your consultant. This should explicitly describe the activities to be carried out, the materials to be produced, the timeline to be followed, and the outcomes by which the consultant's efforts will be evaluated.

- *Create Your Back Door:* It is important to identify strategies for the consultation to end even as the consultation begins. This will increase the likelihood that your project will use consultation in the right way, for the right purpose, for the right duration, and for the right price.

- *Find Someone Who is Interested in You:* Consultation is an interactive process that occurs between at least two parties. This is what makes it different than simply identifying a training event. The consultant should take the time to learn about you, your project, and your local community. The consultant should not only listen to you, but also reflect back to you that he or she has heard and understands what you are saying. You should be confident that the consultant is capable of modifying or adapting the consultation to fit your local situation and needs.

- *Strive for Consistency:* If you use multiple consultants, work with them to ensure that they are not sending mixed or contradictory messages to program staff and stakeholders. The same values and approaches can be conveyed in different formats and people can become confused or even conflicted about which approach to use.

- *Level with Your Consultant:* A successful relationship between a Consultant and their client will be based on candor and mutual honesty.

- *Remember It's an Equal Partnership:* Successful consulting is as much the responsibility of the client as the consultant.

- *Set Your Benchmarks:* Productive consultation will identify mileposts for accomplishment and review progress towards outcomes regularly. This allows the client and consultant to adjust strategies for greater effectiveness.

- *Plan for Follow-up:* Work with the consultant to decide how your program should follow up from consulting sessions, and whether the consultant will provide follow-up technical assistance or other forms of support.

- *Modify Your Plan:* As you begin the consultation process you are apt to find new insights, opportunities, and challenges. It is important that you continually review your implementation to determine where mid-course adjustments should be made.

Author

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Supporting Wraparound Implementation: Chapter 5b

Planning for and Implementing System Change Using the Wraparound Process

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Introduction

Wraparound is increasingly being recognized as both a systems-level and child- and family-level intervention. When implemented effectively, wraparound facilitates changes in a community's mental health, substance abuse, child welfare and juvenile justice systems that reduce barriers to engagement, increase youth and family participation, and achieve positive child and family outcomes.

However, system change is tough to do. First, systems have a strong tendency to keep operating they the way they always have. Second, because systems are complex collections of many parts that interact in a variety of ways, attempting to change what's happening in one area of the system can have unforeseen consequences in other places. Third, since it takes as much effort to change a system as it does to operate it, keeping a system running while you are changing it requires twice as much work.

Because staff at most community agencies are hard-pressed to keep up with the existing demand for services, when wraparound is being installed, communities often find the means to hire a *project coordinator* to manage the change process. This might be through a new hire, or by backfilling an existing position to allow an experienced employee to flex out into the coordinator role.

However, a project coordinator can't change a system by her or himself. A team of leaders and stakeholders committed to improving the way that help is provided in the community is also necessary. This implementation team is made up of the people who will not only design the new system, but also put its various elements into action in the

national
wraparound
initiative

areas they represent. Ultimately it will evolve into the *community team* that forms the foundation for wraparound's integrated services. Part of the budget for implementing wraparound should cover the cost of convening the implementation/community team and supporting participation by stakeholders who might not otherwise be able to attend—such as parent and consumer representatives.

A third element that wraparound brings to a community's system of care is *flexible resources* for children and families that cannot be obtained anywhere else. As the wraparound values of strength-based, family-focused practice are implemented, it often happens that non-standard assistance is needed to pull together an effective plan of care for a child and family. Ad hoc support through the participating agencies can help fill these gaps while more sustainable alternatives for flexible and creative service responses are being established.

When communities implement the wraparound process, they develop a cohort of people who are trained to *facilitate teams, provide direct social support* and stabilization while the teams are forming, and act as *family partners* with enrolled families. Provisions should be made for training and technical assistance for the people filling these three positions. The initiative should also ensure there is peer consultation for these individuals, available practice and training materials, and resources to allow them to attend state and national training opportunities.

Facilitating Proactive Change

The adoption of the wraparound process for serving families with complex needs is an example of a *proactive change process*. Reactive system change happens all the time because of the rapidly shifting environment in which human services are delivered, but proactive change is rare. Effective change efforts should be intentional, reflective, well informed and meaningful. While each community has its own set of strengths and needs, its own culture and ways of getting things done, and its own context of political, funding and communication networks in which change must occur, certain core insights, skills and strategies can be used to facilitate a proactive change process even as it follows the unique pathways appropriate to a given community.

While a variety of articles have described the values and process steps of wraparound, this one will examine the process of change that communities go through as they adopt a new way of providing services. It will discuss the reasons why change is necessary in our child and family services, review the keys to successful change, describe some of the theories that can help us understand and guide change efforts, outline the basic steps of a system change process and discuss the role of leaders and community teams in helping make change happen.

Why Change?

This is an important question to ask because system change can be troublesome and disruptive. The answer is that because the challenges our human service systems must respond to have changed, as have the tools for addressing these challenges and the outcomes our systems are expected to produce, our systems must change to keep up.

It is often stated that communities always ask our agencies to provide more services for less money. But it might be more productive to say that what people want is better services at a reasonable cost. And it is the system's job not only to make these services available, but also to provide the most efficient and effective way of connecting people needing assistance with the services most likely to produce good results.

Patricia Miles, a leading national human services consultant, puts it this way: "The central task of an effective system of care is to get the right help to the right people at the right time for the right price, so we can produce the outcomes desired by the community and deserved by our system's customers."

This is no easy task. Which are the best services? How can we be sure which kind of help will be most effective with a given person or family? What should good services cost? How can we tell whether we are doing what we said we would do and whether it is helping? How do we deal with funding sources that require actions that may no longer be clinically sound or operationally efficient?

Despite these challenges, the demands, expectations and needs are there and must be dealt with: in the changing social and cultural environment in our communities, in the regulatory, political, legal and economic requirements, in the rise of research-informed service approaches, and in the continuing evolution of the consumer movement.

As a result, change is needed to accomplish a wide range of goals. Rebecca Proehl (2001) lists seven reasons why change in human service systems is essential:

1. To increase quality and client value,

2. To decrease the cost of internal coordination and management,

3. To introduce innovations more efficiently and effectively,

4. To reduce response time when clients present with acute needs,

5. To motivate staff to contribute wholeheartedly to the effort to assist children and families with complex and enduring needs,

6. To manage change at a faster rate as our agencies adapt to continually changing community needs; and

7. To demonstrate worth and effectiveness so that the public will value and support the work that we do.

Keys to Effective Change

After examining studies of system change efforts in several contexts, Nicole Allen and her colleagues found that to be successful, the staff expected to implement an innovation in human services need to know how the innovation works, understand why it works that way, and be taught the core skills required to use the innovation in daily practice.

To make that happen, Allen's group identified five key management inputs that are required for the successful introduction of an innovation into a human service system:

1. Incentives for implementation

2. Disincentives for failure to implement

3. Removal of barriers to implementation

4. Provision of resources to support the use of the innovation, and

5. Meaningful support from leadership.

Even when staff agree that an innovation is important and needed, the natural resistance to change in human service agencies (and most other organizations as well) will impede adoption, unless this full range of elements is present.

These principles help to illustrate the depth and range of change necessary to fully implement wraparound. Since wraparound includes a cluster of innovations that operate at not only the practice level, but also at the levels of program management, inter-agency coordination and community involvement, adopting this approach over the course of a change process implies a commitment to a large-scale transformation of the entire human services network.

At the *practice level* line staff in all participating agencies need to know how to use a strengths-based and family-centered approach in their overall work, so that enrollment in wraparound is not considered an aberration, but rather a specialized aspect of how services are delivered generally. The first challenge is for each agency to define this practice approach with enough clarity that line staff, supervisors and managers can tell when it is occurring and when it isn't, and figure out how to help it happen more often. Only then can realistic incentives, disincentives, and sup-

port be offered.

Spanning the *practice, program, interagency and community levels*, a key skill in the wraparound approach is convening and coordinating the family team planning process. Not only do the people who are designated as family team facilitators need to know how to coordinate teams and help those teams develop and implement integrated plans of care, but people from the various systems who may be asked to join family teams must know enough about the process to be effective participants. Only then can supervisors and managers provide the guidance and reinforcement needed to ensure consistent and effective adoption of the wraparound approach. Parallel skills for encouraging family involvement and voice have to be gained by the people who are selected to be family partners.

> *Wraparound recognizes that no service system can be effective unless it is grounded in, reflective of, and has the full participation of the community it is designed to serve.*

At the *program level*, using wraparound means redefining the role of the various agencies that participate in the integrated services. This is a more abstract innovation, but important. Staff should know how the work their agency does fits into the overall pattern of effort of the community's system of care, and should have the skills and understanding needed to insure a balanced and effective response, regardless of the portal through which a child and family come to a given agency's attention. From the management perspective, the question becomes, How do we help staff acquire this knowledge and understanding, reward those who gain and use a more integrated approach to their work, and remove barriers to collaboration that line staff may not have the leverage to overcome?

At the *interagency level*, wraparound requires the development of explicit collaborative protocols to guide the operation of the integrated system of care, the maintenance of ongoing communication and quality improvement to insure the effectiveness of the assistance being offered to children and families with complex needs, and the development of a boundary-spanning infrastructure to support large-scale implementation, funding and data-tracking for the system of care. The managers and administrators participating in the various interagency teams and committees required for wraparound to operate effectively must have the knowledge, understanding and skills needed to recognize and resolve the complex political, economic and technical issues that will confound efforts at integration; and they must have the support of their boards and leaders needed to push through these barriers.

At the *community level*, wraparound recognizes that no service system can be effective unless it is grounded in, reflective of, and has the full participation of the community it is designed to serve. Implementing this principle is more difficult than stating it. The community team, which is the anchor of wraparound, requires structure, support and purpose if it is to have the energy needed to make the system of care a reality. The project coordinator selected to guide the wraparound implementation process plays an important role here, and must have the knowledge, skills and understanding needed to bring a diverse group together, motivate their participation, facilitate their agreement on common goals, and help them manage the conflicts that are natural to a collaborative process. But the coordinator isn't the only one who needs administrative support. Every agency representative who sits on the community team, and every consumer advocate and community stakeholder who is named to the community team, must understand the team's purpose and operations, and have the necessary backing and authority to participate wholeheartedly in the process.

Combining these elements, the accompanying box (next page) presents 10 questions for a steering committee or community team overseeing wraparound implementation to consider.

Ten Questions: Implementing Systems Change via Wraparound

1. *How well has the mission for the wraparound effort been clarified?*

2. *What are the specific outcomes that you hope to accomplish by implementing the wraparound approach?*

3. *What are the core values on which you hope to build your integrated system of care?*

4. *In what ways have you incorporated the perspectives of the various types and levels of agencies and stakeholders who will be a part of the wraparound process?*

5. *How has top management's understanding, support and guidance for the project been elicited?*

6. *How central is line staff empowerment to the change process?*

7. *How has family voice and participation been maintained as a focus in the planning process?*

8. *Have all necessary agencies and stakeholders been included in the process?*

9. *How have the information technology requirements of the new model been addressed?*

10. *Who are the leaders for the project, and do they represent the agencies and stakeholders who are needed for successful implementation?*

Adapted from Proehl,(2001) p. 25

Theories of System Change

There are many theories of system change, but they all have two common components: explaining why bringing about structured change is so hard, and what to do about it. The core framework for analyzing the change process was developed by Kurt Lewin in the late 1940's and was expanded and built upon by later theorists such as Edgar Schein. Organizations (or systems) go through three stages in any change process: *unfreezing* the current state, which leaves the organization open to change; *transition*, in which the organization develops and begins to incorporate new processes, structures and beliefs; and *refreezing*, in which the organization internalizes the changes and returns to a stable state.

The driving force behind the change process is "disconfirming information"—data from any of a variety of formal and informal sources that indicates that the organization as currently configured is not well adapted to the challenges and opportunities in the environment in which it is located. Strongly disconfirming information will imply that there is a risk to the survival of the organization.

In the case of changes in systems of care for children and families, disconfirming information might take the form of a growing number of children placed out of the home for extended periods of time without resolution of the issues of permanency, safety and well-being. In some cases, disconfirming information comes in the form of lawsuits for failure to take adequate care of children under the custody or supervision of one or more of the agencies. Disconfirming information can be presented through headline cases that overwhelm the rest of what the system is accomplishing, or through an ongoing accumulation of smaller items that gradually convey the sense that the system should be going in a better direction.

The receipt of disconfirming information cues survival anxiety, which motivates change: "If we don't do something different, we may go out of business." However, as the members of the organization begin to think through the challenges involved in doing things differently, the thought of change makes them more and more nervous and resistant: "But doing it differently will be hard, and might not work anyway." The stronger the threat contained in the disconfirming information, the greater the survival anxiety. But the greater the survival anxiety, the greater need for change and so the greater the learning anxiety. This produces a further increase in resistance, which causes the operations of the organization to further deteriorate, and results in more disconfirming information. (See Figure 1.)

The answer is not to eliminate disconfirming information—because then there will be no motivation to change. Instead leaders and change agents must create a situation in which survival

Figure 1. Negative Reinforcement Cycle Created by Disconfirming Information
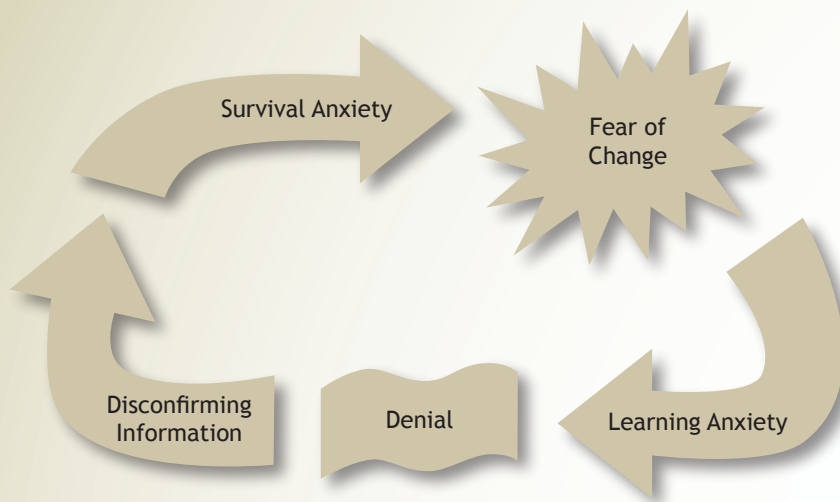
anxiety exceeds learning anxiety. Simply increasing survival anxiety won't work because learning anxiety will rise along with it. Instead, successful strategies maintain an appropriate level of survival anxiety while using a variety of techniques to lower learning anxiety.

Schein identifies eight options for creating enough psychological safety to open organizations to change. This list is an adaptation of the eight options:

1. Creating a compelling positive vision,

2. Providing useful and functional formal training,

3. Encouraging ongoing involvement of the people who are expected to change,

4. Providing opportunities for the whole group to practice doing things differently,

5. Creating practice fields, coaches and feedback that encourage staff to develop the skills needed for the change process,

6. Providing positive role models so that staff can see how it looks to use the proposed innovations,

7. Establishing structured support groups that help staff work through the stress of change, and

8. Designing consistent systems and struc-

tures that support the use of the new approach.

Having observed many unsuccessful attempts at organizational change, Schein counsels leaders and change agents to avoid sending double messages. Frequently, overt change efforts are undermined by covert messages that discourage change. Staff members are sent to workshops where they are instructed on methods for doing things differently, but when they return to the office the negative responses of managers and administrators to their attempts to implement these innovations quickly convey the message that that is not the way things will be done. He states the problem this way:

What often goes wrong in organizational change programs is that we manipulate some assumptions while leaving others untouched. We create tasks that are group tasks, but leave the reward system, the control system, the accountability system and the career system alone. If these other systems are built on individualistic assumptions, leaders should not be surprised to discover that teamwork is undermined and subverted. (p. 141-142)

Planning for Change

These theories of organizational change help to inform the efforts of leaders and change agents, but generally operate in the background. The overt aspect of the change process is the development of a *strategic plan* to get from the way things are to the way things should be.

System change plans usually have three basic elements:

- A description of the *base state* of the system—how things stand now, what's working and what's needed;

- A description of the *end state*—how the change team wants things to be, what the system will look like when it is operating the way it should; and,

- A description of the *transition state*—what will be going on as the agencies and people involved help move things from the base state to the end state.

Although system change planning processes are usually laid out as linear steps, in reality this planning is highly circular with each of the parts informed by, and informing the others. Schein uses the accompanying figure to express this more complex relationship. (See Figure 2.)

When members of a community's system of care decide to use a wraparound grant as a way to improve the help they are providing for children and families, the RFP issued by the state, while requiring detailed information, still provides a template that can be completed relatively easily. The danger is focusing too narrowly on producing a good grant proposal, while exploring insufficiently the underlying need for change that is the driving force behind the decision to seek this type of support, the nature of the change that is desired, and the means by which the wraparound grant will help to bring about this transformation.
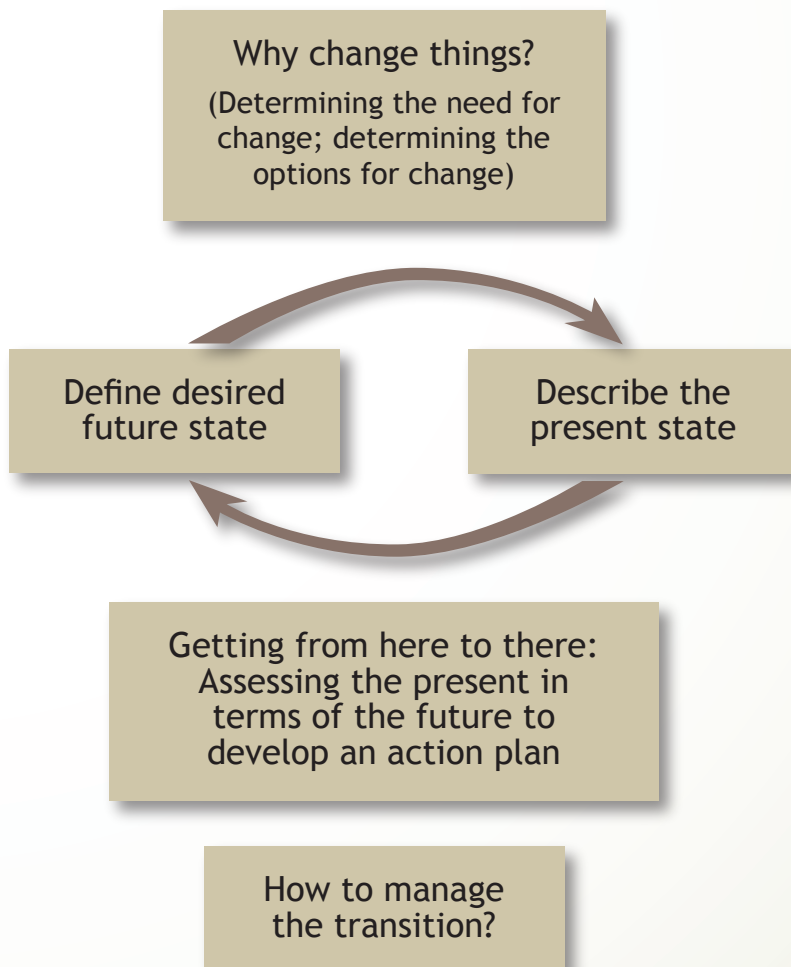
There is no magic to conducting this planning process. The right people need to be at the table, they need accurate data describing the current state of the system of care, they must have the motivation and freedom to creatively examine a variety of potential future states, and a sufficient number of the participants have to be willing to push the group to accomplish meaningful change.

Instilling and maintaining this pressure for transformation is not a mechanical operation. There is a tendency to think of system change planning as a highly strategic and structured process, but good plans for real change are built on passion and vision. Without this inspiration the process quickly becomes stale and predictable.

Kotter and Cohen (2002) put it this way:

> Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings. Both thinking and feeling are essential, both are found in successful organizations, but the heart of change is in our emotions. The flow of see-feel-change is more powerful than that of analysis-think-change. These distinctions between seeing and analysis, between feeling and thinking, are critical because, for the most part, we use the latter much more frequently, competently, and comfortably than the "former." (p. 3)

Figure 2. A Planning Framework

Why change things?
(Determining the need for change; determining the options for change)

Define desired future state

Describe the present state

Getting from here to there: Assessing the present in terms of the future to develop an action plan

How to manage the transition?

Stepping-Stones to Change

Assuming you have a vision for how you want to make things better, and the passion to make your vision a reality, what should you do?

Proehl (2001) describes eight elements for a successful change process in a human services system. The following list is an adaptation of Proehl's:

1. *Create a sense of urgency.* Nothing will happen unless a sufficient number of people feel that change must happen to insure survival. What are the internal and external drivers for change? What choices exist regarding the decision to change? What are the political constraints affecting this change project? What steps will be taken to create the urgency?

2. *Build a coalition for change.* Nothing will happen unless a group of motivated and empowered people works together to produce change. Who are the system members who have the credibility, power, and interest to support the change? What steps must be taken to build a team to guide the effort? What strategies will be taken to build broad-based support?

3. *Clarify the change imperative.* Nothing will happen unless it's clear not only why change is necessary, but also what that change should look like. What are the problems being addressed? What is the vision for the change and outcomes anticipated? What resources will be needed? How will legitimacy be established for the coalition team? How will the vision be communicated?

4. *Assess the present.* Reliable and sustainable change to a future state will not occur unless it is built on a thorough understanding of the present state. What are the present obstacles to change? What are the strengths? What data exist regarding the proposed change? How ready is the system for change?

5. *Develop a plan for change.* We need to know who's going to do what, when its going to happen, how they're going to get it done, and how we're going to know whether or not it's happened and whether or not it's helped. What level of planning is appropriate? What strategies must be taken to help the organization achieve the vision? What activities will be taken to accomplish the strategies? What short-term gains will be generated?

6. *Deal with the human factors.* The best plan in the world is likely to collapse unless the folks who are supposed to carry out the plan are on board and ready to go. What actions will be taken to deal with communication, resistance, and involvement? What new skills, knowledge and attitudes are needed to make the change? What incentives have been created to encourage system members to change?

7. *Act quickly and revise frequently.* The window for creating and anchoring change is often a short one. What immediate actions can be taken? What is the timetable for the change? Who will be involved in the change activities? How will the change be monitored? How will the change be institutionalized?

8. *Evaluate and celebrate the change.* If you get this far, bask in the moment. How will organization members know if the goals have been achieved? How will they celebrate their accomplishments? What rewards, if any, will there be?

Each of these eight steps can be applied to the process of implementing wraparound. The next series of sections presents some ideas and examples of how.

1. Create Urgency

Urgency is created by an effective combination of bad news and good news. For example, the bad news might be disconfirming information that the county human services department did poorly on its quality service review (QSR). The good news would be that many communities that have adopted wraparound on a large scale have seen a significant improvement in their QSR results. The urgency behind the change effort must be clearly and consistently communicated to agency mem-

Five Elements for Successful Change in Teams

1. *The team must consist of members who have functional representation across departments, who are open-minded and highly motivated, and who represent the end users.* They also need position power, and expertise in their areas and credibility.

2. *A skilled team leader in a position of authority is key.* Although the team needs performance goals to have the direction and drive to get things done, it also needs someone at the helm who is skilled at group facilitation and who understands the nature and needs of the team.

3. *The team must have both the authority and the accountability to accomplish its task.* Many teams with good ideas flounder because no one on the team has the power to put those ideas into action.

4. *There must be upper-level management and support and involvement as well as adequate resources for the team.* Examples of resources for the team might include providing adequate release time, including direct supervisors of team members, identifying sponsors in upper-management ranks who are committed to the change effort, and providing budgetary and operational support for the team.

5. *Adequate internal and external communication systems must exist.* The team members have to be able to quickly share information with one another, and to get their message out to everyone else who will be affected by the change process.

Adapted from Proehl (2001), p. 129

pressing upon our community? What dire consequences will ensue if the change doesn't happen? What wonderful opportunities will emerge if it does?

2. Build Coalitions

System change is a team sport. Successful change teams need the right personnel, equipment and skills. Teams are not just groups of people working at a shared task. To be a real team, Katzenbach and Smith (2003) have posited that it must be:

> A small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they are mutually accountable." (p. 268)

When asked what was the most important determinant of team performance, Katzenbach and Smith stated that while the role of the leader is important, "having a specific performance goal that is clear and compelling to all team members" is critical to successful team efforts.

The performance challenge and goal is different from the disconfirming information and positive vision that inspires urgency. It must be outcome-based and measurable. For example, disconfirming information might show an alarming increase in the number of families opened for formal child welfare services and a lack of any alternative response options. An outcome based goal might be "reducing the number of families being opened for formal child welfare services by 50% within 12 months, without an increase in the number of children reported as having been abused or neglected following initial system contact." Process-based goals can be measurable, but lack the same connection to the motivation for change. For example, "a minimum of 50 families will have family teams within 12 months." Having family teams may be a means, but keeping kids safe and at home is the end.

Proehl elaborates on the foundation established by Katzenbach and Smith by identifying five elements for successful change teams in human service systems (see accompanying box on this page).

After the change team develops and imple-

bers and community stakeholders to build sufficient motivation for action. Why is it important to improve our county's QSR? Why is this more important than many of the other issues that are

ments the plan for system change, the group (or at least some of its members) will evolve into the wraparound community team, charged with ongoing management of the integrated system of services and support. The community team is likely to have a larger membership in order to have sufficient representation and diversity. However, it is critical that the change team convey its sense of urgency, vision and performance goals to the new members of the ongoing community team.

3. Clarify the Change Imperative

In order to convey its message to other people, every member of the change team must understand and be able to explain to others what the team is doing, why it's doing it, its authority for undertaking the project and the outcomes that the team is seeking. When the change team becomes the community team this statement of purpose will be documented in the interagency agreement that is described in detail in other portions of this chapter.

The critical point here is that the interagency agreement must reflect the passion and decisions of the change team and community team, and not be created simply because a grant's RFP or a state statute requires one.

4. Assess the Present

It's hard to get to where you want to go if you don't know from where you're starting. The disconfirming information that contributes to the sense of urgency is not the same as developing a clear understanding of the system's current context, strengths and needs. The change team should use data-gathering tools appropriate to the size and needs of its particular community (i.e., individual interviews, focus groups, record reviews and surveys) to paint a holistic picture of how the system is working at present. This assessment should provide both quantitative (Who's served, how long are they in the system, how are they helped, what happens to them?) and qualitative information (What do staff, stakeholders and consumers like about the current system, what would they like to see different, where do staff and families feel empowered, where do they feel frustrated?) for the baseline.

This assessment should also convey a sense of the system's culture (How do things get done most effectively: formally, informally, collegially, or hierarchically?) and readiness (Who's on board, who has the flexibility and capability to start doing things differently?).

No system is going to be perfectly ready, willing and able to start a change process—if it were, the process wouldn't be needed. Therefore, the assessment of the present isn't about what's wrong, or what's right, but simply what is. That way a realistic plan for change can be constructed.

5. Develop a Plan

At this point you should know why you want things to be different and who will be working together to make change happen, and you should have clarified the change imperative and gained a better idea of what you have to work with. Now it's time to figure out what you're going to do and how you're going to get it done.

One of the characteristics of most system change plans is that they themselves change frequently. Teams almost never do everything they have in their plans just the way that the plans say it should be done. So why plan? Because having a good plan gives you the foundation and flexibility to adapt to changing circumstances and continually incorporate what you are learning as you put the existing plan into effect.

Once the plan is implemented, one major key to success is tracking and celebrating the short term wins. A family team comes up with a delightful innovation that helps a child return home; a

provider agency restructures its personnel roster so that staff have greater freedom to respond creatively to individual family needs; two crusty managers who never got along before suddenly find a point of common ground and their two systems take a major step forward; an unexpected stakeholder joins the community team and brings new life and ideas to the effort. This is the nature of change, and every time something like this happens, the change plan will evolve.

Despite its likelihood of changing frequently, the change plan should be as specific as possible about what sorts of changes are being proposed and where the changes will take place. The domains of change are not infinite. Essentially the change team should look at potential changes in several areas. This list is adapted from Grailer (1996):

- The way the integrated system of care will be governed, including the mandate and authority of the Community Team;

- The way the services and supports delivered through the wraparound process will be staffed and funded;

- The nature and extent of interagency collaboration that will occur in the system of care (for example, will the system of care use parallel planning among the participating agencies, shared planning or integrated planning?);

- How the day-to-day operations of the system of care will be managed and tracked, and how accountability for achieving process and outcome goals will be insured;

- How plans of care for enrolled families will be developed, implemented and how the outcomes achieved will be monitored;

- How child and family access, voice and ownership in both individual plans of care and in the overall operations of the system of care will be insured;

- How outcomes will be measured and the tools that will be used to support ongoing quality improvement;

- What training and support will be provided for family members, family team facilitators, service providers, community stakeholders, supervisors and managers, and community team members?[1]

6. Deal with the Human Factors

Having a well-constructed change plan is good. Having folks willing to implement the plan is priceless.

Earlier in this chapter we looked at the how disconfirming information generates resistance by creating secondary learning anxiety. In the same way, just because the change team comes up with a great plan doesn't mean that everyone will be excited about putting it into action. Timothy Galpin wrote a book on this issue and what do about it.[10] He broke the kind of resistance change teams experience when they introduce an innovation into three categories: (1) people who don't know about the innovation, (2) people who know about it, but aren't able to implement it, and (3) people who know about it and are able to implement it, but don't want to.

Analyzing the reasons for resistance this way helps the change team develop appropriate strategies for supporting adoption of the innovation. People in the first category (not knowing) can be brought on board by communicating the basic elements of the change plan to them, including the reason for the sense of urgency and the strategies for dealing with the problem that the team has come up with so far. In addition, these folks may become hidden resources once they hear about the change process and get involved in the effort. Many people in this first category aren't resistant—they just feel left out.

Folks in the second category (not able) can be helped with formal training, but usually they pick up needed skills best by watching other people. Get them on some family teams so they can see how wraparound works. When any of us are faced with doing something we don't feel we are competent to do, we get anxious. Provide some support

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1. The organizational domains used in this framework are adapted from an unpublished protocol for assessing systems of care developed by Community Care Systems, Inc, One Sherman Terrace, Madison, WI 53704, and shared with the author by Jodee Grailer. For more information on Community Care Systems, please visit their website at http://communitycaresys.com.

and encouragement to help them progress. This is the spot where Schein's eight tools for overcoming learning anxiety are put into action.

Individuals in the third category (not willing), present both a challenge and an opportunity. As knowing and able resisters, they may have a different perspective about what the change team is trying to accomplish that will help make the plan better. The key is to take the time to get to know them so you can understand why they are opposed to the change plan. The reasons can be personal: ("I'm 62 years old and have been through more organizational changes than I can count and I just don't have the energy to go through this one more time.") They can be practical: ("I know you think you have a good plan for integrating services, but I don't think you've looked closely enough at the needs of schools under all the federal and state mandates.") They can be based on principle: ("Yeah, collaboration is all the rage, but in my experience it just means that service providers spend even more time talking with one another and filling out paperwork, and even less time with the children and families who need help.")

> *Don't take on the most difficult component of change first. As many consultants counsel, pick the low hanging fruit.*

Of course they may also just be ornery and negative and not want to cooperate, but most of the time, third category resisters have important stories to tell. Once they have a chance to be heard, and see themselves as being understood, they may be more willing to talk through the issues that concern them and in this way help you either improve the plan itself, or the way in which you are communicating the elements of the plan.

7. Act Quickly and Revise Frequently

Change teams and community teams are at risk of planning to infinity. This is a subtle form of internal resistance. The way to overcome it is to get out and start doing something. In human services, incremental change is often the best way to make progress. This means that the plan should have manageable segments. Don't take on the most difficult component of change first. As many consultants counsel, pick the low hanging fruit. Also since all the parts of a system are interconnected, you are likely to find that when you make a change in one element, the configuration of the other elements will change, thus requiring an adjustment in the overall plan.

At a minimum, try to spend more time doing than planning. So, if you set a one-year timeline for your rollout, shoot for five months planning and seven months of early implementation.

The following hypothetical scenario is presented to illustrate how a systems change effort in the context of rolling out wraparound might look. It is not intended to demonstrate a typical wraparound model. Instead some unusual aspects are added to let local change teams know that while the principles of wraparound are a constant, there are many ways to put them into practice. After a short overview to provide a background for the scenario, the nature of the system changes the team came up with are broken down into the operational domains listed above.

Kenyon County decided to implement wraparound as an alternative response to support families at risk of disruption and keep them out of formal child welfare or juvenile justice services, or at least reduce their formal involvement to the shortest time possible. An analysis of the families currently open to those two systems revealed at least 50 who probably wouldn't have needed petitions if a family team and flexible resources had been available. About half of the children in those families presented with emotional or behavioral challenges sufficient to obtain a DSM diagnosis. Five of the children had severe emotional or behavioral disorders, and about 60% were in special education. Thirty percent of the parents or primary caregivers were receiving adult services through county mental health, substance abuse, W-2, or developmental disabilities. ten of the children were placed outside the home by court order, either with relatives who were not candidates to become primary caregivers, or in foster care.

A small workgroup was assembled to develop the wraparound implementation plan and Apollina Smith, the retired former DHS director, agreed to chair it. The workgroup included managers from child welfare, juvenile justice mental health, substance abuse and developmental disabilities, the executive directors of two of the main private providers serving the county, the special ed director from the largest district, two parents whose

children had been served through the county's intensive in-home treatment program, an attorney who often served as a guardian ad litem, and the juvenile court judge's intake worker.

The group decided to develop a short, universal screening tool that could be used at the gateways of any of the agencies or school offices that might be points of first contact for families at risk of disruption. When the results indicated that the families might benefit from enrolling in wraparound, first contact personnel would be trained to explain the wraparound system and offer to have the wraparound project coordinator and the lead family partner contact the family to explain it further.

If the family chose to enroll after meeting with the two wraparound representatives, the family partner and coordinator would help them complete the necessary paperwork, arrange to address any immediate needs and assign a person to begin facilitating the family team process. The plans of care developed by the teams would include budgets for both formal and informal services, and indicate the appropriate funding streams for supporting the formal services. The budget for informal services would capture the in-kind and voluntary assistance included in the plan. The workgroup decided to have all the participating county agencies contribute a monthly micro-tithe (1% of their current out-of-home care budgets) to form a risk pool to cover services and supports that could not be paid for through other means. In addition the participating agencies agreed to share the cost of developing a network of family team facilitators and family partners who would be available as needed to support wraparound families.

A Community Team would be formed to develop and support the network, manage the funding stream for paying them, track process and outcome data, and review the requests for flexible funding when the amounts were more than $50 per month for a given family. When family team facilitators were already full time employees in county or private agency positions, some of the funding would be used to pay for their release time from their regular job. When facilitators came from other backgrounds, and for family partners, the funding would provide a stipend for their efforts.

The workgroup decided that since their long-term goal was to have the majority of enrolled families not be open to the formal services systems, they would not develop a single plan of care linking the family team's plan with the dispositional plans in child welfare and juvenile justice. Until families were able to step out of formal services, the wraparound plan would run parallel to the formal service plans. Similarly, the schools didn't want to combine their IEPs with the wraparound plans because they didn't want to be obligated to pay for anything contained in them. However, they were willing to try to schedule IEP meetings immediately after or before wraparound meetings whenever possible to improve

coordination of planning.

With this overview of their vision in mind, here are some of the system change elements they began putting into action:

Governance. *Formerly, any in-home teams operated as resources to either child welfare or juvenile justice. The new system would create a shared network of family team facilitators and family partners managed by the community team who could serve families that were not open to any system, as well as those open to any of the formal systems.*

Funding. *Formerly, the only flexible funding was in the intensive in-home program, which only served children with severe emotional disorders who were at risk of placement in residential treatment centers. The new system would build a relatively small pool of flex funds but also create mechanisms that would make it easier to access existing funding streams for formal services without having to file a petition in juvenile court.*

Interagency Collaboration. *Formerly, interagency collaboration only focused on deep-end children, everything else was ad hoc. Under the new system, collaboration would be moved to the front-end through the use of common screening criteria, equal access to the family team network, and shared supervision of the network and the flex funds.*

System management and accountability. *Formerly, system management remained in each of the county service silos. Under the new system, a project coordinator and lead family partner hired and supervised by the community team would manage the family team network for the use of all participating agencies.*

Care planning and service delivery. *Formerly,*

care planning for all children and families open to the formal systems was the responsibility of case managers in those systems. Even in the intensive in-home program, the care coordinator's function was often subordinate to the responsibilities of the assigned case manager. Care planning was primarily focused on fitting children and families into available service slots. Under the new system, families enrolled in wraparound would have strength-based, family-centered planning, and the workgroup also decided to roll out a consistent model of family-centered planning in the formal service systems on a parallel change track. Service access for wraparound would be plan driven and the emphasis would be on fitting services to the family, rather than the other way around.

Child and family advocacy. *Formerly, child and family voice was provided either through self-advocacy or through formal advocates such as defense counsel, guardians ad litem and CASAs (court-appointed special advocates). Only families in wraparound had access to family partners. Under the new system, the network of family partners would be joined with the new network of volunteer family team facilitators to insure that voice and advocacy were intrinsic to the design.*

Information management, outcome measurement and quality improvement. *Formerly, the various public agencies collected voluminous data, but had little meaningful and accessible information about what they were doing and the progress their families were making. No feedback system was in place that would allow line staff and supervisors rapid access to performance indicators so they could adjust their plans of care accordingly. No child or family satisfaction data was collected, except in the intensive in-home program. Under the new system, a few key points would be sampled out of the data stream for quick feedback, all tied to the primary goal of helping families live together safely and positively. Family partners would use a combination of 1:1 interviews, focus groups and surveys to get information about satisfaction. The community team would meet every other month as a quality circle to review the process and outcome information and brainstorm options for improvement. The information management system for the network*

would be built on a simple and straightforward, password protected, web-based data management application.

Training and support. Formerly, ongoing training on family team facilitation was limited to the staff that worked full time as intensive in-home care coordinators. They received supervision, training and support through their manager and supervisor at the contract agency providing this service.

Since the new system was going to use a large cohort of facilitators and family partners, each of whom might only be supporting one or at most two families, and who might be working at any of a number of jobs throughout the community, a new training and support system was needed. The work group decided to operate the same way as a CASA program. People volunteering to become facilitators and partners would first go through a 40-hour curriculum. They would start with two days of training on wraparound, and then receive additional instruction through a combination of on-line courses and 2-3 hour workshops by a variety of instructors. Upon successful completion of the curriculum they would be certified in the role they had chosen and go on the list for appointment. Monthly social gatherings would be arranged by the project coordinator and would be open to all of the network members. An annual refresher curriculum would be required to remain in the network. The project coordinator and lead parent partner would be available for 1:1 support at any time.

Implementation timeline. The hypothesis underlying the workgroup's vision was that by teaching a large group of people how to be facilitators and family partners, they would accomplish several goal. First, the concepts of strength-based, family-centered support would be dispersed throughout the community. Second, enrolled families would be more open to participation since the teams weren't managed by people who had power over them because of their position. Third, bringing the community in would provide a fresh perspectives both to the service agencies and to the community.

But that was a long-term vision. After receiving the okay from the county board and hiring the project coordinator, they started by recruiting a small cohort of four volunteer facilitators and four people who wanted to be family partners. They tried out a variety of training materials with them in weekly sessions. The new facilitators and family partners shadowed the care coordinators and partners in the wraparound unit. At the same time the implementation team was testing out the screening tool and training the front-end contact staff on how to use it. For their first enrolled families they doubled up the facilitators and family partners. Only after they learned what worked and didn't work with this group did they develop a more structured curriculum and recruit a second cohort. That group began working both with families new to the system (and served informally from the start) and families that were open to child welfare and juvenile justice at the time of referral (with a goal of closing formal supervision as quickly as possible).

It took the work group four months to come up with their design. Startup took another four months after the project coordinator was hired. The first two families were enrolled a month later. The second group of families started with the project four months after that. After 18 months nine families were enrolled and four more had transitioned out. With that foundation, the larger effort was ready to go.

8. Evaluate and Celebrate the Change

To endure, change not only has to produce positive results, the participants in the change process also have to feel like they've done something valuable and worthwhile. Collecting good

data about process and outcomes takes care of the first part, having events and rewards to acknowledge accomplishments as they occur deals with the second.

Three kinds of information help document results: quantitative, qualitative and narrative.

Quantitative data consists of the hard numbers that measure what you're doing, who you're helping, what's happening with them and what you're spending in the process. Using the Kenyon County example, quantitative data would tell you when the screening tool was put in place, how many families were screened, where the screenings occurred, how many families were identified as ones who might be helped through wraparound, how many choose to enroll, how many facilitators and partners completed their training, how long the families were enrolled, the nature and cost of the formal and informal support they received, the percentage of children who stayed with their parents or primary caregivers, how they did in school, how many subsequent abuse reports occurred, and so forth.

Qualitative data would describe how the families and children felt about the help they were getting, their suggestions for making it better, how the new facilitators and family partners felt about it and their suggestions, likewise for the schools and agencies that served as enrollment portals for the families, and other stakeholders.

Narrative data would include stories about how things got started with the project, about what some of the big needs of the enrolled families were and how the teams developed plans for addressing those needs, how the community team was formed and its ups and downs and achievements.

You need hard data to demonstrate your project's effectiveness, qualitative data to show that it is valued, and narrative data so that people will understand and remember what you've accomplished.

Celebrations don't have to be big occasions with cakes, decorated rooms and door prizes. They can be ad hoc recognitions, spontaneous happy dances, unexpected gifts, and meeting for a cold drink and hot wings after work. The important thing is to mark each milestone and pay attention to each positive step.

Leading Change

Successful change in human services requires both good leadership and good management. Leadership brings hope, direction, passion and cohesion to group efforts. Leaders help their teams dream the future and choose to make it real. Management takes care of nuts and bolts like budgets, staffing, planning, organizing and problem solving. Managers make the future work.

Most people have a little bit of leader and a little bit of manager in them. The trick is to know when to use which characteristic, and how to balance leadership and management skills in a collaborative team. Most of the concepts that are discussed in this chapter are framed in a manager's rather than a leader's vocabulary. Bullet points, work plans, measurable objectives, preliminary assessments and interagency agreements are the tools managers use to keep the project rolling along. It's harder to describe the tools leaders use.

Craig Hickman, in his book *Mind of a Manager, Soul of a Leader* (1992) tries to capture the distinction. Managers, he says, like to use MBO (management by objectives) by setting goals and measuring progress toward them. Leaders like to use MBWA (management by walking around). They prefer to "establish a common purpose or philosophy and then stay in touch with people throughout the organization to make sure they work in sync with that guiding purpose."

His point is that good organizations combine both elements. If everyone tries to be the leader, not much work is going to get done. If everyone tries to be a manager, the organization will stagnate.

> *Leadership brings hope, direction, passion and cohesion to group efforts. Leaders help their teams dream the future and choose to make it real.*

However, as they are managing by walking around, leaders can have a profound influence on the change process through the use of a variety of subtle tools (adapted from Schein, 1992)

- Language
- Reaction to crises
- Attention and recognition
- Shared learning experiences
- Allocation of rewards
- Consistency and repetition
- Framing
- Criteria for selection and dismissal

Language

The words leaders use to talk about proposed innovations, even the nonverbals that accompany discussions of those innovations, will tell staff what the leader really thinks about it. Language undermining an innovation can be overt: "They've come up with another stupid idea to make our lives miserable, but if we want to keep our jobs we've got to give it a try." But it can also be covert: "Okay, I need some volunteers for this team thing."

Reaction to Crises

Crises occur when the existing operational strategies of an agency don't match well with a challenge that has been presented. When innovations are being introduced, they won't have the large number of associated "what-if" options that are gradually attached to more long-standing procedures through extended use in varying situations. So, when a crisis occurs in the context of an innovation like wraparound, the way the leader responds will tell a lot about the leader's commitment to change. In the Kenyon County example wraparound was used as an alternative to opening formal child welfare or juvenile justice cases. What happens when one of the enrolled families does something that must be reported as potential abuse or neglect? If the leader abandons or blames the innovation, that will be game-over for the staff.

On the other hand, if the leader acts coherently with the agency's values but looks for ways to continue to use the innovation effectively,

staff will be more likely to stick with it. "Safety is our number one objective, but it seems like we should have a better conversation with the family about our reporting requirements during the engagement phase. Let them know what the rules are, but also give them some control. When something is going on that they think we would be concerned about, let them make their own report or do one with us, and show them what will happen next and that the team will stick with them. We also have to look at our training. Facilitators and family partners shouldn't be surprised if a family that's been referred because of a risk for disruption has something like this go on."

Attention and Recognition

This is the leader's corollary to the last step in Proehl's organizational change process (evaluate and celebrate). If staff see that the leaders are paying attention to their attempts to use the new innovation and recognize the positive steps that are occurring, they will be more likely to keep trying. Recognition doesn't take a lot. "Jim, I heard that you and Carrie found a way to engage with that family out in Roxbury. That couldn't have been easy, but it's our first step forward with them in a long time. Good job. Let me know how it goes." One of the characteristics of wraparound is its emphasis on teamwork. This means that leaders should pay attention to and recognize as a group folks who have worked well together as teams, and not undermine them by giving recognition only to one team member.

Shared Learning Experiences

Innovations don't come out of the box fully developed and usable in any circumstance. They are basic ideas that have to be adjusted and adapted and filled out to make sense in a variety of circumstances. Leaders who sit down with staff, roll up their sleeves and say, "Let's figure out how we can make this work," instead of telling people what to do, or worse, abandoning the innovation, are sending multiple positive messages. First, we are an agency that values figuring things out and coming up with new ideas. Second, it's okay to not know what to do, but it's not okay to give up. Third, you are as likely or more likely than I am to come up with a good idea.

Allocation of Rewards

Rewards are a notch past recognition and include substantive tangible responses like promotions, bonuses and positively valued staffing assignments. In public agencies, leaders have limited ability to allocate tangible rewards, so when the opportunity does occur it is important to make sure that the decision is aligned with the values of the innovation that is being adopted.

Framing

Framing is how the leader conveys the meaning of a given event or situation. Is a crisis a learning opportunity or another example of the hopelessness of our efforts? Does our struggle with this family present a search to find the hidden unmet need, or demonstrate that there are some families you just can't help?

When a comprehensive innovation like wraparound is being introduced, it's important that leaders use wraparound principles to frame their examination of challenging situations. For example, a facilitator might come to the project coordinator and say, "I'm really having a tough time with the Jones family. Can you help me?" The leader might begin the response with a wraparound frame: "Sure. Could you start by filling me in a little? Where are you in the process, engagement, planning, implementation or transition?" (As opposed to a deficit-based frame: "What's wrong with those Joneses now? I swear that mother has more mental health problems than her daughter.")

Criteria for Selection and Dismissal

One might think that you could tell when the values and perspective of an innovation have moved to the core of an agency's culture when tag words for the innovation start appearing in the agency's job announcements. However, the real test is who actually gets hired, promoted and fired. The ad may say, "We are looking for social workers who emphasize a strength-based, family-centered approach in their practice," only because that's the current jargon the agency has adopted. What counts are the conversations in the hiring interviews, the hallway chats after someone's joined the staff, and the supervisory reviews during the probationary period.

Refreezing

The change process is complete when it disappears because the new innovation has been so thoroughly embedded in the cultures of the agencies in the system of care that it no longer stands out as anything special anyone is doing. It is just the way things are done.

In some ways implementing a new innovation is like planting a tree. You buy a healthy specimen, make sure the root ball is well wrapped, dig the right size hole, put good stuff in the hole to nurture the tree, fill the hole in and water the tree regularly, and wait. If the tree survives at some point it stops being the tree that has been transplanted into this spot and is the tree that grows there. The transition point is almost invisible, but after it happens you know things are different.

Levine and Mohr (1998) make this point with regard to organizational change. Their model is called Whole System Design. They take Lewin and Schein's three stages of change and divide them into six steps to better capture the shift that occurs during refreezing.

In *step one*, the organization is at stasis—sufficiently well adapted to the existing environment to keep survival anxiety at a minimum.

At *step two*, disconfirming information has begun coming in and survival anxiety has risen to the point where a lot of the operational aspects of the organization are being questioned. People are starting to look for alternative ways of doing things.

At *step three*, concerns have gotten so high that leadership has decided to redesign the organization in some way. During this stage a vision of the new model begins to form, often through the use of small-scale pilot projects that don't threaten the overall structure and culture of the organization.

At *step four*, a model for redesign has been selected, and this cues a sharp spike in learning anxiety throughout the members of the organization. Suddenly people are asking, "Where will my desk be if we make these changes?" Or even, "Will I still have a job under this new system?"

Many organizations dedicate a great deal of money and staff time to reach step four and then... just stop. They lack the energy to make it to *step*

five. Instead of refreezing around the innovation, the organization falls back to the structure it had at the outset and either marginalizes or discards the innovation.

However, if the roots of the transplanted tree find sufficient footing in the ground of the organization, step five occurs. Levine and Mohr call it "crossing the transition threshold." Something happens and the organization shifts from being the way it was, to the new way it is. Then comes the refreezing.

Step six is identical to step one, except that the new point of stasis includes the adoption of the innovation that has helped the organization improve its fit with the environment in which it is operating. Disconfirming information drops. Sooner or later the environment is going to change again, and the organization will once again find itself in a step two situation. But for now it will thrive. And when the next external change happens, the organization should have learned enough from this transformation experience to go into the next one with more confidence.

Conclusion

Wraparound offers a great opportunity for systems of care to acquire new tools and approaches for helping families. It is not a panacea, but it does provide a structured model for delivering strength-based, family-centered and collaborative care in a wide range of situations. Adopting the wraparound process means managing significant changes in the system of care. Understanding the dynamics of these changes can help those who are guiding the process create better implementation plans and deal more effectively with the bumps, roadblocks and distractions they will experience as they work through the stages of transformation. However, for the changes to take root, for the system to make it through the transition threshold, the understanding that the implementation team has of the mechanics of change must be matched or exceeded by their passion for the objectives of the change process. We don't use wraparound to become a better system of care; we use it so that children and families can have better lives.

Author

John Franz, a former school teacher and legal advocate for children and families, now works with communities and agencies around the United States, helping them develop more integrated, strength-based and family-centered systems of care.

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Family Voices Network of Erie County: One Community's Story of Implementing System Reform

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Our community has a rich tradition of providing resources to individuals and families in need. As our service infrastructure developed over the years, however, the service delivery model for families and children in need of behavioral health services resulted in restrictive and categorically funded programming. During the late 1990s and early 2000s, our county government went through a period of innovation, which, in hindsight, we consider the beginning of the implementation of a new way of doing business with youth and families requiring mental health services. Through collaboration with our system and community partners, we have implemented a culturally competent wraparound service delivery model within and across our county's child-serving systems of care for children by infusing values and principles of strength-based assessments, individualized service planning, increased use of natural supports, and partnerships with families and youth at all levels. The effective use of practice and outcome data has been a key ingredient in our system reform efforts.

This chapter describes our community's journey toward implementation of wraparound and system of care, and the role that the use of data has played in that journey. According to the National Implementation Research Network (NIRN), "Implementation is defined as a specified set of activities designed to put into practice an activity or program of known dimensions" (NIRN, 2009). Our community's experience in implementing system reform efforts can best be described using the six stages of implementation as described by NIRN. These are: 1. *Exploration and Adoption*, 2. *Program Installation*, 3. *Initial Implementation*, 4. *Full Operation*, 5. *Innovation*, and 6. *Sustainability*.

The Resource Guide to Wraparound

I. Exploration and Adoption

Erie County is a mixed urban, suburban and rural area in western New York State with a population of approximately 950,000. It includes Buffalo, the second largest city in the state, with a population of nearly 260,000. According to U.S. Census figures, Buffalo is the third largest poor city in the nation, behind Detroit and Cleveland. In 2007, 28.7% of the city population was living in poverty, including 39% of children. A number of factors set the stage for our community's development and expansion of reform efforts for our system of care for children with serious emotional or behavioral health conditions and their families.

A Blueprint for Change

A Blueprint for Change initiative by county government in 2000 changed the mindset of human services delivery. The county executive, elected on a mandate for change, sought to make organizational and service delivery improvements that would result in more cost-effective, integrated, and outcome-based services to children and families. As a result, joint demonstration projects across mental health, juvenile justice and child welfare services were implemented to provide limited flexible wraparound services to children at high risk for out-of-home placement. A pilot model that used blended funding through New York State Office of Mental Health for high-need children culminated in the creation of a "Single Point of Accountability" (SPOA), simplifying the referral process.

Systems Collaboration

A needs assessment conducted with 134 direct service providers, and 32 parents found that children with serious emotional or behavioral conditions who had similar needs and challenges were represented across all child-serving systems (Kernan, Griswold, & Wagner, 2003). Data was collected about youth receiving services from various systems including foster care, juvenile justice and mental health. This data included diagnosis, service history, needs, gaps, and barriers to services. Additionally, focus groups were held with families and youth in preparation for submission of a proposal for a grant funded by the Center for Mental Health Services (CMHS). Table 1 shows that youth in placement and at risk of placement had similar needs. Recommendations to the county were to integrate child-serving systems and expand community-based and individualized services for children, youth and families. The Departments of Social Services (SS), Juvenile Justice (JJ), and Mental Health (MH) collaborated with each other and with families, and this helped build the trust and relationships that were crucial to our request for federal funding through CMHS's Comprehensive Community Mental Health Services for Children and Their Families Program.

II. Program Installation and
III. Initial Implementation

When federal funds were awarded in 2004 to Family Voices Network of Erie County, our goal of cross-system cultural change for children with serious emotional disturbance and their families could be realized. The initial management team had been known as the 'Implementation Team', and included representatives from the county's child-serving agencies, service providers, and the family organization who met bi-weekly. Once the CMHS funds were awarded in 2004 this team became the 'Management Team,' and expanded to include social marketing, evaluation, and the youth director. Within a year, we had a cultural competency consultant on board part time. Our cross-system governance structure began to build collaborative relationships with families, family court, Social Services, Juvenile Justice, and youth. Our Executive Committee, which includes representatives of family and youth, as well as city, state and county

Table 1. Needs Assessment Range of Services Needed

	Children in Placement Need Service (N=64)	Children at Risk of Placement Need Service (N=70)
After-school programs	48%	46%
Mentoring	48%	31%
Respite in-home/overnight	46%	34%
Respite (mental health)	19%	29%
Parent training and education	27%	39%
Skill building	28%	24%
Transitional case management	22%	13%
Intensive case management	18%	46%
Mental health advocacy	20%	14%
Sexual trauma treatment program	17%	13%
Integrated treatment and case management	22%	26%
Vocational education	20%	9%
Psychiatric evaluation	8%	23%
Medication management	6%	20%
Child and family recreation	11%	29%
Parent support group with family	20%	27%

commissioners, makes policy decisions which affect the Management Team, which is the working group that implements the decisions made by the Executive Committee. Because our Management Team is so large—with as many as 45 attendees representing all child-serving agencies, family members, care coordination supervisors, cultural competency, and youth—we have sub-committees making recommendations to the Management Team on specific issues. For example, the cultural competency committee will look at data broken out by race/ethnicity or socio-economic status, identify disparities, and make recommendations for improvements to the Management Team. The

Management Team subsequently decides by consensus of the group to make changes in service delivery or training based on these recommendations.

Family-Run Organization and the Youth Coordinator Position

With the CMHS grant award in 2004, the family organization Families' Child Advocacy Network, was able to receive funding to hire family support partners and jump-start activities. Family members began to attend the Management Team meetings. They took part as full members, and were

compensated for their time on an hourly basis. Our Youth Director had input at each level of governance including the Executive Committee. There were monthly Roundtable meetings that allowed family members to become full participants in the evaluation design, data collection, data interpretation, and decisions made regarding presentation and use of the data.

> *There were monthly Roundtable meetings that allowed family members to become full participants in the evaluation design, data collection, data interpretation, and decisions made regarding presentation and use of the data.*

An example of family input was the decision to track how many days it was taking from the referral date to the start of services. Families complained that weeks would pass before services started or they heard about their status regarding services. Another issue that was important to families was transition planning. Both of these family priorities became focused areas for improvement and are monitored regularly. (Relevant data collection is discussed later in this chapter.) A working committee of family members, youth, the social marketing director, and the evaluator began to meet monthly to work on the website, newsletter, and family-friendly reports. This working group became the social marketing and evaluation team (S.O.M.E.) and was recognized by SAMHSA with a Silver level award for 'Involving Family Members and Youth in Evaluation' in 2008.

Strategic Planning Process and Logic Model Development

Within the first year of grant funding, a core group of individuals from our community of stake-holders—the project director, evaluator, family director, youth coordinator, clinical director, and social marketer—met weekly over the course of four months to create a first draft of our logic model, which encapsulated our strategic plan to affect change in our system of care. Conference calls with consultants Mario Hernandez and Sharon Hodges at University of South Florida were instrumental in putting our ideas to paper. We used our grant to develop our understanding about our target population, challenges, assets, goals and outcomes. We provided regular feedback on our progress to our Management Team.

Our logic model has become our central strategic tool for planning, evaluation, and continuous quality improvement, with short- and long-term outcomes reviewed quarterly by the Management Team. By reviewing our logic model regularly, new team members become familiar with our goals and indicators of progress and more experienced members can bring up issues that need to be addressed. Changes to our logic model are made by consensus of the Management Team. For example, we recently agreed to an additional family, youth and child-level outcome, namely "increased family participation and empowerment." Our logic model is a living tool, reflecting the dynamic changes in our community with our families and partners. Our logic model is featured as an exemplary model on the University of South Florida's website (University of South Florida, 2009), and in the System of Care Handbook (Stroul & Blau, 2008).

Critical Data Dashboard and Fine-tuning the CQI Process

Data management and reporting was a priority for the early leaders of system reform efforts. The county invested in an online, web-based system and required all agencies serving youth enrolled in Family Voices Network (FVN) to utilize this system, CareManager ©, for documenting care coordination activities consistent with wraparound practice, and, eventually, billing and invoicing. As our system of care developed and the county placed appropriate priority on ensuring that the model was achieving the desired outcomes, it became clear that we needed to monitor not only fidelity to practice but also outcome performance. Earlier efforts found us chasing "fires" with little

ability to track the effects of corrective actions, or to truly gauge the size of the "fire."

Reporting at this time was somewhat unfocused and untargeted, difficult to sustain, and lacking in transparency. As a result, in 2007 the county developed a 'critical data dashboard' which reports key practice and outcome metrics. Table 2 shows this dashboard, which was designed to be visually simple, provide a snapshot assessment of critical performance indicators, and be readily accessible to each care coordination agency and the county. The report format was designed so each care coordination agency (currently there are six) would receive its own monthly and year-to-date (YTD) data, as well as data providing a comparison with the system as a whole. For example, Table 2 shows 'slot utilization' for the month of August 2009. 'Enrolled days' are the number of days that families are in services, while 'allocated days' are the number of days that the agency is contracted to provide services. In the example shown for ABC Agency, there was an average of 40.1 enrolled days in August, which was 91% of allocated days. For the year to date (YTD), there was an average of 42.4 enrolled days which was 96% of days allocated. Looking to the right at the 'overall Family Voices profile' for the current month, 79.4% of allocated days were used, down from the year-to-date figure of 84.8%. Hence, ABC Agency is performing better than the FVN overall average for slot utilization. This information can be used by the agencies as benchmarks and to measure themselves against the overall average.

The county established quarterly dashboard meetings with individual agencies to discuss and review performance. In addition, the Management Team regularly communicates and resolves dashboard issues which are broader in nature. From early on in this process, meetings were not focused solely on specific measures of agency performance but rather on practices that would support proactive management and supervisory techniques. As the dashboard meetings began to reveal that agency supervision and clinical practices and outcomes were improving, the quarterly dashboard meetings were moved to once every six months for all agencies.

During calendar year 2008, the county contracted with a local agency to provide technical assistance (TA) in developing effective and focused quality improvement (QI) plans for each care coordination agency. These plans utilized existing data to target areas of concern that, when addressed via the QI process, would improve specific performance outcomes that had previously been identified as being of concern.

Recently, after a review of the data trends over the past two and a half years, we were in a position to develop community outcome performance standards. It is important to note that this was done in collaboration with our community providers. Because of our rich database, our community was able to identify areas of concern and as a result we have successfully implemented practices to improve performance with respect to timely submission of progress notes, as well as timeliness of case assignment.

As a result of the successes experienced in utilizing the data dashboard, data informed practices, community learning tools, and quality improvement practices, the county has also begun to implement a data dashboard for other children's behavioral health services.

We have found the following factors critical to the success of data dashboard utilization:

- Limit the dashboard to key variables most important to your community (if you look at everything you look at nothing).
- Make reporting visually simple (at-a-glance concept).
- Involve your stakeholders, especially in choosing what outcomes are important to them.
- Make data readily available and real time.
- Operationalize data; have early reviews addressing data reliability and make amendments if necessary.
- Use strength-based approaches—avoid using data as a "club."
- Create buy-in across various levels of the organization.
- Share across all organizational levels including CEO and direct line staff.
- Make reports transparent as early on in the process as possible.
- Have regular monitoring and communicate expectations clearly.

Table 2. Critical Data Dashboard - Family Voices of Erie County Care Coordination ABC Agency *(Note: data is actual, agency name is not)*, **August 2007**

Critical Data Element	Agency Profile				Overall Family Voices Profile			
	Current Month		YTD		Current Month		YTD	
	#	%	#	%	#	%	#	%
Assignment *(# and % of referrals that the Single Point of Accountability assigns within 10 calendar days)*	-	-	-	-	34	94.44	260	78.08
Slot Utilization *(Enrolled days versus allocated days [monthly average])*	40.1	91.13	42.4	96.36	358.97	79.42	383.61	84.87
Staffing Utilization *(% allocated care coordination [CC] staff days filled by permanent CC staff [does not include days temporary coverage provided] [monthly average])*	-	100	-	100	-	96.67	-	99.12
Length of Stay Current Enrollees w/LOS > 14 Months *(# and % [monthly average])*	2	5.41	1.75	4.18	30	8.33	34.75	9.09
Engagement *(# and % assigned and closed but not opened)*	0	0	4	5.41	5	7.46	31	4.99
(# and % enrolled but discharged < 90 days)	1	12.5	2	4.76	2	5.88	14	4.13
Change in CAFAS® *(% of those enrolled with 10 point or greater change at 6 months)*	6	100	25	96.15	13	100	143	87.2
(% of those enrolled with 20 point or greater change at 12 months)	-	-	10	100	2	100	96	85.71
(% of those enrolled with 10 point or greater change from enrollment)	7	87.5	34	80.95	26	78.79	254	76.97
Successful Discharge *(minimum of 65% of enrolled will be discharged with "objectives met")*	6	75	30	71.43	24	70.59	233	68.73
Community Based Care *(% of enrolled youth who are discharged without having been placed in a Residential Treatment Center [RTC])*	8	100	41	97.62	34	100	299	88.2
(# and % being placed in an RTC > 90 days)	0	0	0	0	0	0	0	2.95
(# and % being placed in inpatient > 30 days)	0	0	1	2.38	0	0	17	5.01

- Implement a QI component and revise as necessary.
- Drill down to individual service providers to make necessary improvements in practice.

IV. Full Operation

About three years into our implementation, Family Voices Network (FVN) was fully operational and serving nearly 350 families a year; however, we were still in need of continuous quality improvement practices. At this point our system-wide data management system, CareManager ©, was fully operational and collected process, outcome, billing and accounting information for all services provided to children and families enrolled in FVN.

We received a SAMHSA CMHS supplemental award to support and bolster the essential vendor service delivery system that provided wraparound services to children enrolled in FVN and was expanded to the Family Services Team (FST) programs that operate in targeted neighborhoods in the City of Buffalo. This award was used to fund the creation of a new quality management organization, Community Connections of New York (CCNY).

As a grassroots non-profit, CCNY was created to provide evaluation, quality improvement, training, and technical assistance to care coordination and vendor agencies within the system of care. CCNY is also charged with expanding the vendor network to include new agencies responsive to the needs of families receiving services, while also enhancing the existing network with capacity-building projects such as human resource development and training for professionals. CCNY works to promote access to culturally competent services and ensure voice and choice to families and youth during service selection.

As part of their evaluation process, CCNY uses methods that are anchored in a blended paradigm approach of utilitarianism (Patton, 1997) and realism (Kazi, 2003), combining the tenets of iterative stakeholder involvement and utility focused evaluation tools with statistical processes that help determine underlying patterns related to change in outcomes. As use of evaluation data is paramount, heavy emphasis is placed on working supportively with agencies in application of quality improvement practices such as the DMA-IC (Define, Measure, Analyze, Improve, Control) Model (University at Buffalo Center for Industrial Effectiveness, 2008). This tag-team approach of user-focused evaluation and quality improvement strategies resulted in a mental health community organized around practice and system change to achieve better services for youth and families.

To help build community capacity, CCNY offers trainings in various modalities that are customized to the learning style of the end user. The company delivers trainings in person and online. CCNY is the only authorized training provider for the Casey Life Skills Tools in the North East region, and in this role provides learners with knowledge and tools to perform life-skills assessments, create learning plans, and evaluate life goals for clients in their programs (Downs, Nollan, Bressani, et al., 2005). CCNY provides ongoing technical assistance to community partners in FVN by offering training on the quality improvement continuum and construction of the tools to help them implement the practices. The organization hosts various trainings on cultural competency, assisting attendees in learning the behaviors, attitudes and policies that facilitate cross-cultural work between individuals, organizations and systems.

Measuring Fidelity to the Wraparound Care Coordination Process

Measuring fidelity to the wraparound care coordination model was an early strategy outlined in our logic model. Our families wanted to participate in the quality improvement process and we needed youth and care coordination input to improve practice. The Wraparound Fidelity Index (WFI) was

chosen for use in monitoring fidelity because of its growing research base and support from the National Wraparound Initiative. Data for the WFI is gathered via a phone interview with the wraparound facilitator (or care coordinator), caregiver (usually the parent or legal guardian), and youth. The WFI assesses adherence to the wraparound principles and activities (Walker, Bruns, Adams et al., 2004). The WFI has been conducted annually for the past two years, yielding information to the system of care on areas in need of improvement. Additionally, results from the 2007 WFI study were reported to system administrators in fall of 2007, and showed undesirable scores in fidelity for the transition phase of wraparound. This sparked development of case transition training and education programs for care coordinators, and mandatory transition planning in monthly family team meetings. Results were disseminated to a group of families and youth who made suggestions for improvements to the system of care. The orientation workshop, conducted by the Families' Child Advocacy Network for newly enrolled families, now includes a discussion about the transition phase of the wraparound process.

The research team completed the WFI again during the summer of 2008 to determine the magnitude of change in fidelity scores from 2007 to 2008. The WFI results showed significant improvements in the wraparound process in 2008 as perceived by the care coordinators and caregivers. High fidelity scores, as measured by the WFI, indicating adherence to wraparound principles and activities were in the mid to high 80 percentile.. Table 3 shows that the overall mean scores improved significantly from 2007 to 2008 for all respondent types except youth. Total mean score increased from 80% in 2007 to 85% in 2008. Youth scores increased from 73% to 77%. The wraparound care coordination process had improved after quality improvements were made to training and service delivery. With lower mean scores given by the youth, youth engagement in the wraparound process became a targeted area for improvement in 2009-2010. The WFI will be conducted again in the Fall 2009 to measure these quality improvement efforts (Kernan & Pagkos, 2009).

V. Innovation

Having developed and maintained a well defined data base and a method for reviewing this data on a real time basis has provided us with the opportunity to utilize this data in ways we could not have possibly planned for only a couple years ago. After a review of the data trends over the past two and a half years, we were in position to develop, in collaboration with our community providers, community outcome performance standards. Table 4 shows the performance standards that each care coordination agency should meet or exceed in 2010. For example, each agency is contracted to provide services to a set number of families. The community standard for 2010 is that each agency will utilize 95% of its allocated slots. This is a critical metric in order to maintain timely access for families and youth. Likewise, staffing at each agency should be kept at 95% to ensure timely services to families. Another metric we follow is the percent of families discharged without having been placed in a residential treatment center. We aim for a minimum of 90% of families meeting this goal in 2010. By setting these performance standards we challenge ourselves to improve service delivery and outcomes for our children and families.

Moreover, the availability of our rich data base has given us the ability to identify areas of concern within our existing processes. We have made noteworthy progress in two critical areas, specifically 1) timely progress note submission, and 2) timeliness of case assignment. Data collected from January to July 2008 showed that only 36% of all referrals to FVN were assigned within 10 days. Families were made to wait for services at the point when

Table 3. Wraparound Fidelity Index Results

WFI Total Mean Scores			
	2007	**2008**	**P value**
Total Mean Scores	80.5	85.2	.001
Care Coordinator	87.7	90.7	.006
Caregiver	75.7	80.8	.01
Youth	73.3	77.2	.38

Table 4. Care Coordination Community Standards

2010 FVN Standards Performance Metric Summary	Minimum Community Standard
Slot utilization	≥ 95%
Staffing utilization	≥ 95%
Cases with length of stay > 14 months	≤ 9%
Cases assigned and closed but not opened	≤ 4%
Cases enrolled but discharged < 90 days	≤ 4%
Cases with 10-point or > change in CAFAS® @ 6 months	≥ 80%
Cases with 20 point or > change in CAFAS® @ 12 months	≥ 80%
Cases with 20 point or > change in CAFAS® from enrollment to discharge	≥ 75%
Cases with successful discharge	≥ 65%
Cases discharged without having been placed in a Residential Treatment Center	≥ 90%
Cases placed in Residential Treatment Center > 90 days	≤ 5%
Cases placed at inpatient psychiatric setting > 30 days	≤ 5%
Cases with first Face to Face visit < 10 days	≥ 85%

they most needed them. To correct this situation, intake process was reviewed, paperwork was redesigned, strategies were put into place and improvements were made. Data collected from January to July 2009 showed that 76% of all referrals were assigned within 10 days and most recently, July 2009 saw 97.7% of all referrals were assigned within 10 days. Further, we have also begun to examine the effectiveness of wraparound services across ethnic and racial groups. As we begin 2010 we will be contracting with a local agency that will assist us in identifying any practices that are contributing to racial disparities and implement QI practices to effectively address those issues.

VI. Sustainability

How do we know our system of care is sustainable? Does it mean the goals we set for our community have been met? Have we Achieved Cross-system Cultural Change, Enhanced the Existing Infrastructure of Care Coordination and Individualized Services and Natural Supports, and Achieved Fiscal Stability? Data is at the core of our plan, and by showing our partners that youth are more effectively served through our system of care, we can serve more youth as we reinvest savings from residential placements. Approximately 400-425 families are served at any one time, up from 200 families four years ago. Twenty-five percent of residential funding has been diverted to the system of care, resulting in more youth living at home in their communities. Table 5 shows community placement data, and illustrates that in June 2007 we had discharged 78% of youth without having placed them in a residential treatment center (RTC) while receiving services. By August 2009, this percent had increased to 88% of youth discharged without placement in an RTC. System-

Table 5. FVN Community Placement DataJune 2007 - August 2009

Month	Year	% Discharged without having been placed in a RTC
June	2007	78.72
December	2007	79.24
June	2008	85.34
December	2008	86.55
June	2009	87.35
August	2009	88.3

wide sustainability is and must continue to be an on-going collaborative effort with our community partners. While our planning efforts have paid off with increasing numbers of families served from across a broad spectrum, the human services arena faces increasing stressors from the poor economic outlook in our region and state. Ongoing relationship building, development of trust with our system partners, and sharing resources will be critical to our sustainability plan for our system of care.

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Supporting Wraparound Implementation: Chapter 5c.1

Training, Coaching and Beyond: Building Capacity in Your Wraparound Workforce

Pat Miles, Consultant

As wraparound has continued to grow and expand, so has the variation among wraparound projects. This variation may be driven by political circumstances as they play out in funding and organizational options. It also may be driven by bureaucratic and administrative issues such as those related to Medicaid funding or state licensing requirements. Variation can also be fueled by human resource concerns, such as what sort of workforce is available and/or required to staff wraparound projects. Variation also arises because projects are designed to fit different local contexts and priorities. As a result, projects vary in terms of whom the project is targeted to, what local conditions and sensibilities exist, and where the administrative host environment for the wraparound project is located. Finally, variation among wraparound projects is also driven by differences in the understanding and concerns of local leadership.

Projects choosing to implement wraparound have attempted to deal with this variation in different ways. Some projects respond by placing a heavy emphasis on ensuring that teams achieve the various separate steps or activities that make up the wraparound process. This separation of the wraparound process into an invariant series of specific, separate steps may result a certain uniformity of practice across families; however, many projects find that this focus on achieving the steps of the process must be balanced by the need to individualize the process for each family. These projects come to see that wraparound as a whole is more than the sum of the steps that are its parts. As a graceful waltz is more than the individual steps, so it is true with wraparound.

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This line of thinking leads projects to seek out strategies for building a workforce that is able to accomplish the steps of the process while also being able to appropriately adapt those steps on behalf of an individual family. A range of tools are available for creating this capacity including training, coaching, mentoring and supervising.

The successful project uses several of these strategies rather than focusing on only one approach. The first step in designing a sensible approach to developing workforce capacity is to recognizing that wraparound is a complex, integrative approach that must adapt over time to the needs of families and communities in which it is placed. Options available for developing workforce capacity include:

Training. Focused on providing an overview and fixing definitions as they relate to the wraparound process, many projects get started with a training focus. Training is most useful for communicating a sense of the whole when it comes to the wraparound process and for introducing participants to the language of wraparound. Additionally, formal classroom-based training sessions can also communicate what not to do in wraparound, especially as it relates to changes in the ways that families are viewed within the system. Some tips for mounting a successful training approach include:

- **Be realistic about the power and limitations of training.** Training, even entertaining training, is not likely to cause behavior

change in practitioners. Training sessions can, however, define certain elements of the wraparound process while communicating values. Wraparound training can be made very powerful by including individuals who haven't historically been included as participants in training and by creating an event that people go through together.

- **Partner with families in providing the training.** Many communities have partnered effectively with families in delivering wraparound training. This has ranged from having families tell their own stories to having families function as co-trainers. In some sites, families are engaged to participate in the training for trainees to practice with as they learn skills and activities that are part of the wraparound process. This kind of training experience also provides a supportive environment for trainees to have a meaningful dialogue with families who have first-person system experience.

- **Build your local training capacity as soon as possible.** Many local communities rely on outside experts to implement their initial training opportunities. This allows wraparound information to filter in from other places. On the other hand, projects that build their own training capacity find that their understanding of wraparound increases as they take over their own training efforts.

- **Use training as a way to create a sensible host environment.** Many wraparound projects focus their training efforts on those who will be hired by the project. Some communities have focused their ongoing training activities more broadly, including all individuals who are likely to participate on wraparound teams. This allows wraparound team members to get oriented in a training environment rather than on the individual team.

- **Tailor your training to your staffing pattern.** As wraparound grows in a variety of settings so does the range of staffing options. Some projects have wraparound facilitators while others use care coordina-

tors. Some projects have family partners housed within the project while others have them housed as adjunct to the facilitation process. Some have no parent or family partner within the project design. Still others hire clinical staff to function as community clinicians or some sort of community support paraprofessional to do direct interventions with the child. While all of these staff roles will benefit from an overall training about wraparound, good projects will also build in more skill-focused training sessions designed specifically for the staff roles in place with the project.

Coaching. Recognizing the limitations of a training-only strategy, many communities have begun to use a coaching process to build capacity. These coaching efforts focus on developing and elevating expert practitioners. Expert practitioners may have demonstrated skill in past wraparound implementations, but often the wraparound process has not been locally implemented long enough for local expertise to emerge. In those cases, the "expert" is someone who is skilled in the art of analysis, synthesizing and feedback. Some tips for effective implementation of a coaching strategy include:

- **Develop consensus on your expectations.** Wraparound is an expansive model that incorporates a number of process steps. A strict focus on these practice steps may result in a descent into excessive detail. Building consensus among a variety of community members about what steps, when taken together, constitute the entire wraparound "dance" is likely to do several things. These include securing buy-in, creating agreement about your target and remembering why doing wraparound is important rather than focusing on strictly the "how" of wraparound.

- **Create a formal feedback loop.** Tools to summarize feedback to both the practitioner and their supervisor can make coaching much more effective. If coaching involves dialogue only there is a great possibility that much of the learning will be lost. Ad-

ditionally, if a community is well resourced enough to have a coach who is separate from the supervisors, then good tools will make it easier for coaches to summarize information for supervisors as well.

- **Define your coaching process.** Projects that are able to make good use of coaches have defined how the interactive aspects of coaching should happen. This includes introducing and defining coaching process steps to employees as well as providing direct, honest and fair feedback to employees who are not performing in a way that's compatible with the way you have defined your project. Standardizing the feedback process using adult learning and social learning theories can increase the ability of staff to incorporate feedback from the coaching process.

Mentoring. Some sites that don't have the ability to have a full-time coaching capacity will use a mentoring approach. Creating a mentoring capacity often occurs after the project has had enough time to develop true expert practitioners. These individuals have demonstrated the ability to not only do the process according to the agreed-upon steps, but also to adapt the process to meet the needs of individual families. When sites employ a mentoring strategy, mentees are assigned to a primary mentor who checks in from time to time and serves as a role model. Less directed than the coaching approach, this approach creates the capacity for troubleshooting and assumes that the mentee will take responsibility to seek out feedback from the designated mentor. Tips for successful implementation of the mentoring strategy include:

- **Avoid making mentoring status a rung on the career ladder.** Mentors should be individuals who are seen as very skilled in implementing the process. In sites that struggle with a career ladder there is a tendency to name someone as a mentor because the person has been there for a long period and this is thought of as a way to recognize their service. This can cause confusion among staff members.

- **Be clear about mentoring parameters.** Some sites are able to reduce mentors' other duties to free up time for them to work with mentees. Other sites do not have this flexibility. The mentoring model expects the mentee to seek out the mentor for feedback more than the mentor is expected to seek out the employee. The mentor should stay focused on process rather than getting into personnel issues.

- **Mentor to the job role.** While wraparound implementation is important, it is also important to recognize that different staff roles will interact with the process in different ways. If a project pursues a mentoring approach and has multiple staff roles such as family partner, facilitator, clinician or others, then mentors in each role should be assigned.

Supervision. Supervising wraparound can often feel as complex as the process itself. One strategy for creating a strongly resourced workforce involves strengthening wraparound supervision. Good wraparound supervision is multi-dimensional in nature and focuses on personnel and on the process and the context in which it operates. Supervision should be clear, values based and rooted in real-time information about practice. (See chapter 5b.6 in this guide for a more detailed discussion of supervision in wraparound.)

Summary

Wraparound projects succeed and thrive based on the ability of managers and leaders to adapt capacity-building strategies to assure that staff have an understanding of what is expected and are able to demonstrate what is expected. Local wraparound leaders often find that they have to define and adapt their strategies for assuring the right skills based on local conditions. An effective workforce development strategy will adapt based on local conditions, incorporate families who are receiving wraparound support into employee development strategies, and frequently remind staff and partners that wraparound is never more important than the families it was designed to help.

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An Overview of Training for Key Wraparound Roles: The California Experience

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You Have to Start at the Top: Administrators and Directors

Acommunity that wishes to introduce wraparound into its continuum of care for high-need youth and their families has many issues to consider and many decisions to make. These choices are best made when they are based on sound information gleaned from the experiences of others who have made the journey and when they are arrived at collectively by the leadership of the departments and agencies that will need to collaborate in the implementation process.

This "top" level of leadership includes heads of the departments, agencies, and community-based organizations (CBOs) that will be involved in the collaboration to implement wraparound. These leaders need to have the opportunity to acquire a foundation of knowledge about what wraparound is and what makes it successful. At a minimum, leaders need training, technical assistance, and/or coaching that covers the following topics.

A basic understanding of the philosophy, process, target population, and intended outcomes of wraparound

In order to make informed decisions regarding wraparound implementation, people in key leadership positions must be provided with information about wraparound's underlying philosophy as a strength-based, family-driven planning process intended to support high-need youth in the context of their home, school, and community. These people need

to know how wraparound works, which youth and families it will serve, how much it costs, and what they can expect in terms of results. They need to know that wraparound may have an impact on their other programs and services.

A recognition and appreciation of the need for teamwork at all levels to create shared ownership of the program, including its successes, its challenges, its risks, and its rewards

The words "team" and "teamwork" have special meaning and importance in the context of wraparound. At the child and family level, a unique team is constructed to support the work with that particular child and family. At the program level, staff at the supervisory and management levels must work collaboratively across agencies and systems. And, at the administrative level, agency

directors, including community-based provider agencies, must work together to support the underlying principles, to share resources, and to provide leadership in their respective agencies. Leaders should understand that they will likely be asked to sign on to various policies—such as protocols for shared planning, decision making, conflict management, and crisis response—and to commit resources and/or staff time to support initial and ongoing implementation.

An understanding of the variety of structures or models that communities have employed in order to implement wraparound

Wraparound has been implemented successfully through a variety of structures and models. Some communities choose to bring together staff from several governmental agencies to do the direct work with families. Some contract with community-based organizations to take on the implementation of wraparound. And some have devised networked combinations of these to bring a variety of agencies and perspectives together on behalf of youth and families. Each model has its particular advantages to be considered.

An understanding of the various funding sources that have been "blended" and "braided" across the nation in order to achieve both adequate and flexible financial and staffing resources to provide sufficient support for this approach

Various communities have succeeded in bringing together a wide range of financial resources and structures in order to yield sufficient funding to provide adequate staffing and flexible funds for wraparound. These sources have included:

- Federal foster care funds
- State foster care funds
- Local/County foster care funds
- Mental Health funds via Medicaid
- State mental health funds
- Local/County mental health funds
- Governmental grants
- Foundation grants
- Private donations

Section 5d of this *Resource Guide* provides chapters that discuss financing options in greater detail.

An understanding of the initial and ongoing training and coaching needs for managers, supervisors, and direct service staff to support wraparound implementation

While it is essential that direct service staff are provided adequate training and coaching on the knowledge and skill sets needed for their

jobs, it is equally essential that adequate training be provided for managers and supervisors in order to support the Wraparound core values and principles on a continuous basis. Supervisors in particular need to be able to model these principles in parallel process for their supervisees as well as monitor staff performance in the field.

You Have to Count on the Middle: Managers and Supervisors

Once the fundamental decisions have been made by the leadership, it's the middle managers and supervisors that make any program work. And, keep it working. Or not. These are key roles that are often overlooked by communities anxious to get something up and running. There is great danger in forging ahead without taking the time to build a strong infrastructure of support and commitment throughout the various departments and agencies that must work together effectively in order to implement and sustain wraparound.

The following are areas of essential understandings for which training, technical assistance, and coaching for managers and supervisors need to be considered.

A basic understanding of the philosophy, process, target population, and intended outcomes of wraparound, and how this plays out within and across different systems

The management infrastructure must support the concept that key decisions will be made at the child and family team level, driven by the strengths and needs of the family in the context of the community. Collaborative decisions must be made regarding the target population(s), referral and enrollment protocols, and outcome measures to assure both model fidelity and family goal attainment. The fiscal departments of all involved agencies must be made aware of the funding mechanisms provided as well as the expectation of the use of "flexible" funding to support family needs.

An understanding of the staffing patterns and caseload ratios needed to provide effective support for youth with high levels of need and their families

The wraparound planning process requires skillful and sensitive facilitation. Family Partners have proven to be effective in bridging the relationship between parents and professionals. Direct in-home work with the youth in the context of the school, neighborhood, community, and culture has been essential. Establishing effective caseload standards for each of these roles must be based on the needs of the youth and families, on the challenges of the target population, and on the availability of other supportive resources in the community. The Human Resources departments of involved agencies will need assistance in understanding the recruitment and training needs for each of the key roles of wraparound staff.

A recognition and appreciation of the need for teamwork within and across agencies and departments

Communication across agencies and programs at the management and supervisory levels is essential for successful wraparound implementation. Youth and families who are referred to wraparound frequently have experienced involvement in more than one system and coordination of effort will be needed. Good teamwork at this level can avoid interagency misunderstandings and can respond effectively to complex situations.

An understanding of the stressors and benefits that this work will give to their staff, so that managers and supervisors can provide necessary individual and collective support

Managers and supervisors must work proactively to avoid burnout and unnecessary turnover

> *Communication across agencies and programs at the management and supervisory levels is essential for successful wraparound implementation.*

of staff by supporting the underlying philosophy of strength-based, family-driven practice. Focusing on staff strengths, identifying what is working well, celebrating successes, and acknowledging the hard work and dedication of their direct service staff can build and maintain an environment of optimism and hope to sustain wraparound over the long term. Periodic training can keep their skills up to date, and team-building activities can keep them inspired.

You Have to Support the Work: Direct Service Staff

While wraparound has proven to be both effective for youth and families and rewarding for staff and their agencies, it has also proven to be challenging, complex, and difficult to maintain.

Table 1 outlines areas of essential understandings for which training, technical assistance, and coaching for key direct-service wraparound staff need to be provided.

Challenges, Strategies, and the California Experience

Starting At the Top: Administrators and Directors

Challenges: How do you get the key individuals to sit down together; how do you help them understand what it is about the wraparound model that makes it so effective with high-need youth and families; and how do you get them to work collaboratively to make the necessary decisions and resource commitments to accomplish and sustain implementation?

Strategies: Three approaches are typically utilized. From a financial standpoint, it must be

Table 1. Essential Training Areas for Direct Service Staff

County/State Agency Referral Staff: child welfare workers, probation officers, mental health workers, and others who might serve on child and family teams	Facilitators of the Wraparound Process (government or private agency)	Child & Family Specialists who do direct in-home work with youth and parents	Family Partners who have personal experience as parents of high-need youth and who build bridges between family and professionals and provide direct support to parents
Basic information about wraparound philosophy and planning process	Basic information about wraparound philosophy and planning process	Basic information about wraparound philosophy and planning process	Basic information about wraparound philosophy and planning process
Referral criteria, knowledge of the roles of other members of the child and family team	Specific facilitation skills: planning and conducting meetings, conflict management, engaging participation, etc.	Specific skills for engaging and working with children and youth and their families.	Skill development in utilizing their life experience and success in coping with human service systems to support the team process
Knowledge of the resources and requirements of their respective agencies in the wraparound process	Knowledge of child development, group dynamics, family dynamics, and family culture	Knowledge of child development and behavioral management strategies	Knowledge of family culture, family dynamics, and parenting strategies for high-need children and youth

demonstrated that wraparound will either increase revenues or reduce costs (and the promise future cost savings is rarely effective). From the perspective of meeting external mandates or requirements, it must be shown that wraparound will be more effective than current practices. And from the perspective of meeting the social responsibility of improving the health and well-being of their respective communities, it must be shown that wraparound will yield better life outcomes for their high-need youth and families.

The California Experience: Following the very successful implementation of a pilot wraparound program by EMQ Children & Family Services in Santa Clara County, Senate Bill 163 was enacted to encourage replication of similar programs across the state. It should be noted that in California the social services, mental health, and juvenile probation programs are implemented at the county, not state, level. The primary funding mechanism was to allow counties to use the state and county shares of foster care dollars to provide intensive in-home services called wraparound. Some services could also be claimed to Medicaid where all eligibility requirements were met. No new funds were made available, and both state and county expenditures were to remain "cost neutral." California is comprised of 58 counties with widely differing populations, economies, and cultures. Populations range from 1,200 (Alpine County) to 10,000,000 (Los Angeles County).

The California Department of Social Services (CDSS) quickly enacted a process for county participation, a planning template, and Standards for Wraparound implementation. (http://www.dss.cahwnet.gov/getinfo/acin99/I-28_99.pdf). In addition, they executed contracts to provide technical assistance and training to the counties and provider agencies at no cost to them.

In order to manage the challenges identified above, several approaches were developed:

- In order to access state funds, the counties had to bring the key administrators and directors together to engage in collaborative planning processes and had to submit written plans demonstrating their understanding of the standards and how the standards would be met. A planning template was devised to identify key areas

to be addressed (http://www.childsworld.ca.gov/res/pdf/Acr299.pdf).

- Technical assistance and training was provided at no cost to assist the counties through their planning processes to support their acquisition of essential understandings.

- Detailed information about the funding mechanisms and the experiences of existing successful programs in the state was provided: reduced costs, reduced lengths of stay, and improved social and behavioral outcomes for youth.

- Following acceptance by the state, formal Memoranda of Understanding were executed between the state and the counties.

Counting on the Middle: Managers and Supervisors

Challenges: How do you assure that management infrastructures will facilitate the identification and referral of appropriate youth and families; how do you make sure that appropriate staff and appropriate caseloads are provided; how do you inspire teamwork among the departments and agencies; and, how do you instill an understanding of the need for on-going support of direct-service staff?

Strategies: The primary strategies for managing these challenges have been to provide technical assistance regarding infrastructure and program design, information regarding existing successful implementations, and training for supervisors on coaching and supporting wraparound implementation. Where programs are provided via contracts with community-based organizations, they must be managed as true partners, not merely as vendors. Supervisory support, appreciation, and recognition of staff work are essential.

The California Experience: Through its state staff as well as its training and technical assistance contracts, CDSS has provided the following supports:

- Technical assistance throughout the planning and implementation of wraparound programs, whether provided by county staff or by community-based provider

agencies (This has included work with managers and supervisors related to designing infrastructures for youth identification, referral protocols, and interagency oversight of individual child and family wraparound plans.)

- Training for wraparound facilitators that has included supervisors and managers as well as direct service staff from across all participating agencies and departments
- Training for wraparound trainers to support local self-sufficiency in meeting ongoing training needs
- Specific technical assistance for supervisors in coaching, supporting, and nurturing direct service staff to sustain model fidelity as well as to reduce burnout and unnecessary turnover
- Ongoing technical assistance to revisit existing programs to review adherence to the standards and to identify needs for additional technical assistance and/or training
- Modeling the establishment of a "partnership" relationship with counties and provider agencies

Supporting the Work:
Direct Service Staff

Challenges: How do you assure that every individual involved in implementing wraparound has the necessary knowledge, abilities, and attitude to carry out his or her role effectively; how do you inspire collaborative teamwork among individuals with widely divergent needs, strengths, and perspectives; how do you recruit, select, welcome, and retain key staff?

Strategies: Several strategies have emerged as potent means to manage these challenges.

- Training on the key knowledge and skills as identified above is, of course, of foremost importance.
- However, as Wraparound programs have matured across the state, more and more emphasis has been placed on the need to provide supervisors of all key staff (govern-

mental as well as private) with the knowledge and skills to support wraparound implementation by their direct service staff. This includes coaching, field observation, and supervising to the process itself.

- Clarity of the various roles is essential, and requires accurate job descriptions, appropriate expectations, and understanding the essential interplay of each key function.
- Staff recruitment and selection must recognize the actual roles people will play. Not all therapists make good facilitators (but understanding group and family dynamics is necessary). Not all parents or caregivers make good family partners (but understanding the real life challenges of parenting a high-need youth is essential).
- Finally, appreciating staff performance, celebrating successes, and building on staff strengths are ways to support staff retention in a manner parallel to the wraparound process itself.

The California Experience: To support the work in California, CDSS has made available to county staff and the staff of CBOs who are implementing wraparound the following resources.

- Ongoing training, consultation, and technical assistance to direct service staff and their supervisors on a wide range of topics from Facilitation Skills, to Medicaid Billing, to Managing Compassion Fatigue
- Regional workshops across the state covering common implementation issues and specific concerns of various counties
- Consultation to administrators, managers, supervisors, and direct service staff by telephone and email
- Access to Wraparound information at the state website (http://www.childsworld.ca.gov/Family-Cen_318.htm) and their TA contractor's website (http://www.emq-fpi.org)
- Bi-annual statewide wraparound Institutes with presentations and workshops on numerous related subjects

- Twice-annual training for wraparound trainers

Acknowledgment

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The Evolution of Wraparound Training: Lessons Learned

Constance Conklin, Wraparound/System Reform Coordinator
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Infrastructure

Training for wraparound is a very complex venture that warrants careful attention. In wraparound, as in most evidence-based and promising practices, there is an increased emphasis on training, coaching and technical assistance, and this typically requires a significant commitment of financial resources. This article will focus on the need for training strategies to evolve as wraparound capacity develops and expands within and/or across a local area, region, or state. The article will outline different levels or phases of training, and it will briefly discuss how to tailor training for staff with different levels of expertise. It will show the importance of committing training resources and of developing an infrastructure that holds people and communities accountable for fidelity to the wraparound model. Furthermore, training needs to be seen as an evolving, ongoing process instead of as a single event or contract to get things started. The developing training and related infrastructure must be seen as a long-term process, otherwise wraparound may not evolve beyond being a good but unrealized idea about how to work with children and families.

It should be noted that this article is based on my personal experiences over 15 years in a variety of wraparound-related roles in Michigan, first as a team facilitator, and then as a supervisor for wraparound and as the wraparound/system reform coordinator in charge of coordinating training and technical assistance statewide.
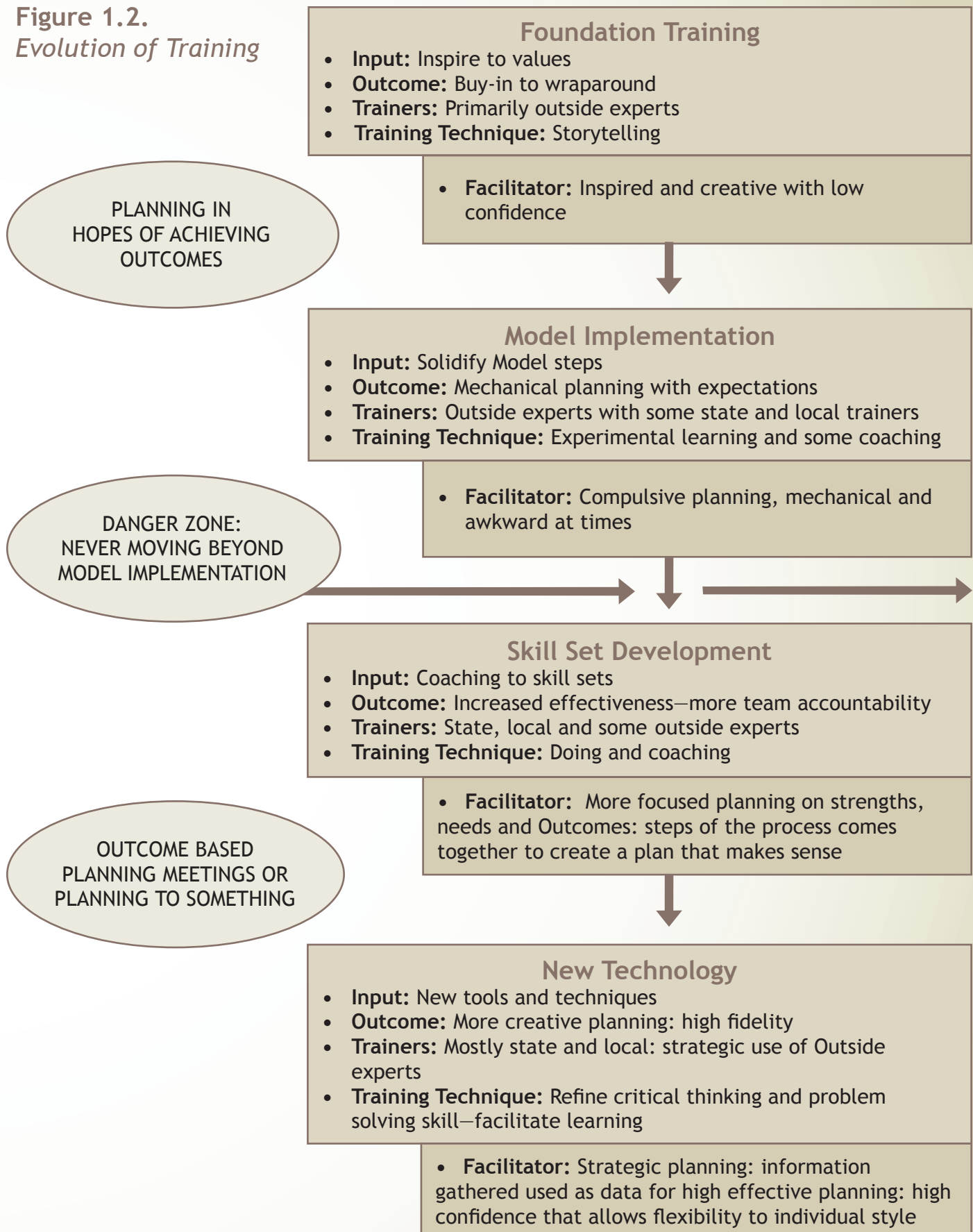
One of the lessons I learned from observing the growth of wraparound is that it probably would not have happened

Figure 1.1. *Flow of Accountability*

State Oversight and Accountability

Wraparound State Steering Committee:
Cross System Representatives

Oversight for Training,
Technical Assistance, Coaching

Accountability and Evaluation

Director Level

Community Leaders

Youth and Family Members

Community Team

Wraparound

Supervisors from Different Systems and Other
Community Stakeholders that
Impact Target Population

Youth and Family Members

Child and Family Teams

From the very beginning, it was necessary to bring in outside experts that had been involved in wraparound in other parts of the country. They had experienced success and could speak to this common vision. The state provided the leadership and funding for this training and identified and funded local communities that were motivated and eager to take on this new challenge. One requirement to receive this funding was that the communities develop an infrastructure that provided for the flow of accountability and information between the top director level, the supervisor level, and those who worked with children and families (Figure 1.1). This infrastructure helped the wraparound facilitators address system challenges more easily because they had support from the top down. It quickly became apparent that for this arrangement to work, training needed to be offered to people at each of these levels, from the "top" directors on down. Once you have the executive level committed to the wraparound mission and have the roles and expectations defined at all levels of the system, training can be tailored to each level and role. If you skip the executive level and your target population is high-risk multi-system children and their families, there is a high probability that your wraparound efforts will fall short. There needs to be cross-system training that identifies some inherent conflicts in system language and mandates. For example, a probation officer is charged with the community safety mandate. So the wraparound team must find ways to meet this mandate while preserving the child and family's needs and voice in the wraparound process. In order to maximize impact, training for wraparound should rarely be done in a vacuum of one agency, but should instead be provided to people who need it, regardless of their "home" system or agency. This will help establish the sense of shared commitment and responsibility for the children and families to be served. Establishing a learning environment that supports the opportunity to discuss the similarities—as well as the potential conflicts—makes resolving differences more likely. Sometimes this resolution takes place at the child and family team or supervisor level, but other times, this resolution may need to occur at the executive/director level. Which leads to a central truth: "Wraparound is only as strong as the community that supports it."

without state and local leaders working closely together. In Michigan, state leadership provided a fiscal opportunity or "seed money" while local leaders took this opportunity and "made it grow." There was major concern at the state and local levels over the number of children in out-of-home placement and the need to try something new that could result in more effective community-based options that also preserved child and community safety. All of the local and state systems had this common vision and were motivated to achieve it.

Figure 1.2.
Evolution of Training

Foundation Training

- **Input:** Inspire to values
- **Outcome:** Buy-in to wraparound
- **Trainers:** Primarily outside experts
- **Training Technique:** Storytelling

- **Facilitator:** Inspired and creative with low confidence

PLANNING IN HOPES OF ACHIEVING OUTCOMES

Model Implementation

- **Input:** Solidify Model steps
- **Outcome:** Mechanical planning with expectations
- **Trainers:** Outside experts with some state and local trainers
- **Training Technique:** Experimental learning and some coaching

- **Facilitator:** Compulsive planning, mechanical and awkward at times

DANGER ZONE: NEVER MOVING BEYOND MODEL IMPLEMENTATION

Skill Set Development

- **Input:** Coaching to skill sets
- **Outcome:** Increased effectiveness—more team accountability
- **Trainers:** State, local and some outside experts
- **Training Technique:** Doing and coaching

- **Facilitator:** More focused planning on strengths, needs and Outcomes: steps of the process comes together to create a plan that makes sense

OUTCOME BASED PLANNING MEETINGS OR PLANNING TO SOMETHING

New Technology

- **Input:** New tools and techniques
- **Outcome:** More creative planning: high fidelity
- **Trainers:** Mostly state and local: strategic use of Outside experts
- **Training Technique:** Refine critical thinking and problem solving skill—facilitate learning

- **Facilitator:** Strategic planning: information gathered used as data for high effective planning: high confidence that allows flexibility to individual style

Foundation Training

As wraparound expands, training efforts must evolve. (See Figure 1.2, previous page). In its evolution, training must move beyond foundation training, which consists of inspiring the community and promoting commitment to wraparound values, and which results in initial buy-in to the wraparound process. Unfortunately, sometimes facilitators and teams get stuck in the value-based process and the result is planning that is more lecture-based than action-based. The result of this type of planning is that in the attempt to bring people together to plan, you create an atmosphere of debate and judgment of what you should do, while little actually gets done. This may occur when some team members buy into the values of wraparound, but other team members do not, or when some team members do not understand the planning process. The facilitator may not have the skills to move the team beyond the debate of values which can result in team conflict. This is why it is important not only for the facilitator to be trained but also for all team members to be oriented to the wraparound model and expectations. Once people know the rules of a game, they are more likely to participate based on the structure provided. The missing piece typically is that the facilitator knows what he or she is supposed to do but the other team members do not. Some facilitators have the personality that inspires a high level of trust, and they can use this to move teams to planning. However, this tends to be the exception rather than the rule. If the orientation step is missed, the result can be that the plan gets very comprehensive across several life domain areas to ensure that it is holistic, but the needs change so quickly that the plan soon becomes irrelevant to the child, family and team ("too much process and not enough production").

> *Sometimes facilitators and teams get stuck in the value-based process and the result is planning that is more lecture-based than action-based.*

In this early phase of implementation, wraparound is new to supervisors, and they are largely dependent on outside experts. This reliance on outside sources of expertise can lead some people to think that the training isn't working, when really it is a necessary step to developing local expertise and just part of the learning curve. It is important to involve supervisors at the beginning stages of training and to offer them hands-on coaching and technical assistance so that they can effectively transmit the model to facilitators. Because wraparound is a different model than what people are used to, facilitators are tempted to fall back into their "comfort zone" of planning (case management, therapy, etc), and supervisors are likely to supervise to their "comfort zone" as well. That is why training alone cannot ensure model fidelity or the evolution of wraparound. Technical assistance and coaching to the steps of the process is necessary before skill refinement is ever possible.

Model Implementation

This next level or phase of training may be referred to as Model Implementation. Model implementation is the phase in training when facilitators are learning how to do the steps of the process, even though at times they may feel that this more ceremonial than connected to anything. The major pitfall of this phase is that facilitators will develop a "planning compulsion." This is what happens when they create wraparound plan after wraparound plan for a family in hopes that one will produce outcomes, instead of first identifying needs and outcomes and planning to meet them. Facilitators do need to learn the "ceremony" or the steps of the wraparound process before they are ready to refine their skills. However, allowing facilitators to create plans that fail is not a good way for them to learn and has a negative impact on families. Further, having facilitators fail can result in significant staff turnover. To avoid this pitfall, coaching and support should be provided to the supervisors and the community team, so that they help move the facilitator toward more effective wraparound. Unfortunately, if this sup-

port and coaching is not there, many projects do not move beyond this ceremonial aspect of wraparound, with teams mechanically following the prescribed steps of the practice model. Teams may come together in the spirit of wraparound, and families may feel supported, but the possibilities to achieve high impact outcomes are limited by overly ritualized ceremonial planning and lack of plan implementation. These are the times when facilitators complain that nobody will come to meetings and agreements between systems and families can break down because planning is not oriented toward achieving results. Coaching to skill sets and outcome-based planning (the next phases of training) can break this ceremonial planning cycle that feels mechanical and does not achieve the outcomes desired by leadership or families.

Getting Wraparound Past the "Danger Zone"

Just like anything else, before you can move forward you have to experience some painful lessons. The true danger of allowing a facilitator or project to stay in the ceremonial or value-based approach too long is that the risk to children and families is high and they need more immediate strategic planning. In addition to this, it will be easy for your facilitators to fall into the role of the "hero" who does too much individually and has difficulty motivating anyone else to change their practice. Another concern is that the initial plans that are developed can appear to meet the needs when, upon closer observation, they are based on superficial guesswork.

Another predictor of moving beyond ceremonial wraparound is the expectations defined by the funding sources and the state leadership. Does the training support growth and accountability? Are there contract expectations or quality assurance measures and evaluation? Does the training or technical assistance match the expectations?

If you do not have the structure of accountability as wraparound grows, wraparound practice will evolve into something that is unrecognizable. Terms like warp-around, run-around, stand-around have been heard from people when wraparound morphs into something else entirely due to some of the factors cited.

In the fast food world, we are all about immediate gratification. In reality, people are complex and have to learn at their own pace, in their own way. General value-based training can inspire learning but it does not create a strong skill set that is easily applicable. Adult learning principles (i.e., hands-on, visual, participatory training) should be incorporated at all training phases, but it is especially important in the two later levels/phases. There are always some people that go through training, assimilate the information and then create expectations and accountability to practice. This is more rare than common. Training needs to evolve to more technical assistance and coaching which creates a learning environment that is a balance of expectation and accountability. If you do not take the time to build a strong community infrastructure or state accountability for wraparound, it will be by sheer will that a project evolves beyond ceremonial or value-based wraparound. Unfortunately, sheer will comes from exceptional individuals and thus is not sustainable. Some facilitators will strive to move beyond the ceremony of wraparound but the policies, procedures or lack of supervisory or community team support will limit their best efforts. Some will come to a training session and leave inspired, but then within days, they are back to status quo planning and providing case management because there is not the support to be creative or actually do wraparound. Once again, this highlights the need to have supervisory support across systems if wraparound is to be effective. At this point in the development of wraparound training, supervisors should be the primary "coach" of wraparound versus utilizing outside experts. The

national, state or local experts should funnel their knowledge and expertise through supervisors versus in the presence of supervisors. Supervisors are charged with monitoring the day-to-day operations and need to be skilled in coaching facilitators in how to address safety risks and other issues that arise in the team meetings. Coaching facilitators in the absence of their supervisor sets up an interesting dynamic. Who will the facilitator listen to if the supervisor is not in agreement? Most will chose the one who directly impacts their livelihood, which is the supervisor.

The first two training levels or phases that have been discussed are important for the evolution of a wraparound project, but there is a true danger to remain stuck or stalling out at either of these training phases. A dynamic of these two training levels or phases is focused more on the facilitator's ability to run an effective planning meeting. The unfortunate part of this is that sometimes the planning is more facilitated in hopes something will change versus planning to create change. Good meetings are fleeting and hard to measure. The best way to measure the effectiveness of a meeting is how the team interacts outside of that meeting. Is a therapist's practice driven toward the needs and outcomes of the child, youth and family in their therapy sessions? Does the principal/teacher incorporate the child's strengths during the school day? Does the child's grandmother change how she interacts with the child/parent outside of the meeting? Good meetings that produce best practice outside of meetings are optimal and what a wraparound project must evolve towards. Which brings us to the next phase: skill set development.

Skill Set Development

The next level or phase of training is when the focus should be on skill set development/refinement. Some effective ways to improve the skill sets of facilitators are to provide guided roundtables or "tailored learning environments". Most of these involve both the supervisor and facilitator since there is more accountability when they hear the information together. The other important aspect of moving to skill set training is the utilization of multiple trainers and teachers. It is important to incorporate different experts who

can build different skill sets. Facilitators need to learn from facilitators and from other systems, as well as from family members. Another important aspect in preparing to train staff at this level is the need to review team plans and observe team meetings. The wraparound plan can provide the key to training or coaching needs of the facilitator and supervisor. Facilitators will gravitate to a part of the process they feel most confident and that will be evident in the plan. For example, some facilitators' plans will tend to have great strategies, but needs statements that don't sound like something a real family would create. Others may be fabulous at helping teams create missions but weaker at getting teams to specify and commit to specific actions steps. There will also be evidence if parts of a plan are missing or if there are parts that are in need of attention. As a trainer, coach or supervisor, it is important to pull all aspects together and connect the steps of the process. Skill sets need to be broken down into manageable parts. Some areas that may need attention are:

- Developing strengths and culture discovery: moving beyond positive labels
- Conflict resolution
- Understanding the needs of children, youth and their families
- Creative planning beyond service-oriented planning
- Developing individualized outcomes that are embraced by the family and system
- Assessing risk and safety factors
- Bringing children/youth home from placement
- Understanding the needs/mandates of the systems

New Technology

The last level or phase is the development of new technology. This can happen when facilitators are experienced and skilled, and are ready to move toward more sophisticated, flexible, and refined practice. For facilitators in this phase the other more "basic" or "core" type training becomes a frustrating experience. They are ready to

learn approaches/techniques that they can apply quickly and that are applicable to their job. Many core types of training cannot offer that level of individualized learning to increase the skill set of the facilitator.

As the confidence of the facilitators increase with acceptance of the values, commitment to the model and increased skills to facilitate an outcome-based plan, they are more prepared to accept new tools and technologies that fit with their individual styles and help them refine their skills. These training experiences need to be more focused on the enhancement of critical thinking and problem-solving skills. There need to be more opportunities to think carefully about the steps of the process and flexibility to plan creatively without limitations. One way a facilitator can learn to lead teams to creative planning is by being provided with the learning environment and supervisory support that allow them to go there. The trainer is in the role of facilitator of learning versus a stand-up teacher. This is where training and coaching need to be less about the model and more about the skill of creative problem solving and critical thinking. At this point, the facilitator should be able to balance the need to have the structure of the model with having the process as a whole come together for each team. Learning styles and creative ways of gathering information need to be created and supported by the facilitator. Training needs to be less about providing information and tools and more about creating an atmosphere that challenges facilitators to create their own tools and respond to the uniqueness of individual teams. Learning environments and roundtable discussions that allow facilitators to analyze and problem solve situations are effective training techniques.

Training Considerations

All of these levels or phases of training are fluid and different technology should always be incorporated to improve the learning or teaching opportunities for facilitators, families and systems. All trainers need to be prepared to do an assessment of what level the target audience is on. There are pitfalls in trying to start at the skill set level when the facilitators or systems do not have a strong foundation or commitment to the values or understand the connection of wraparound as a model. That pitfall can be very damaging to high fidelity wraparound: the facilitator may not understand wraparound as a model because of the need to perform the skills too quickly. There is also the potential to focus too much on the facilitator and too little on the roles of the community and systems, which can make or break any wraparound project. The biggest impact from my perspective is to inspire facilitators, families, communities and systems to want to learn different skills that produce different outcomes and wraparound can be one mechanism to do that.

It was my experience that in the beginning, wraparound was more of a movement to push people and systems to think carefully about decisions they made with regard to placement, services and how to develop partnerships with families. In the attempt to respond to the push toward evidence-based practice and fidelity to the wraparound model, it is important to remember the lessons learned. You cannot build without the foundation and the commitment on all levels of the state, system and communities are critical to build ongoing capacity. Training, technical assistance and coaching should always follow, because in the absence of the foundation, wraparound is no different than any other model.

Family members are instrumental in pushing wraparound toward the highest fidelity; as such it is imperative they are an integral part of all training experiences.

Family and youth trainers or consultants should have a role at every level of this journey. This involvement should evolve over time as well. It has been our experience that family members are instrumental in pushing wraparound toward the highest fidelity; as such it is imperative they are an integral part of all training experiences.

Outside experts are also important in starting

any wraparound project, but their involvement should change over time as wraparound evolves. Utilizing and building your state and local experts as trainers by offering training of trainer opportunities helps decrease over-reliance on outside experts and increases local capacity to meet the training and coaching demands. It is important when starting to develop training teams that you consider geography, diversity, parent and youth involvement, and variety of other system and life domain areas. Wraparound training should provide topical training that address potential themes, issues or needs that are facing the youth and families that are involved in wraparound. Outside experts may continue to be a valuable resource but their training needs to be tailored to the expertise, skill sets and what outcomes you want to achieve.

I remember hearing in my fifteen years of wraparound that "wraparound is a process not a program" and, in theory, I believe this. But I also know that viewing wraparound only as a process can be damaging. So I suggest that wraparound is a model. It is a model for strategically organizing systems, people, services, supports and interventions that allow the child and family to experience different results that are meaningful in their everyday lives. It is a model that provides new opportunities based on strengths, capacities, interests while being respectful to their culture, values, preferences and attitudes. It supports teams by allowing them the opportunity to critically think through with children, youth and families and problem solve more creative and effective ways to meet needs and produce outcomes. It is a model that acknowledges the mandates and expertise of the various systems and people within those systems and community while holding the family system as the most influential toward outcome achievement.

Acknowledgement:

I would like to express special appreciation to my colleagues and to youth and families in the state of Michigan, as well as outside experts who inspired this article.

Author

Constance Conklin is the Wraparound/System Reform Coordinator in the State of Michigan at The Department of Community Health: Mental Health Services to Children and Families. Connie has been involved in wraparound in several different capacities over the past fifteen years.

Supporting Workforce Development: Lessons Learned from Wraparound Milwaukee

Mary Jo Meyers, Deputy Director
Wraparound Milwaukee

Wraparound Milwaukee began its system of care development back in September of 1994 after receiving a five-year federal system of care grant from the Center for Mental Health Services. The main focus at the time was to develop a new and better service delivery system for children and families who were using deep-end services such as residential care. Many of these children were using these services for many years, costing Milwaukee County millions of dollars each year and resulting in poor outcomes for these children. As the name implies, Wraparound Milwaukee embraced the values and principles of the wraparound process described in this guide, and utilized these values and concepts to build a new system of care for youth and families with complex needs involved in multiple systems.

Wraparound Milwaukee is funded under the umbrella of Children's Mental Health for Milwaukee County. Therefore, to be considered successful in the eyes of our stakeholders, who were unhappy with the costs incurred by previous long-term residential stays, it was imperative that we focus on financial sustainability very early on in the life of the five-year grant. This push, as well as the strong commitment and belief in the wraparound process, encouraged us to become creative about what it would take to build a lasting system of care that would support and maintain a high quality workforce over the long haul.

Over 80% of the staff we had in 1994, including the facilitators involved in our now widely known and recognized 25 Kid Pilot, are still with Wraparound Milwaukee today in either a management, consultant, trainer, or supervisory role. The 25 Kid Pilot was a study of Milwaukee youth who

received wraparound facilitation and were successfully brought back to their homes and community from residential care. Of Wraparound Milwaukee's current workforce of care coordinators, lead workers and supervisors, 50% have been with us for over 2 years and almost 30% for over 5 years, with some having been employed for as

long as 10 years. In reviewing the past 3 years of existence, there are several key lessons or strategies which have helped Wraparound Milwaukee to maintain a quality workforce over the long haul: 1) Hiring the right people, 2) Providing continuous training, 3) Providing a career ladder, 4) Promoting leadership skills and opportunities for further education, 5) Promoting and maintaining close ties and communication between care coordination agencies and management, 6) Providing structures that encourage mutual support by coworkers, 7) Building healthy competition among the workforce, and, lastly, 8) Creating methods for positive recognition and ongoing support. Each of these eight strategies is important in and of itself, yet combined they create an atmosphere that sustains our workforce of quality facilitators of the wraparound process. Each of these strategies is discussed in the sections that follow.

1. Hiring the Right People

When we interviewed our supervisors about what qualities they look for in hiring facilitators/ care coordinators they responded with:

- Likes kids and believes in families

- Is open minded and creative
- Is receptive to the values that form the wraparound philosophy
- Demonstrates good insight and judgment
- Is well organized
- Has an engaging and enthusiastic personality
- Is comfortable speaking in front of a group of people
- Knows when to be flexible and when to take control
- Has good writing skills
- Can speak to past experiences of team work

When hiring care coordinators, most of our supervisors use a combination that includes in-person interview by the supervisor and lead worker, written exercises, and role-play. For serious candidates, many supervisors will follow this with a group interview by the team of fellow care coordinators/facilitators with whom the candidate would work. The supervisors find the group interview to be one of their most successful tools in recognizing a "best fit" for the team they will be working with. This is particularly important since we have built a system of pairing facilitators to provide coverage for each other's families for evenings, weekends, holidays, vacation and/or sick time to avoid the possibility of burn out due to our policy of 24-hour-per-day, 7-days-a-week availability to the families we serve.

2. Providing Continuous Training and Coaching

All new facilitators receive 54 hours of training to become certified as Care Coordinators/Facilitators for Wraparound Milwaukee within the first six months of their employment. This training is broken up into 10 modules, including many of the topics that are included in this guide, as well as topics specific to working with Wraparound Milwaukee. All training is followed by coaching by either supervisors, lead workers, program coordinators, or wraparound consultants in specific skill sets such as running team meetings, writing plans of care, presenting in court, etc. Because Wraparound Milwaukee utilized a train-the-trainer approach early on in its development, we have been

able to "grow" our own trainers continuously.

By virtue of the initial five-year grant, Wraparound Milwaukee had the opportunity to utilize many nationally recognized trainers such as Vera Pina, Pat Miles, John Franz, John VanDenBerg, Karl Dennis, Mary Grealish, and Naomi Tannen in the first two years of our development. We used this opportunity to get everyone firmly grounded in the wraparound process. We then began cultivating our own trainers by hand-picking facilitators from the 25 Kid Pilot who were exceptional care coordinators and team facilitators and also demonstrated the potential to teach others. Pat Miles continued on as our consultant, encouraging us to begin including families in trainings to teach us how to engage and talk to families as well as accept feedback on our facilitation skills. This practice continues today and no training is done for Wraparound Milwaukee with fewer than six family members present, and often as many as fifteen. We also partner with our family organization, Families United, to co-train for the majority of trainings.

As of 2007, Wraparound Milwaukee is proud to say we have helped develop two nationally known and recognized trainer/coaches and at least eight co-trainer/coaches who have worked in other states. Of our current workforce of about 90 (supervisors, lead workers and care coordinators), at least 20% are engaged in providing ongoing local training and coaching in the wraparound process. Wraparound Milwaukee has also hired two of our own original care coordinators/facilitators to work for our system of care as coaches who are available to assist any team in need and to complete quality assurance activities in the area of child and family team development and ongoing team facilitation process.

While every supervisor, lead worker, and consultant is expected to assist with training, care coordinators are also encouraged and recognized for taking roles in trainings. There are four to eight opportunities a year in which care coordinators assist in training. At times, they are entirely responsible for creating and presenting on topics such as putting values into action, team development, and finding community resources. For the past two years, the supervisors and lead workers have designed and conducted our yearly two-day re-certification training. Feedback for improvement is provided by consultants who observe and critique the trainings, as well as from participant evaluations.

3. Providing a Career Ladder

Since many of the current managers of Wraparound Milwaukee worked as facilitators of teams during the original 25 Kid Pilot, we have an ingrained appreciation for keeping caseload size down and career opportunities up (see Figure 1). In 1996, as the number of enrolled families rapidly increased, a decision was made to build into our

Figure 1. Career Ladder

Other Possibilities:

- Provider Network:
- Agency Supervisor/ Program Lead
- Mobile Urgent
- Treatment Team
- Assessment/ Screening Team

wraparound consultant or manager

program lead

supervisor

lead worker/ facilitator

care coordinator/ facilitator

provider: mentor, crisis stabilizer, residential care worker, therapist, other

care coordination contracts a requirement for a "lead worker." A supervisor and a lead worker—essentially an assistant supervisor—are responsible for the performance of eight to ten care coordinators. A lead worker is not allowed to carry more than four families on their caseload, while care coordinators are expected to carry eight to nine. Other responsibilities may include training new staff, providing coaching for facilitation of team meetings, providing mentorship to care coordinators in court, and reviewing plans of care.

> *As identified in many studies of what keeps people at their jobs, care coordinators will often tell you it is the support they feel from the team that they work with.*

While care coordination is considered to be the backbone of our system design, there are other potential career and promotional opportunities provided through our extensive provider network, our mobile urgent treatment team, and our screening and assessment team. As noted earlier, many of our original care coordinators are still with Wraparound Milwaukee today in a variety of roles including management, supervision, and program development.

4. Promoting Leadership Skills and Opportunities for Further Education

In 1997, Wraparound Milwaukee partnered with Trinity College of Vermont (now Southern New Hampshire University) by supporting their satellite weekend educational program. The program allows working students to obtain a Masters in Community Mental Health in two and a half years. Wraparound Milwaukee provided staff who enrolled in the program one third of their tuition costs, and provided as much flexibility as possible with work hours so that students could work and fulfill their internship requirements. Of the first graduating class in 2000, eight of the nine Wraparound-employed students went on to be promoted to at least a supervisory position within the next year. Wraparound Milwaukee now partners with both the University of Wisconsin-Milwaukee and Southern New Hampshire University to promote further education for all of our care coordinators. Some of our care coordination agencies also provide tuition reimbursement as part of their benefit packages.

There are multiple opportunities presented and encouraged in the area of leadership for facilitators, including training, coaching, committee work, sponsoring family events, attending workshops or seminars, and more. To assist our supervisors in recognizing their leadership skills, we begin our monthly supervisory meetings with each supervisor sharing an example of his or her leadership for that week. We also recognize leadership by highlighting a success story in our monthly newsletter.

5. Maintaining Close Ties and Communication Between Agencies and Management

An interesting phenomenon pointed out to us by an outside consultant is that the Care Coordinators introduce themselves as working for Wraparound Milwaukee despite the fact they are employed by nine different agencies who have contracts with Wraparound Milwaukee. They were never asked to do this. It has just evolved on its own. I have come to believe it is a direct result of how closely the care coordinators identify themselves with the process of wraparound as well as how often we communicate, meet, provide assistance, problem solve, or do oversight for the work they do. Wraparound Milwaukee administrators formally meet with supervisors and lead workers on a biweekly basis but informally see or talk with them every day. All managers maintain a true open door policy, and when it comes to any one needing help, all management team members make themselves available. It is not unusual to see our chief financial officer serving food at a family event or our management information consultant assisting our Youth Council. Family members are encouraged as well to stop by or call whenever they would like.

6. Feeling Supported by Co-Workers

At an agency level, the supervisors have embraced creating a flexible atmosphere that allows care coordinators to get the work done and feel supported by one another. Many agencies offer flexible schedules and office time as long as care coordinators meet their work expectations. As mentioned earlier, care coordinators often share their workloads and provide coverage for one another. As identified in many studies of what keeps people at their jobs, care coordinators will often tell you it is the support they feel from the team that they work with. Agencies also participate in a variety of fun activities both with and without the families they serve. Despite the fact that agencies compete with one another for contracts, care coordinators themselves have formed strong bonds with each other. They are often asked to work together on committees, trainings, and family activities, where they share their ideas and support. Wraparound Milwaukee brings all care coordinators, lead workers, and supervisors together on a monthly basis for training on a topic of their choice. We also sponsor a yearly summer picnic and holiday luncheon for everyone to gather together. This also allows Wraparound Milwaukee to express our appreciation for our staff's hard work and dedication to the families we serve.

7. Building Healthy Competition/Incentives

As part of our data collection and quality assurance, Wraparound Milwaukee created a tool called the Agency Performance Report. This report contains a number of indicators built on the principles of wraparound. Individual care coordinators and agencies are measured on their ability to meet standards of holding monthly team meetings, increasing the number of natural and informal supports on teams, maintaining youth in home and community settings, etc. While at times this tool can create anxiety for the agencies, the majority of the time the tool has created a healthy competition among them and encourages staff development. Wraparound Milwaukee has provided financial incentives for some of the standards—such as successful disenrollments from the program—that then translates down to small bonuses for the care coordinators. Some of the agencies have instituted their own pay-for-performance and incentive programs, which have also helped with staff retention.

8. Creating Methods for Recognition and Ongoing Support

In addition to receiving financial incentives, care coordinators benefit from frequent reminders of a job well done. We have created a simple one-page form called a Positive Recognition Form, that anyone can use to recognize anyone else for a positive accomplishment. The Quality Assurance Department for Wraparound Milwaukee is responsible for processing the forms which are copied with one copy to the recipient, one copy to his or her supervisor, and then multiple copies to the wraparound management team. With permission from the writer and the recipient, all positive recognitions are printed in our monthly newsletter, which has both a local and national distribution. In addition, each recipient who is a care coordinator, lead worker or supervisor receives a call from management to acknowledge their accomplishment and thank them for their great work. Individual agencies have also set up ways to recognize their employees by establishing employee of the month programs and providing gift certificates and other small tokens of appreciation.

Support for care coordinators is available in a number of ways, both formally and informally. First and foremost, care coordinators are taught from day one that building child and family teams and writing good crisis plans are the best things they can do for the families they serve as well as for themselves. One of the common denominators of care coordinators who have been with us a long time is that they excel in both building teams and creating effective crisis/safety plans. Wraparound Milwaukee supports these efforts by maintaining a pool of people with special skills who can be added to teams when needed. These people include staff from Families United (our family organization) and our mobile urgent treatment team (a group of care managers, social workers, nurses or psychologists trained in crisis response), as well as Wraparound Milwaukee coaches and consultants

trained in a variety of specialty areas. Beyond the support of child and family team members, care coordinators also have access to support from their lead workers, supervisors, and wraparound management. In training, a large emphasis is placed on how to utilize team members and how to ask for help when needed. The last training module of the certification for care coordinators teaches skills around taking care of oneself and promoting health and well-being. Agencies are encouraged to hold activities for their staff to promote teamwork and focus on adding fun to the work place.

While I am certain there are additional strategies that can be used to develop, enhance and maintain a cadre of quality facilitators, the eight described here capture what we have found to be essential for the care coordinators of Wraparound Milwaukee. As with all things in life, workforce development is a continuous journey of examining what works, what doesn't, and why. Most of the managers of Wraparound Milwaukee have been together for over 15 years, and as the "old folk" reflect on years of system of care development, many of us ask the questions: Have the workforce values changed over the years? Are the families we serve more complex? Is the community we live in getting more challenged by poverty and violence? And of course the answer to all three is yes. But what has remained consistent is our belief in the values of the wraparound process and our desire to help children and families reach their visions for a better life.

And with those thoughts we continue...

Author

Mary Jo Meyers is the Deputy Director for Wraparound Milwaukee, a nationally recognized program for children and families involved in multiple systems, and is responsible for daily operations and work force development. Mary Jo also provides consultation, training and coaching to other states developing systems of care utilizing the concepts and principles of the wraparound process.

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My Career Journey with Wraparound Milwaukee

Kenyetta Matthews
Wraparound Milwaukee
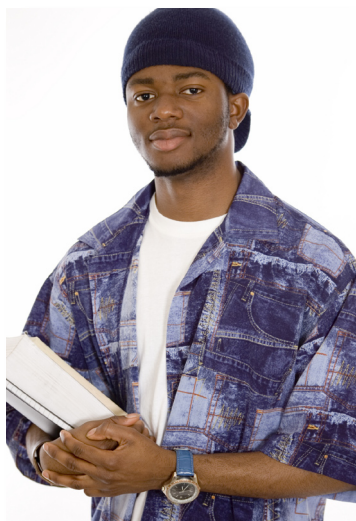
My career with wraparound began on August 31, 1998. My first day of work was one of the most challenging days of my entire career because I didn't know what to expect. I had no training in adolescent mental health except for one course in Life Span Psychology. Despite my lack of training in the field, I found my niche and fell in love. I fell in love with the process; I fell in love with the families; and I fell in love with social service as a profession. During my two-year tenure as a Care Coordinator, I learned so much about people and what's needed to be successful. I also learned that every family involved in the system is just like mine. They are running the same race that my family has run over the years; running a race to make sure the next generation can succeed.

Fast forward two years to 2000, and I found myself at a crossroads. It was time for me to do something different but I still had passion for the work I did with wraparound. During this time period, Wraparound Milwaukee made changes to the contracts with the Care Coordination agencies, so that now there were opportunities for Care Coordinators to "grow" their careers. The Lead Care Coordinator position was just what I was looking for at the time. The Lead Care Coordinator position would provide me with leadership experience while at the same time allowing me to continue working with the children and families that had captured my heart. I held this position for just over a year and learned even more about the wraparound process. I also developed leadership skills that would give my career some direction. I decided during my time as a Lead Care Coordinator that I was ready to take my career to the next level and I needed

an advanced degree to accomplish that. I enrolled in graduate school to better prepare for my chosen career in Human Services Administration.

While in graduate school, I took another position within wraparound that would keep me connected to the work that I had so much passion for. I became a Facilitation Specialist, providing care coordination to families in which a parent was struggling with alcohol and drug issues. Another component to this position was to provide Wraparound training to providers of services to treat drug and alcohol abuse, so that they could implement the process within their respective agencies. I thoroughly enjoyed this position as well. I enjoyed being able to educate others about the wraparound process.

After being employed as a Facilitation Specialist for just over a year, I was given the opportunity to supervise a care coordination unit at Children's Service Society of Wisconsin. I have been in this job for just under four years and this position within wraparound has been my favorite to date. Not only do I have the opportunity to continue working with families, but I also have the opportunity to cultivate the skills of the Care Coordinators that I supervise. I've been very privileged over the last eight and a half years to have worked with a fine group of administrators who have consistently advocated for the mental health needs of the children and families in Milwaukee. I've been equally as privileged to work with the chil-

dren and families in Milwaukee who need a little help to run life's race.

I recently attended a conference where I learned that an African village determines its prosperity by the children of the village. A common question in this village is "How are the children?" The desired response is "The children are well." I believe that the work we do as Wraparound Milwaukee works to ensure that the children and families of Milwaukee are well.

Author

Kenyatta Matthews' nine-year experience with Wraparound Milwaukee has been very educational. She has worked with wraparound in several different capacities, and this has provided her with the skills necessary to continue to effectively advocate for children and families.

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Wraparound Supervision and Management

Patricia Miles, Consultant

Managing wraparound requires a multi-dimensional approach to management, supervision and leadership. Figure 1 on the next page defines three levels of focus for any wraparound supervisor. These three areas include:

1. Working with the Practice Model

Wraparound is an integrative model of responding to people who are suffering. Over the past several years the wraparound process has continued to evolve as practitioners and families have worked together to develop and refine those practices that seem to be most comforting. Because wraparound is a model that borrows from a variety of movements and approaches it is often difficult to describe. Recent developments have included an increased focus on "high fidelity wraparound" in an effort to increase reliability of wraparound practices. A single-minded focus on fidelity, however, can undermine the quality and flexibility of the wraparound process, by encouraging reductionist thinking, promoting an overemphasis on the rituals of wraparound (and an underemphasis on understanding the meaning of the approach), and discouraging innovation to meet family needs. Supervisors play a key role in helping staff accomplish the necessary activities of the wraparound process without sacrificing flexibility and innovation. Key competencies for wraparound supervisors who are trying to be effective within the practice model sphere are described below.

national wraparound initiative

Knowing What Good Wraparound Practice Is

Since wraparound is an integrative model that borrows from and resembles many other practices, it can become very confusing for those involved in delivering it. Supervisors generally have to demonstrate the ability to define core activities that need to occur for quality practice. This means supervisors should be able to define not only what they want done but also how they want it done while tying this to the values inherent in wraparound.

Communicating Good Wraparound Practices

Knowing core practices is different than effectively communicating those practices. The effective supervisor is able to communicate to their employees and other stakeholders what is expected in a manner that is clear and transparent. This means the skilled wraparound supervisor will need to define not only what needs to happen but how it should happen and why it should happen in this way. The effective wraparound supervisor is able to identify phases or steps as described in a training manual or program brochure and define in detail on how they want these phases to be completed.

Recognizing Good Wraparound Practice

When wraparound is accomplished effectively it can often look like an accident of good social work. Wraparound supervisors often find they have a great deal of information about individu-

Figure 1. Three Levels of Focus for Wraparound Supervisors

WORKING WITH THE PRACTICE MODEL

WRAPAROUND LEADERSHIP

WORKING WITH SYSTEMS

WORKING WITH STAFF
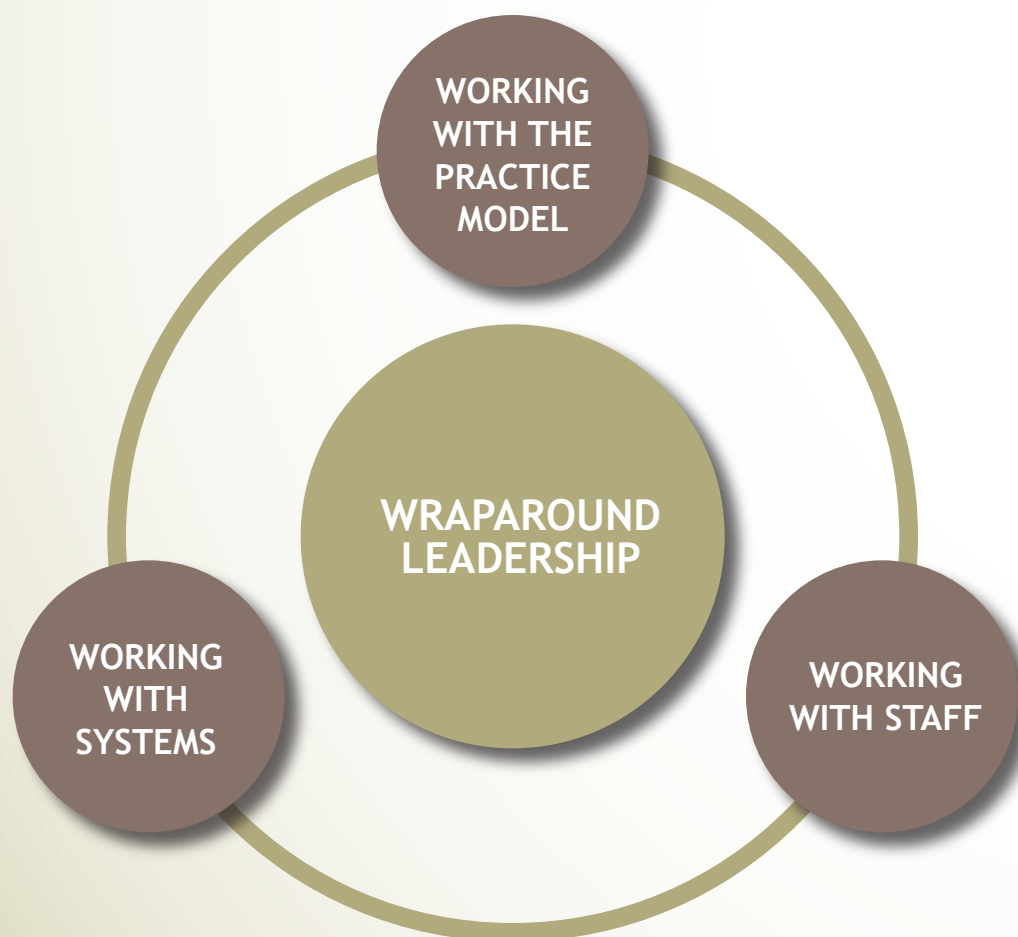
al families who are participating in the process. This can lead to a model of staffing and expert consultation to staff who are struggling to master a process while meeting the needs of a family. The effective wraparound supervisor is able to move conversations in working with their staff from how the family behaves with the process to how staff follow the process with families. This allows wraparound supervisors to recognize good practice when they see it while coaching to reliable delivery of the steps they've defined in the process.

Adapting the Process for the Benefit of Individual Families

Good wraparound supervisors recognize that the point of wraparound is not just to do wraparound. Rather, the point is to do wraparound so as to help people find ways to meet their needs. Ultimately, as each family joins the process, good facilitators are able to adapt certain elements of wraparound to best fit the family and its situation at that time. Good supervisors create the capacity for that adaptation while still maintaining the basic integrity of process. Wraparound fidelity should not be about everyone delivering wraparound uniformly. Instead it should be about the workforce delivering wraparound reliably.

2. Working with Staff

The second dimension of wraparound involves working with staff. This includes not only communicating the mechanical and implementation aspects of the practice model, but also managing all aspects of what is often a very diverse workforce. Some wraparound projects have a range of staff assigned including wraparound facilitators, wraparound clinicians, parent partners, peer youth partners and, in some locations, youth specialists who provide direct interventions between team meetings. Some wraparound projects operate with facilitators only while others may have one or two of the roles listed above. What is clear is that wraparound supervisors are often faced with a workforce whose members may be more different than alike. This may range from parent partners who have first-person experience within the system to facilitators who are starting their career in Social Services. Wraparound supervisors who lead a diverse workforce should be prepared demonstrate a variety of skills, described below:

Conflict Resolution

The more diverse the workforce the greater the likelihood that there were be multiple perspectives. The wraparound supervisor should manage conflict creatively in assuring that all of those perspectives are blending into a holistic experience for families.

Coaching Staff

As the range of staff roles grow within the wraparound project, the wraparound supervisor has to develop a capacity to provide proactive, behavioral, field- and office-based coaching and instruction to staff. Coaching and supervising staff is different than maintaining fidelity to the practice model. Instead this is the process by which staff are given clear directives defining how they should perform their duties in a way that adds value to the comprehensive wraparound package.

Wraparound supervisors are often faced with a workforce whose members may be more different than alike.

Correcting Staff

No matter how much proactive coaching has occurred, supervisors will find it necessary to correct staff behavior and practice patterns. Wraparound supervisors have to translate staff behaviors back to the values base that is articulated in a wraparound model and assure those behaviors are being demonstrated in everyday interactions with families and communities. When there is not a fit, wraparound supervisors should provide clear, consis-

Wraparound Staff Roles

Developing a wraparound workforce has become more complicated as wraparound has matured. Initial projects essentially required hiring someone in a facilitator or care coordinator role with basic educational skills. As differences in positions have developed within wraparound, developing an effective workforce has become more challenging. A range of positions exist within wraparound projects across sites. Typical positions include:

Wraparound Facilitator/Care Coordinator:

This position is typically responsible for organizing the steps of the wraparound process, documenting the plan, hosting and facilitating team meetings, and troubleshooting and organizing support, interventions and services to achieve outcomes.

Parent Partner/Family Partner/ Family Support Partner:

This position is typically filled by someone who has first-person experience within the service system on behalf of their child or loved one. The role of this person varies somewhat from site to site but typically those in this role provides peer-to-peer support for family members and consultation about family perspective to the organization and team,. The parent partner also participates in activities within the wraparound-implementing agency, including utilization and quality review meetings.

Child & Family Specialist/Community Support Specialist/Intervention Specialists:

Some sites have found it helpful to have direct, hands-one practitioners who are available to provide specific interventions as agreed on in the wraparound plan. These individuals will work flexible hours in various locations to provide support and interventions, especially to young people who are participating in wraparound. Support activities can include recreational activities, transportation, and socialization, while more structured interventions might include crisis response, skills building and intensive behavioral intervention.

Wraparound Clinicians:

Some projects integrate a clinical perspective by creating unique roles for clinicians within the wraparound project itself. That does not mean that all families get clinical services from that project clinician. Instead the person in that role may do a variety of things including providing clinical consultation to the wraparound staff and team, providing direct clinical interventions as requested by the team, providing crisis support and intervention as needed, and translating wraparound plans into reimbursable Medicaid plans.

Resource Developers/Resource Brokers/ Community Development Specialists:

Some projects have found that their ability to practice quality wraparound is enhanced by developing capacity to systematically connect with community resources. Those in this role do more than manage community resource manuals. Instead they are responsible for developing connections among community options and the wraparound project, communicating about options for wraparound staff, negotiating for access for wraparound families within the identified resource, and assisting community resources to maintain a welcoming stance for families involved in wraparound.

tent and direct feedback about not only what has happened but why it's a problem for the project and what needs to happen instead. The effective wraparound supervisor takes responsibility for fostering an environment in which staff seek to continuously improve their skills while assuring pride in their development as wraparound practitioners.

Developing Staff

As staff become proficient in demonstrating the wraparound process steps, they will undoubtedly want new challenges. This may mean that they are interested in advancing within the wraparound project or may want to move into other departments that have a philosophy that is compatible with the wraparound philosophy. Effective supervisors are able to champion the growth of their workforce by sponsoring and supporting employee talent and continued growth, through formal education/training, lateral transfers, promotions and/or restructuring jobs to enhance growth. Wraparound supervisors walk a fine line when making these adjustments and need to be sure that they are making accommodations that really enhance the employee's strengths, thus improving the overall program performance. Accommodations must be balanced with accountability to ensure that individuals are still producing good outcomes while consistently following practice pathways.

3. Working with Systems & Organizations

Quality wraparound implementation takes the combined efforts of practitioners, managers, and partners on the inside who can tame

the bureaucracy and organization, as well as family and community members. Many wraparound projects are initiated as an alternative to other services specifically targeted for those situations that can't be resolved effectively with what's already available. This alternative approach often

makes wraparound programs very political within the host environments in which they are housed. Those involved in trying to serve the family prior to the referral to the wraparound project may feel defensive that the wraparound project will be able to achieve what they couldn't accomplish. This can set up an "us-them" mentality within the organization whether it is housed in a non-profit, public sector or other type of service agency. Some wraparound projects fail because of the inability of the host environment to change. Effective wraparound supervisors must demonstrate the following capacities in working with systems and organizations:

Lateral Alliance Building

Effective supervisors have the ability to work across departments with peers and others to assure that all employees within an organization or service system feel a sense of ownership and participation in the wraparound project. This means the effective supervisor has to stay away from taking on the role of "hero" within the organization and ultimately realize that a right-size host environment is fully participatory.

Manage Up

Effective supervisors are those who are able to

produce the right type of practice model within the organization. This requires creating capacity within the organization to tolerate responsible risk taking, realigning rules and policies for individual situations, and working cooperatively with administrative leadership to assure that wraparound is well-placed within the organization. Smart organizational thinkers avoid the trap of developing their wraparound project as a subculture within the larger organization. Instead, they work cooperatively within the organization to increase compatibility between the operations within the wraparound project and those within the larger organization.

Build Out

Wraparound is a process that we use when we don't know what to do. It's also a process that you can't do alone. Wraparound supervisors find they spend a great deal of their time building connections in addition to those they need to build within their organizational environment. Many wraparound supervisors find they need to develop effective alliances with public systems such as child welfare, juvenile justice or mental health, so that they continue to make referrals to the project. Once the referral is made, wraparound supervisors must manage to assure continued participation by individuals in those systems. This can be a challenge for the individual who is used to referring "to" a service rather than joining with that project. Wraparound supervisors spend a great deal of their time assuring that their staff and project don't end up "going it alone" but instead, bring on everyone together.

Make Over

Wraparound supervisors should be prepared to partner with others in creating new opportunities within their primary host environment and the within larger service system. The wraparound project is often seen as a laboratory for innovative ideas or strategies and effective wraparound supervisors find ways to work with the organization to apply those strategies across more widely. One example is an organization that has hired parent partners within their wraparound project, and after experimenting in that setting, discovers that the rest of their programs could be enhanced by

Tips for Developing the Wraparound Workforce

Developing the right workforce can be a challenge for wraparound supervisors, especially if the project is new and designed to be richly staffed with a diversity of roles. These tips can be helpful for individuals who are developing new projects or realigning their staff patterns.

1. Recruiting

a. Use the values base to publicize the staff needs in wraparound to attract individuals who are compatible with the philosophy.

b. Family/Parent/Support Partners can be recruited from client lists. Cast a wide net by sending out job announcements to all people who have received services in the past year.

c. Post job announcements in waiting rooms and encourage front desk personnel to distribute.

d. Direct contact counts. Go to practitioners to get names of potential applicants.

e. Define your expectations specifically. If you're recruiting for family members who are parents, say so. If you are expecting lots of on-call hours, state that the schedule will be irregular.

2. Hiring

a. Involve parents and young people in interviews from the first contact. This allows the workforce to know you are serious about working with families.

b. There are two HR Department responses when asked whether you can ask potential family partners about whether they have first-person experience of the system. One answer is "No, that information is privileged." The other answer is "Yes, first-person experience is a fundamental job requirement." Work cooperatively with your HR department to find ways to work through the first stance. One example to work around this includes conduct-ing group interviews in which material is shared with a group of potential applicants and then they are required to respond to each other while the employer observes. In that circumstance, those with first-person experience will often self-disclose while those who haven't had that experience will become very obvious.

c. Use situations to get at the values. Most applicants will indicate they are "strength based, culturally competent, needs driven, community based, committed…" during an interview. Use behavioral examples to get at the values rather than simply asking if they believe.

3. Training

a. Use the values to build a foundation but don't stay there too long. If your training doesn't capture how to do something in addition to why to do it, your staff will not be able to demonstrate the skills you need.

b. Recognize the limits of training. Training will help you define terms but won't necessarily translate to action or good practice.

c. Involve families receiving services in all aspects of your training. The more your customers know about what's supposed to happen the more they will be able to help you produce it.

d. Avoid a before and after, us and them paradigm in training. When wraparound began it was clearly an alternative to other frameworks. As services within the larger system have continued to evolve to use more family-centered, strength-based models there is more in common between wraparound and basic practices then before. Materials that speak about moving from one assumption to another (for example a deficit model to a strengths model) may create a context for competition rather than cooperation.

e. Define what wraparound is in training rather than focusing on what it's not. Use positive, proactive examples that paint a picture of wraparound practice rather than defining wraparound in contrast to more traditional models.

4. Supervising

a. Describe wraparound practices behaviorally and specifically.

b. Define how you want the values to be delivered in specific, behavioral terms. For example, don't say to staff "be strength based," but instead describe for staff what you want them to do and use the values terminology to tie behaviors to the overall concept.

c. Actively supervise to the practices you have described and defined.

d. Recognize that as the supervisor you are responsible for assuring consistency across the breadth of the project.

e. Share your defined practice model with families

f. Solicit family feedback about whether you are following your own guidelines.

g. Seek feedback from a variety of sources and in a variety of settings including attending team meetings and accompanying staff.

5. Transitioning

a. Build vertical and lateral career ladders for the wraparound workforce to advance.

b. Working within a wraparound environment is not for everyone. Help those that are poorly matched move on quickly.

c. Establish your limits and communicate those to staff.

d. Reward demonstrated competence through promotions and opportunities either inside or outside of the wraparound environment.

hiring those with "first person experience of the system." In this case, the organization has parent partners hired within their foster care, residential, day treatment and outpatient programs. Another example is the wraparound project that involved family members in hiring new staff. Over time, the organization has institutionalized that process in its human resource department by assuring that all new staff, including administrative staff, are screened by family members who are currently receiving services.

Summary

Wraparound supervision requires a multi-dimensional approach to practice, people, programs and policies. Effective supervisors are often faced with the need to define the practice model, build support for the practice model, and tame policies that may be in conflict with the practice model, while also creating procedures that are compatible with the spirit and intent of wraparound. Very few wraparound supervisors find themselves in situations that don't require some retrofitting of the host environment. The effective supervisor strikes a balance between the need to work on the larger environmental issues, the need to nurture the work force and the need to continually improve and adapt the process for the benefit of families.

When communities start new wraparound projects, supervisors may find themselves managing a project they have never done before. Staff or others may sometimes raise this as an issue in questioning the capacity of the supervisor to supervise. Some supervisors have elected to take on the role of facilitator for at least one family to assure they have a good understanding of the process. Others have elected to educate themselves by working closely with staff and being available within a variety of meetings and settings so they can gather information in that manner. Others find themselves networking with peers from other wraparound settings in order to get feedback and information. Some will also use consultants and trainers as a way to build their own confidence and knowledge base. It is important to remember that the skill set for supervising wraparound is different than the skill set for implementing wraparound. Those projects that are maturing and can create promotional opportunities for wraparound staff will do well to remember this. Effective projects invest in building supervisory skills at the same time they are developing strong wraparound capacities.

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Supporting Wraparound Implementation: Chapter 5d.1

Developing, Financing, and Sustaining Wraparound: Models for Implementation

Patricia Miles, Consultant

Introduction

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

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

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

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

- **Public Sector-Implemented Model: Butler County, Ohio**. This description details the efforts of one county in Ohio to develop capacity for wraparound implementation. In this model, local leadership created the organizational capacity to implement wraparound by working across systems. In reviewing this implementation model it is important to remember that context counts. Ohio is a home-rule state that has a long history of projects jointly managed through intersystem collaboration.

- **Network-Driven Model: Orange County, California.** This description identifies a public-private partnership for implementing wraparound. This model allows the county to contract for care coordination and direct services. In its large urban setting in Southern California, this model has worked effectively to assure that families have access to wraparound.

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

- What is the **population** you are worried about? Each leader involved in wraparound has to start somewhere. Identifying the highest priority population among potentially eligible families will allow leaders to make the right organizational decisions about where to start.

- What is the **urgency** for action? Timing matters with wraparound implementation. Leaders have to identify how quickly they must produce results in order for those families in the target population to get the help they need soon enough. At the same time, leaders have only so much time to demonstrate to the community stakeholders that the project is able to produce desired outcomes. Implementors should consider what organizational model will result in a "right timed" response.

- What is the nature of the **host environment** in which you are operating? Leaders have to consider the larger community and system settings for operations. A provider model is often shielded from larger system challenges which may allow faster implementation in the early days. On the other hand, a critique of the provider model is that it can get so protected from the larger environment that it becomes irrelevant to larger system practices. When this happens, the wraparound project can serve to function like a subculture within the larger system culture. This can be a problem for those families who can't find their way to the wraparound provider.

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

- *Catholic Community Services* started their wraparound journey in an environment in which local child welfare and mental health leadership blended funds. Today, they are operating with a braided model in which each system holds a separate contract with the same principles and values. The agency takes on the responsibility to create an experience of integration for those practitioners who get to work directly with families.

- *Butler County, Ohio,* a public implemented model, began with a wide change effort based on the notion that they could train many practitioners across multiple systems in hopes that families would have minimal barriers in finding their way to a wraparound process. Concerns about quality assurance and reliability caused leadership to rethink this strategy and build a centralized unit that is held in the local

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

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

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

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

None of these models is the single, right one for wraparound implementation in every setting. Each community story has lessons that can be relevant to other communities implementing Wraparound. Readers should pay attention to their own concerns about target population, urgency and host environment in deciding what organizational model to pursue first. Readers should also remember that where they start is not necessarily where they will end up in terms of creating options.

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Supporting Wraparound Implementation: Chapter 5d.2

Private Provider & Wraparound Flexibility

Doug Crandall, COO
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Catholic Community Service
Family Preservation System

Family Preservation is a system within Catholic Community Services of Western Washington (CCS), a private non-profit agency that provides a range of social services including mental health, housing, long term care for older adults, child care, and other treatment and supportive services. The Family Preservation System provides services through contracts with mental health and child welfare authorities, is licensed as both a community mental health agency and a child placing agency, and is accredited by the Council on Accreditation.

Catholic Community Service's Family Preservation System operates from an unwavering belief that children need their families and families need their children. Since 1974, with the inception of the original "Homebuilders" program in their Tacoma, Washington (Pierce County) location, Family Preservation has continued to explore and develop innovative approaches that promote safety, stabilization, child and family well being, and permanency. As the Family Preservation System evolved, incorporation of Wraparound principles and approaches was very natural and exciting.

Early Wraparound Efforts
and Experiments (1990 – 1993)

Wraparound efforts in Washington State and in Pierce County really got under way in the early 1990s when several initiatives came together. Washington State was implementing the Child and Adolescent Service System Program

national wraparound initiative

(CASSP) initiative; the state Legislature mandated that local mental health authorities develop an integrated plan for mental health services to children, including those administered by other child serving systems; and the state level Mental Health Division had staff in the children's unit who had climbed on board the wraparound wagon and were bringing experts in the field to Washington to help whip up excitement. On a local level, Pierce County had just finished a broad community planning process to assume local administrative control of the publicly-funded mental heath system, and had just lost control of unrestricted access to one of the state's children's long term psychiatric facilities. This moved local leadership in mental health and other child serving systems into a closer partnership. Pierce County's child serving systems (mental health, child welfare, developmental disabilities, juvenile justice, public health and education) came together in the spirit of shared responsibility for children and began experimenting with the Wraparound framework by serving a few select children and their families. An interagency administrative team was formed for the purposes of planning and oversight of this initial wraparound effort.

Quickly, CCS became the primary provider of mental health treatment and support, while other mental health agencies struggled to create responsive, immediate and flexible services.

Catholic Community Services first became involved through a contract with the local mental health authority (under the oversight of the interagency team) to hire the first wraparound facilitator for a pilot project for ten children and their families. This individual was to facilitate child-and-family-team development, planning and implementation. Individual plans were to be funded with each system contributing staff resources, services or payment. CCS was the fiduciary/administrative agent. Services were expected to be available from existing community providers, including CCS, through categorical funding streams. Flexible funds were available to assist with any needs that could not be funded with categorical dollars. There was no dollar limit established or allocated for flex funds and expenses were paid on a cost reimbursement basis by the mental health authority.

Child and family teams were convened with much care given to educating team members about the principles of this novel approach and the process that would be employed. Systems began behaving differently – with more flexibility and creativity. For example, a child on probation for fire-setting behavior performed her community service hours washing trucks at a fire station. Sex offender treatment specialists began writing reports that contained statements of hope for youth, balancing the warnings of risk. This creativity was in part due to the newness and excitement of the approach, measured with a challenge to come up with the most innovative strategies possible. Systems were also beginning to trust each other and recognize the shared benefits of success.

Successes were immediate and exceptional. "Angie" was a 16 year-old with an extensive history of self harm and assault, often self-mutilating to the point that she required surgeries to repair the damage. She had received outpatient treatment for nine years, had experienced multiple psychiatric hospitalizations as well as nearly two years in a long term psychiatric facility. Due to past arson and assault charges, she was involved with juvenile court and probation. Each of the schools she had attended since 6th grade reported multiple behavioral issues and were quite reluctant to accept her back, citing concerns for student safety. She was released from a long-term psychiatric facility to her mother and siblings. In order to get a fresh start they moved to a rural community where staff accompanied the mother and daughter as they introduced themselves to neighbors. Work with the school resulted in Angie's attending on a limited basis while she attained her GED, and she participated on the school swim team. She was also assisted in getting an afternoon job with
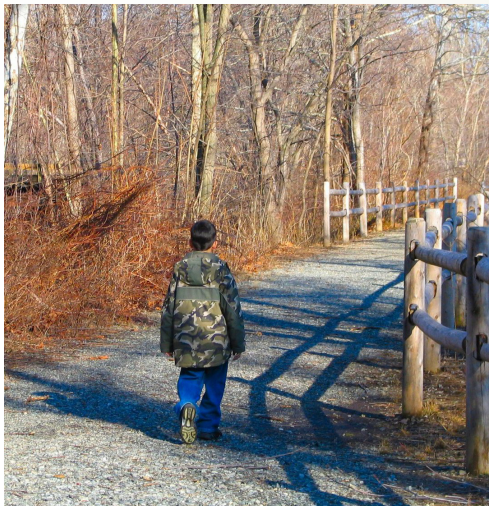
a children's party planning business. Self-harm and assaultive behavior was essentially eliminated, being replaced with a sense of belonging and purpose. At the system level, administrators were astounded at the relative ease with which children and families experienced success.

Mental health was by far the largest provider of services, with child welfare a distant second. Other systems provided direct treatment or support services minimally and only occasionally. This was mainly due to the population of children being selected for this pilot, which tended to have extensive outpatient and institutional mental health histories.

Catholic Community Services proved to be both a highly capable administrative entity and direct mental health service provider. They were extremely flexible and creative in both capacities, developing supports and resources to meet needs and simplifying administrative issues such as immediate payment for goods and services. Quickly, CCS became the primary provider of mental health treatment and support, while other mental health agencies struggled to create responsive, immediate and flexible services. CCS also had the benefit of being a licensed child placing agency, and therefore had the capacity to utilize specialized foster homes for brief respite stays.

Second Generation Wraparound Efforts (1993-2000)

In the early to mid 1990s, the community context changed. The state mental health system was granted a 1915 (b) waiver to Title XIX of the Social Security Act, allowing implementation of managed care through capitated arrangements with local mental health authorities (called Regional Support Networks or RSNs in Washington). The mental health benefit design, under the rehabilitation option, was fairly broad and included a treatment modality for High Intensity Treat-

ment. This modality included the full range of mental health services available in the Medicaid State Plan, and twenty-four-hour-per-day and seven-day-per-week access provided through a multi-disciplinary team in the community. Shortly thereafter, child welfare initiated a behavioral rehabilitation service (BRS) option utilizing Title XIX funds for those children who lived in group care or therapeutic foster care settings. Funding for this service included coverage for routine mental health care. Both the state mental health and child welfare authorities indicated that Medicaid mental health funding could not supplement this service since it would be viewed as "double dipping." The end result was that while mental health had achieved greater flexibility in funding, child welfare had created a categorical funding stream that inhibited blended funding.

When child welfare put out a bid for BRS services, CCS responded as the lead agency for an alliance of providers and was awarded the contract. This forced mental health and child welfare to evaluate how they would continue to partner in response to high needs children and families in the community. In evaluating the children identified as meeting criteria for either wraparound or high-end BRS (essentially the same criteria as wraparound), the number was about the same from each system. Given this, a decision was made to have mental health fund their share through wraparound and child welfare through BRS. The systems had abandoned the "it's your kid' mentality and were motivated to demonstrate such through collaborative funding arrangements, yet this solution seemed the most streamlined and administratively simple. They agreed to jointly monitor service utilization and expenditures with the expectation that things would change if the data presented the need.

During this time, a majority of the services and supports provided to "wraparound" children and families was being delivered directly by CCS. They had developed a cadre of skilled facilitators, clinical professional staff, psychiatric services, paraprofessional support, respite homes and parent partners. The function of the facilitator was

integrated into the role of the lead clinician from the agency. This was in part a financial decision. Since clinical work at CCS was always delivered nontraditionally, absorbing this role into that of the primary clinician seemed less confusing to both the family and staff.

At this point, the local mental health authority and CCS were invested in moving from a fee-for-service model to a case rate payment. An initial analysis of aggregate costs showed that a surprising percentage of expenditures fell into the clinical indirect category, which would not be considered reimbursable under a fee-for-service arrangement. These costs included higher levels of supervision, coordination between CCS staff, two-to-one staffing and travel. This was also a new way of doing business for CCS and the agency had not fully explored how to account for all activities to maximize direct billing. This was somewhat alarming to senior county mental health administrators and further analysis was requested.

Rather than pursue a retrospective study, it was decided to build a case rate based on the actual cost of plans. Catholic Community Services facilitators developed individual plans of care for each child/family served. Local mental health and CCS administrators "negotiated" the type and frequency of services, including flex funds, and established a cost per plan. Services were costed on a fee-for-service basis with hourly rates established by staff position and service type (e.g., therapist at $82/hr; parent professional staff at $11/hr; parent partners at $9/hr; etc.). Plans were funded for three months with a monthly reconciliation of actual expenditures to the budgeted amount. CCS could request additional reimbursement after the fact up to an established maximum consideration. Individual monthly plan amounts varied greatly, ranging from around $1,000 up to $14,000.

This process proved a real test of the strength of the relationship between the funder and provider. Arguments occurred, accusations of micromanagement abounded, and a few tears were shed. After 15 months, the RSN and CCS agreed to a monthly flat rate ($3,200). Funding came from a combination of state/federal Medicaid and state-only dollars administered by the local mental health authority. This rate would be authorized for up to one year, with decisions about authorization and re-authorization falling to the local mental health authority.

CCS had established itself as a niche provider for children and families presenting with the most challenging behaviors and complex needs. They helped the RSN achieve the lowest utilization of children's long-term inpatient care in the state. They also contributed greatly to the local child welfare system's success in keeping children in their own community and out of institutional and group care settings.

This was an exciting as well as challenging time for CCS. It was a period of rapid growth, and while service provision was sailing along smoothly, there was a need to convey clinical and administrative issues to two different funders. It was necessary to shield staff and practice from bureaucratic and funding rules so they could focus on being creative, flexible and responsive. Fortunately, the relationship with funders continued to be strong, nurtured through participation in regular staff meetings, trainings and celebrations.

It was a period of rapid growth, and while service provision was sailing along smoothly, there was a need to convey clinical and administrative issues to two different funders.

Present Arrangements

The current structure for providing wraparound within CCS has matured and been integrated into all aspects of the agency. Services have expanded throughout southwestern Washington and into Oregon replicating results experienced in Pierce County. Funding in Pierce County continues through a contract with mental health, with the all-inclusive flat rate and an expected "target" number of individuals served per month determining the contract's upper payment limit. Services are reported to the RSN through the use

of a per diem "wraparound" code, with CCS maintaining individual encounter data for management purposes.

Services are provided through a team of CCS staff in concert with the child and family, staff from other systems involved with the family and natural supports. Decision making is driven by families within a team context, with resources readily available when and where they are needed. Lead clinicians have the authority to bring other CCS staff resources (paraprofessional support, parent partners, psychiatric services and respite) to the team and authorize the use of flexible funds (up to $250) with only front-line supervisory authorization. Authorization for expenditures above that amount are made by managers and directors who are available on a 24/7 basis. Specially designated client needs checking accounts and agency credit cards are readily available to cover costs whenever and wherever they occur. Expenditures are tracked by client and fund source through an integrated clinical and fiscal management information system. Resource utilization is managed carefully by supervisors and managers through a host of management reports that include flex fund use, resource utilization, staff productivity and client outcomes.

Maintaining a competitive pricing structure has allowed CCS to stay in business even as some communities have reduced capacity. This reduction in capacity has been in large part due to a move to what is basically a Medicaid-only service delivery system in Washington State. Previously, up to twenty-five percent of children and families served did not have Medicaid and were covered with state-only funding. Economy of scale is another factor that has allowed CCS to maintain a fairly priced capacity.

Challenges

- *Conflicting Interpretation of Federal and State Financial Rules.* Federal and state communications often present contradictory viewpoints about what is allowable under Medicaid. At the federal level there is support for medical model care under a fee-for-service arrangement. Although Washington's Medicaid state plan modality does not mention wraparound by name, it includes an intensive treatment service allowing for a team-based flexible approach. However, state structures make implementation a challenge. For example, when the state was revising their coding rules, they took the position that two-to-one staffing was allowable only when there is a risk of safety to staff in a crisis situation. Wraparound relies on a team approach and may include two staff working with a family in a variety of other situations, including team meetings, family outings, and for the safety of the client or others. Under our per diem reporting structure, this is not a problem; however, questions abound as to whether this "bundling" of services will continue to be permitted.

- *Managing To the Practice Model: Keeping Fresh.* There is an inherent challenge in balancing creativity and flexibility with

adherence to process. While these are not mutually exclusive, they can cause friction, and when process takes priority over innovation and responsiveness, families may be left behind. This also includes attention to fit, so that the right response is truly tailored to specific needs. The danger is that without logical decision making it may be more expedient to just plug in the same thing or follow the same procedures in the name of fidelity.

- *Managing Perceptions of "Entitlements."* This may originate within systems and be-

tween families. It may interfere with the planning process when a specific direct service or flexible funds are viewed as a need instead of a planned strategy in response to one. For example, one family may be stretched and exhausted and receive frequent respite care. Other families may hear of this and feel they should receive the same. Referring staff in other systems may also communicate to the family or team the need for a particular response prior to the planning process. This sets families up for disappointment and makes the process of engagement and trust building more difficult.

- *Balance Between Planning and Doing.* The wraparound process, by its nature, is a balance between providing interventions and facilitating teams. Staff must be skilled, flexible and comfortable with this dual role. A challenge for any provider is creating the ability to implement "just in time" interventions, services or supports while maintaining a capacity to lead an ecological team in reaching agreement.

Lessons Learned for Providers and Funders

1. *Ensure that Mission and Values Drive Practice.* This may sound simple but should be the significant driving message of leadership of the provider agency. This requires constant self-reflection as well as organizational sophistication in reviewing the desirable characteristics of all staff and how decisions are made and how services are delivered and evaluated. Likewise, the funder has to be tolerant and supportive of a mission focused provider.

2. *Balance Provider and Larger System Issues. Providers have to accept that they can't change the whole system.* A provider becomes an option within the system. Funders have to continually manage the system change issues within the larger system. Funders should avoid making the provider responsible for system change.

3. *Regularly Re-evaluate your Commitments.*

In Pierce County, the system-level outcomes have been so successful that there is a risk is that the provider is taken for granted. What were previously seen as monumental successes are now commonplace. As the bar rises from year to year, the provider runs the risk of no longer being seen as essential. It's a good idea to formally build in commitments at regular intervals over the years.

4. *Build Continuous Partnerships with Funders.* Providers have to partner with funders continually. Don't take supportive funders for granted. Leadership changes and as a provider one must to be prepared to continually demonstrate worthiness. Funders have a right to this. Strategies for identifying value and worth include identifying outcomes and results for the right price.

5. *Take the Broad and Deep, Long and Short View.* Providers must pay attention to all things at all times. The skilled administrator of a private agency has to attend to practice issues to ensure the work force stays innovative. The administrator must consider local, state and federal funding issues as well as legislative issues. Funders who are attempting to be supportive of a private, non-profit that is operating wraparound must attend to the possibility of mixed messages from other sources of the bureaucracy including contract management, accounting and certification. Housing wraparound in a private non-profit doesn't mean the funder only has to execute a contract, but must also be prepared to create supports and structures to insure the contract stays fresh, flexible and innovative.

Author

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Supporting Wraparound Implementation: Chapter 5d.3

The Wraparound Orange County Model

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Background

Orange County is located between Los Angeles and San Diego counties in Southern California. The county is populated by 3 million residents, of whom 53% are Caucasian, 32% are Hispanic, and 13% are Asian. In this urban county, the median family income is about $84,000 per year. The Social Services Agency (SSA) is the child welfare agency in Orange County. SSA chose to implement Wraparound Orange County for several reasons: a disproportionately high reliance on group home placements, a recognition that many emancipating adolescents return to their families of origin after dependency terminates, and an appreciation of the enhanced value of services provided through a strengths-based, multidisciplinary approach. The SSA has a positive, effective working relationship with the Orange County Health Care Agency (HCA), the behavioral/mental health agency in Orange County, and in fact already had integrated behavioral health staff into many components of child welfare work. SSA also has a positive working relationship with the Orange County Probation Department, which shares a common interest in developing better solutions for youth with severe emotional or behavioral difficulties.

Wraparound Orange County was implemented in July 2001. It is administered by the SSA, in partnership with HCA and the Probation Department. As of April 2007, Wraparound Orange County was serving 330 youth each month.

Target Population

To be eligible, a youth must have severe emotional or behavioral difficulties, and be currently placed in, or be at-risk of being placed in, a group home (which includes residential treatment centers and correctional placements), and be either:

- a dependent from child welfare, or
- a ward from probation, or
- referred by mental health and identified by special education.

Child Welfare dependents are youth who are declared to be abused or neglected, and who are under the jurisdiction and supervision of the Juvenile Dependency Courts. During court dependency, youth may reside with their birth parents, relatives or in foster homes. Similarly, probation wards are youth who have committed a crime, are adjudicated, and under the jurisdiction and supervision of the Juvenile Probation Courts. The Juvenile Courts will terminate dependency or wardship when the conditions that brought the youth to the formal system have been resolved, i.e., youth are living in a safe and permanent home, or they are no longer determined to be a safety risk to the community.

The Wraparound OC Model

Wraparound OC is administered by the SSA. Administrative tasks for Wraparound OC include contract management, payment of placement costs, quality assurance, training and technical assistance, and coordination of services with county staff and the Juvenile Court. Liaisons (supervisor level staff) from the HCA and Probation Department participate with SSA staff in these tasks. The SSA contracts with five community-based organizations to provide direct and support services. Four agencies have extensive experience in the residential treatment field, and are certified Medi-Cal providers. Medi-Cal is California's version of Medicaid, which is available to all foster care dependents and probation wards while under the jurisdiction of the Juvenile Court. Additionally, families may qualify for Medi-Cal to meet their physical and mental health needs, depending on their financial situation.

These agencies employ Care Coordinators (facilitators), Parent Partners (peer parents), and Youth Partners (mentors) to work with wraparound families. A fifth agency, Family Support Network, developed the Parent Institute to recruit, train, and support the Parent Partners, who are employed by the four direct service provider agencies. The Parent Institute represents the collective voice of parents in the development, administration and oversight of Wraparound OC, and it participates in a variety of meetings, trainings and organizational planning sessions.

Senate Bill 163 was established in California to allow counties with approved wraparound plans to access the state and county foster care funds that

would have gone to fund the youth's placement and treatment costs in a group home facility, and instead allow counties to use the funds to support and maintain the youth in a family setting. In compliance with California Department of Social Services (CDSS) SB 163 Wraparound standards, the four wraparound provider agencies bill Medi-Cal for allowable services to eligible families. The Orange County Health Care Agency (HCA) administers the Medi-Cal contracts and meets each month with the providers and SSA to ensure coordination of services and fiscal accountability.

After some early experience managing the complex fiscal and bureaucratic tasks for new wraparound referrals, a system was established. The referring social worker, probation officer or therapist consults with a wraparound supervisor to determine whether the youth meets the eligibility criteria for Wraparound OC. Once consultation is approved, the referring worker obtains

the consents of the family members and prepares the referral packet. The Wraparound Review and Intake Team (WRIT), composed of administrators from child welfare, probation and mental health, together with parent representation, reviews referral packets each Wednesday and assigns eligible youth to a contracted wraparound provider, and engagement work with the family begins. This is the pre-enrollment stage. The referral remains in this pre-enrollment phase until the youth's transition from group care has occurred. Once the youth resides in the family home (birth home, relative home, or foster home), then official enrollment into a wraparound slot occurs, which triggers the funds to flow into the wraparound fund from the state and county, and remains until dependency or ward status terminates. Upon termination, official enrollment ends, and the youth can enter post-enrollment for up to 90 days of transition from wraparound. Each month, the county SSA submits statistical documentation to the California Department of Social Services in order to claim funds for youth enrolled in SB 163 slots. When youth are not enrolled in an official SB 163 slot, they are documented as pre- and post-enrolled, which is funded through Wraparound Orange County's savings and reinvestment fund. The Reinvestment Fund includes any savings from the Wraparound OC program, and is used to reinvest into services and programs to support children and families. In Orange County, reinvestment funds have been used to provide Wraparound to families who would otherwise not qualify, due to the fact that their behaviors do not rise to the level of group home care. In addition, a Provider Network has been developed to fund services and interventions that were otherwise not known or developed in Orange County, including crisis services, additional youth mentor services, sexual behavior treatment programs for families who could not afford it. Additional fee-for-service contracts are funded with reinvestment funds including tutoring, after-school programs, in-home safety aides, monitored visitation, and housing location services.

Within the initial month of referral, the Care Coordinator and Parent Partner are responsible for meeting with the family, holding an initial family team meeting and developing an initial Plan of Care, Family Budget and Safety Plan for the first three months of service. The Family Budget is authorized by having the Care Coordinator submit monthly Individual Service Reports (ISRs) to the County Administrator for reimbursement of flex fund and non-Medi-Cal allowable costs incurred to support the family. The most common types of costs are related to basic needs (housing, food, utilities, childcare) and individual activities for youth in the community (dance lessons, sports, music lessons). On average, the use of flex funds averages about $300 per family, per month. A separate Medi-Cal report is submitted to HCA for Medi-Cal allowable costs. In Orange County, direct therapeutic intervention is not provided by the wraparound staff. Instead, the wraparound staff will facilitate the family team in a planning and documenting decisions to access various services and interventions. This is considered "case management" according to Medi-Cal definitions. Additionally, the wraparound staff may directly assist the youth in the development of skills or engagement in activities. This is considered "rehabilitation." In addition, Medi-Cal allows staff to bill for the time it takes to document these activities, as "documentation." In addition to flex fund expenditures that are reported each month on the ISR, wraparound providers invoice SSA for their monthly operating and staffing expenses, per the approved contract budget.

Each contracted wraparound agency has a flex fund budget for each fiscal year, based upon the total number of youth the agency could serve each month. The provider expends funds to meet immediate needs of the families they serve, and then the agency is reimbursed for these flex fund expenditures. The contract requires that each wraparound agency has the capacity and resources for family teams to access funds the same day, as needed. The actual check writer remains within each wraparound agency. Once the family team decides what interventions could meet the family's need, there are a variety of interventions that can be paid for through the use of flex funds. Common interventions in Orange County include housing assistance, basic needs, respite, transportation and youth activities (sports, music lessons, tutoring).

The Social Services Agency, as the fiscal agent for Wraparound Orange County, maintains fiscal management of the reinvestment and savings pool

for Wraparound Orange County. The Wraparound Oversight Group (WOG) includes executive administrative management from Social Services Agency, Health Care Agency and Probation Department. Wraparound Orange County is in our 6th year of providing wraparound. Over that time, we have been able to save costs over what residential or other out-of-home placement costs would have been. Our wraparound plan, approved by California State Social Services and our County Board of Supervisors, states that any savings are to be reinvested into our system of care for services to children and families. WOG, in consultation with representatives on the countywide Children's Services Coordination Committee (CSCC), reviews and approves recommendations for reinvestment of the savings into various services for children and families. Reinvestment into services promotes system change within both community and formal service systems. By expanding the target population for referral to Wraparound Orange County, additional families and staff have had the opportunity to participate in this family-centered, team driven, strength-based decision making process.

> *Reinvestment into services promotes system change within both community and formal service systems.*

Some may question how the formal systems know when costs are really important for the family. In the early years, WRIT provided additional oversight for flex fund spending. A written request was required, which outlined the rationale for justification of flex fund use for individual interventions. The request was intended to remind wraparound staff to consider various options when developing interventions for individual needs, and to plan for the family's ability to sustain the investment over time, if needed. However, over time, this review of flex fund spending has transferred to the supervisors within each contracted wraparound agency. Wraparound teams are to develop a Plan of Care, which includes how each intervention will be funded. Since each wraparound agency has a flex fund pool, the agency can determine whether to approve individual requests or not, based on the family team's recommendations.

Public/Private: Cost-Reimbursement Model

In this model, the public system (child welfare, probation, and mental health) has identified the child welfare system (Orange County Social Services Agency) as the primary program and fiscal administrator to manage the wraparound fund, which is composed of both state and county funds. This county agency is responsible for provider network development, training and quality assurance of private, non-profit contracted providers, as well as outcome and fiscal management. In this model, Care Coordinators (facilitators) and Parent Partners (peer parents) are assigned to each family served. Care Coordinators function in the lead role of developing family teams, plans of care and safety plans, and authorizing purchase of services. The actual check writer remains with the contracted provider who employs and supervises the Care Coordinators, Parent Partners and Youth Partners (mentors). As a result of a Request for Proposal (RFP), several private, non-profit agencies have applied to contract with Orange County Social Services Agency to be an approved wraparound provider. Contracts are structured so providers can maintain a certain number of staff to serve a maximum number of youth. For example, a provider contracted to serve up to 120 youth could employ 12 teams of staff. Each team could serve up to 8-10 youth and would consist of one Care Coordinator, one Parent Partner, and, potentially, one Youth Partner. The Provider is authorized to begin the contract year with a certain number of staff, and may increase their staffing to the maximum allowed through their contract, based upon authorization from the County, who maintains referral authority as youth are referred to wraparound. In this model, the County fiduciary would reimburse the contracted provider for all program costs regardless of the number of youth and families served or the level of services provided. However, since providers hire staff based

on the flow of referrals from the County, there is rarely an instance when providers have more capacity than youth to serve.

What is needed to implement this system?

- County oversight, quality assurance, fiscal organization and blending of funds, training, data and trend reports
- Request for Proposal (RFP) process for wraparound agencies to provide Care Coordinator, Parent Partner and Youth Partner capacity
- Ability to hire and manage paraprofessionals and parent support staff
- Core Values – strength based, family driven, community based, team driven, culturally responsive
- Parent Partner component – assigned to each family
- On-call capacity for staff within the wraparound agencies availability 24 hours/day, 7 days/week
- Check writing for flex funds within same day of a request

What are the advantages of this organizational option?

- Unlimited capacity for Care Coordinators, Parent Partners and Youth Partners, based upon referral demand
- Contract-based, which is outcome driven rather than limiting families to a predetermined timeframe for their involvement in wraparound
- Allows savings to be managed in the public sector for reimbursement into services for children and families
- Allows for practice change within the entire wraparound agency, as staff interact with other departments and programs and continue to practice in family-centered, strength-based ways
- Service providers can be hired and deployed more quickly than county staff

What are the disadvantages of this organizational option?

- Doesn't lead to as much practice change within the existing formal service system as it does within the community contracted wraparound agencies because the county staff are not the direct service providers.
- Developing a provider network to offer different types of services can take time
- Need to find a way for county system to include private providers in a meaningful way as the county system enhances service delivery policies and practices
- Some confusion between the formal system representatives about their role in wraparound (SSA, HCA, Probation)
- Increased formal service system oversight and government fiscal lead can make some community stakeholders nervous about flex fund spending to directly support families, if the county doesn't follow through with their plan to reinvest savings back into services for children and families

Author

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Supporting Wraparound Implementation: Chapter 5d.4

Developing, Financing and Sustaining County-Driven Wraparound in Butler County, Ohio

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Over the last four years, Butler County has undertaken a process to develop, finance, and sustain a successful, visible wraparound initiative. Butler County is located in the southwest corner of Ohio, just outside of Cincinnati. In 2000, the population of the county was 323,807 (91% White, 5% black or African American, 1.6% Asian, and 1.4% Hispanic). The median household income was $47,885.00. The county has experienced rapid growth in the last decade and its social service delivery capacity has been stressed as a result.

Ohio has a history of collaborative cross-system practice stretching back several decades. One of the forms that this work has taken has been the creation of county-based "clusters," groups of cross-system representatives who work together to arrange services and plans for families whose needs are not met in typical service delivery. Growing frustration with this "cluster" process led to the decisions that premised Butler County's development of an effective wraparound capacity. In Butler, and many other Ohio counties, there had been a history of having collaborative fixed teams of system staff meet on a regular basis to review plans for families who were in need of additional or different responses to their needs than the typical service processes were able to deliver.

Over four years, Butler County has planned and implemented a series of strategies related to the development of an effective wraparound capacity. One significant feature of this effort has been the high trust level present between the Family and Children First Council (FCFC) and its host, the Educational Service Center, and amongst the partici-

pating systems from across the community. Trust has fostered the support and flexibility, as well as patience, needed to see through the development of this effort.

The Context

Local counties operate all key child/youth- and family-serving agencies in Ohio. This means that all employees providing for the care and support of youth and families are employees of the county government with the exception of the Mental

Health (providers of service are hired at private companies and non-profit organizations) and Education systems (hiring of school personnel is based in districts that have different geographic boundaries than the counties they are located in). Over the years, each county has evolved a network of contract agencies that provide the direct care and management of behavioral health services. Most Ohio counties also have multiple school districts within their geographic regions. Special Education services are district based and supported by regional educational service centers that provide training, consultation, and specialized services that districts do not maintain individually.

In each of the 88 counties in Ohio there is a body called the Family and Children First Council (FCFC). This is a mandated collaborative structure that brings together child- and family-serving system representatives and parent representation, to oversee and manage services and supports for families that are multi-system involved. These councils are supported by a state level council

that is made up of the leadership of for each individual system. FCFCs are also charged with the oversight of collaborative service efforts and planning for community needs for youth and families. The FCFCs have grown out of a long history of collaboration at the cross system level that was first implemented in the state over 30 years ago.

Ohio is a home rule state. As a result, many state initiatives take on a flavor that is shaped by a county context. Wraparound has been no exception. Each county is required to submit to the state a "Service Coordination Plan." This plan describes the county's arrangements for meeting the needs of families whose lives touch more than one or two of the county's child and family serving systems. In Ohio, the wraparound process is one of many options that counties can pursue to improve services and outcomes for children, youth and families who bump up against multiple systems. Butler County elected to pursue the wraparound process because local leadership felt this approach could yield improved outcomes for youth and families served collaboratively across systems. Specifically the county leadership sought to serve multi-need youth within the county borders as opposed to utilizing out-of-county placements

The History of Implementation

Plan A: Once leadership in Butler County decided to develop wraparound capacity, their next decision was to build a design. After spending a year in design conversations, their original design involved creating wraparound facilitation capacity across local systems rather than through a centralized team or unit. This design called for training system staff from all child and family serving systems and for their "home" systems to allow and support the staff to facilitate wraparound teams for families identified through the FCFCs. The original designed called for wraparound facilitators to facilitate across systems. For example, a child welfare worker would facilitate for a probation-involved family while a probation worker would facilitate for a mental health involved family and so on.

It soon became obvious that this strategy was difficult to implement for the following reasons:

1. Capacity and Expertise: It was difficult for

facilitators to learn facilitation skills while at the same time still performing the core tasks of their "real" job in the organization they worked for.

2. Diffuse Supervision: Since there was no centralized wraparound supervision, there was not enough consistency to assure quality in the process as it happened across multiple sites within the county.

3. Agency boundaries: Agencies required that staff from key systems only facilitate for families involved in the worker's home system.

Plan B: Butler County leadership, through the FCFC, developed a second strategy, which was to build a pool of Community wraparound facilitators. The FCFC recruited community members and interested system staff to be trained to serve as facilitators. These community facilitators received contract rates per family when they facilitated a wraparound team and plan. Payment was delivered in increments, when key benchmarks in the process were reached. These benchmarks included the completion of a Strengths, Needs, and Culture Discovery document, the initial wraparound plan, and the crisis/safety plan.

This strategy provided enough momentum, in

Figure 1. Butler County Family & Children First Council Organizational Chart
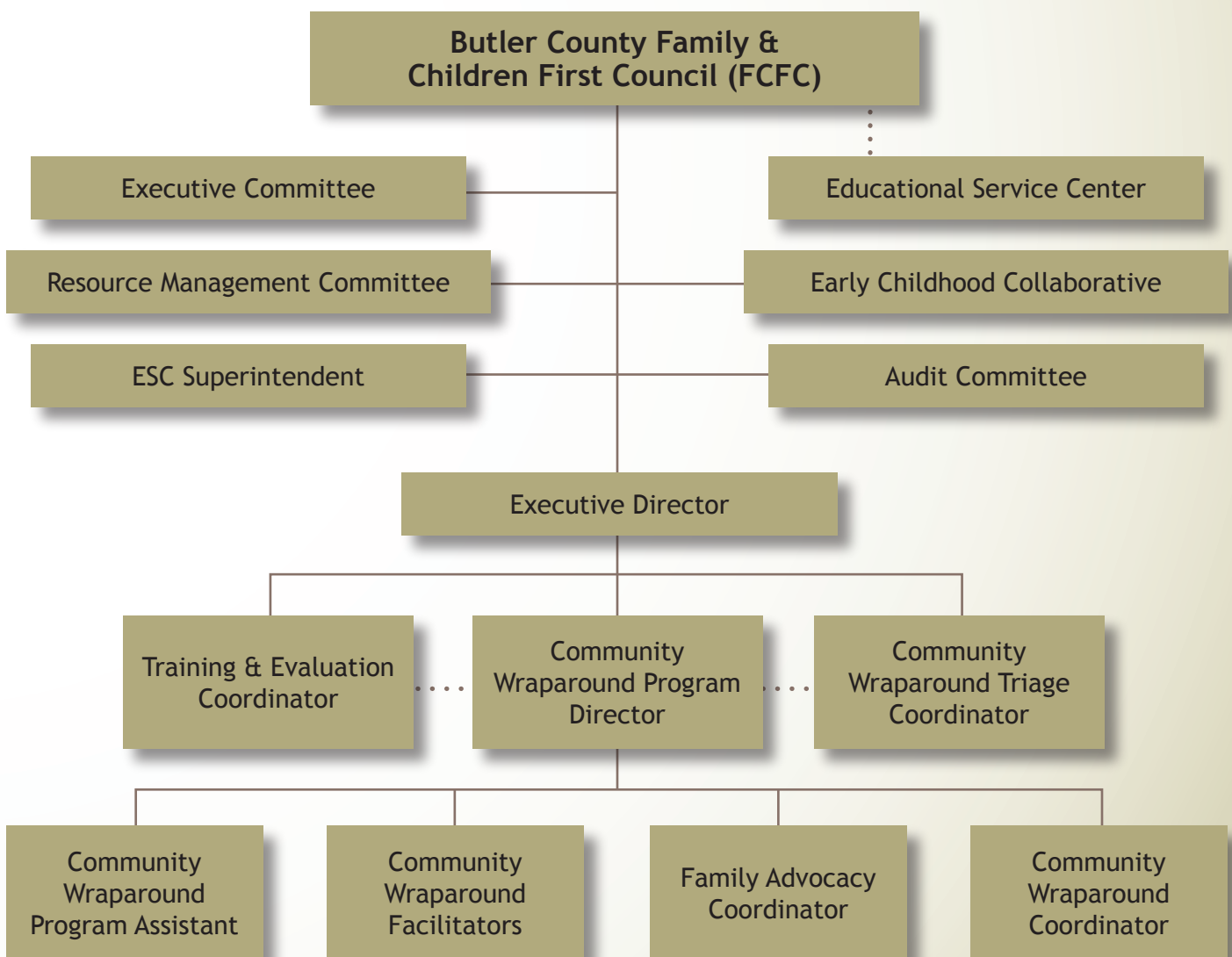
> *"The stars aligned and we were able to develop wraparound for families in our county"*
>
> *- Butler County Wraparound Program Staff Member who has watched the growth from the very beginning through the current status*

terms of developing community support for wraparound, that the next step was taken. Two local systems, Child Welfare, and the Department of Job and Family Services (DJFS, Ohio's evolution of the adult welfare system, responsible for welfare in the era of post welfare reform) created contracts that currently fund the positions described below. The adult system's funding position for the wraparound initiative came to pass because of the DJFS participation and history in the local collaborative infrastructure as well as it understanding of the role it plays in supporting families in the community care system.

The Butler County Wraparound Program currently operates as a staffed unit of the county's collaborative structure. The development of the Wraparound Program is unique as it was not funded as a discrete program but rather "grown" through several different strategies that resulted in the formalization of the county's commitment to the approach. The FCFC, through its executive committee and staff leadership, has built a structure that now provides wraparound to 100 families or more a year.

The Elements of the Process

Overview

The wraparound unit in Butler County is housed at and managed through the FCFC. In turn, the FCFC is housed at the Educational Service Center (ESC), the multi-district special education support center for the county. The ESC serves as the fiscal agent for all activities related to the program components. Oversight of the activities of the FCFC staff is conducted by the Executive Director of the FCFC who reports to the Executive Committee of the Council. The organizational chart (see Figure 1 on previous page) reflects the current structure and staffing for the Wraparound Program in Butler County.

The wraparound initiative is currently composed of eight FTEs and the services of the Executive Director of the council. Positions within the structure include:

- Facilitators (4 FTEs): There are four full-time facilitators who implement the wraparound process. These positions are employed by the ESC. The family load for these staff varies across the year but averages about 15 families at a time.

- Family Advocacy Coordinator (1 FTE). This position is responsible for developing volunteer parent-to-parent connections for families in the wraparound process. There is limited capacity for funding through stipends to some parent to parent supporters. Thus there are both paid and volunteer "advocates" supported by this position.

- Community Wraparound Coordinator (.5 FTE): This position supports community wraparound facilitators through individualized coaching and field-based support.

- Program Assistant (1 FTE): The person in this position provides support to the project, including data entry for tracking outcomes and process.

- Community Wraparound Program Director (1 FTE). This position supports and supervises all project staff.

- Community Wraparound Triage Coordinator (1 FTE). This position assists families through the intake process to access the wraparound process. The Triage Coordinator also provides support for and to families who may not be eligible for the program. Additionally, the Wraparound Triage Coordinator is available to help families who aren't able to immediately enter into the wraparound project but are in a crisis

based on an immediate lack of options or service responses.

County Wraparound Facilitation Capacity

Team facilitation is provided primarily by the four county staff who are managed under the auspices of the county collaborative structure. Additionally, there are six Community Wraparound Facilitators, including people who are not county employees but who are trained and supported to serve as wraparound facilitators for a small number of families. Additionally, a small number of system employees, not employed by FCFC, who work in other county organizations, are viewed as "community facilitators" who provide facilitation to typically no more than one family at a time.

Parent Advocacy and Partnership

All families involved in wraparound in Butler County are offered access to a Parent Advocate. In Butler County advocates typically work with a small number of families at a time—one to three or four families depending on the role of the advocate (paid or unpaid) and the amount of effort the advocate has available to devote to the work. Butler County Parent Advocates partner with a parent throughout the team planning and support the service delivery process in order to assist families in:

- Engaging in the wraparound team development and planning process;
- Assisting teams, providers, and other supports to clearly hear and understand the family's unique perspective and voice; and
- Providing support to families as they participate in various meetings throughout the community and system.

Butler County has developed several avenues to assure the presence of parent advocates in their wraparound initiative. In addition to funded positions there is a cadre of "volunteer" parent advocates who can provide peer-to-peer support. These efforts are supported by a Family Advocacy Coordinator who is responsible for;

- Linking local volunteer advocates to the state-wide efforts
- Recruiting and supporting parent advocates as they work with families

Enhancement Efforts

Triage: Over the course of the year, the Butler County Wraparound Project may maintain a waiting list. Additionally, some families face imminent risk of out-of-home placement, with no immediately available wraparound response. The county has a commitment to addressing the needs of all families referred, including those who wouldn't necessarily meet eligibility requirements for the formal wraparound process. In order to meet this commitment, Butler County has recently added a Community Wraparound Triage Coordinator. This person is responsible for:

- Assisting families entering the Wraparound Program with any immediate needs that must be met in order for them to make benefit of the wraparound process;
- Assisting families whose children are at immediate risk of an out-of-home placement or whose children are being discharged from a placement without a plan for services by providing supports through rapid clinical assessment and coordinated service response across systems; and
- Assisting families who were referred but not eligible for the wraparound project in linking to improved categorical, programmatic, and community resources through short-term service coordination activity.

Training: Butler County uses training in wraparound as a means to build community support for the process. A community-operated training team, led by FCFC, provides regular training on a variety of topics throughout the year. The training team is made up of representatives from the key child- and family-serving organizations in the county. In the first full year of operations, training sessions were conducted to inform providers, funders, and families about wraparound and local implementation plans. A total of 349 people attended these trainings. The training team also trained 43 people

in methods for team facilitation. Several of these became the Community Facilitators. Training capacity is currently maintained in order to improve the quality and efficacy of wraparound as well to continue building community support.

Tracking and evaluation: The collaborative structure is developing a mechanism for tracking wraparound process by family and facilitator to ensure adherence to key steps in the process. This information will be used in supervision of staff and community facilitators. The Ohio Scales, a tool designed to track status and outcomes of youth receiving behavioral health services across the state, is also maintained and analyzed by the Butler County Wraparound Program.

How the Funding Works

Staffing & Infrastructure

Staff positions for the Butler County Wraparound Program are funded by agreements across the FCFC executive leaders. Specifically, the But-

ler County Department of Job and Family Services provides funding that supports six of the staff positions. The local Child Welfare agency funds the remaining facilitator positions. By agreement, funds are moved to the Educational Service Center (ESC), the fiscal agent for all FCFC programs. The ESC hires the staff and provides office space and other support for the Butler County Wraparound Program.

Funding for Family Plans

The Butler County service system includes an array of services for youth and families that is comparable to that available in many other communities. Butler County has worked to expand the number of intensive in-home and in-community resources available to families to assure a range of options is available to them. These services are traditionally funded and can be found in individual wraparound plans.

When family teams develop care plans that require activities and supports that are not funded

Table 1. Butler County FAST Expenditures by Category 2006*

Category	Amount
Bed	$167.97
In-Home Services/Supports	$15,192.00
Respite	$640.00
Safety Devices/ Alarms	$312.20
Service Coordination/Facilitation	$5,154.37
Social Recreational	$8,311.54
Utility Assistance	$314.59
Administrative Fee (Partially Funds Admin. Position)	$7,333.00
Grand Total:	$34,415.67

* From the Butler County 2006 Annual Wraparound Report

Table 2. Butler County Pooled Fund Expenditures by Category 2006*

Category	Amount
Car Repair	$1.023.41
Child Care	$372.25
Homemaking Services	$1,204.60
Housing Assistance	$3,800.00
In-Home Therapeutic Supports	$24,101.91
Outpatient Therapy	$9,207.00
Utility Assistance	$2,626.95
Grand Total:	$43,336.12

From the Butler County 2006 Annual Wraparound Report

in the local array of services, they turn to two discrete resource pools. The first is a state funding stream called FAST, while the second is referred to as Pooled Funds.

- FAST dollars are Ohio Department of Mental Health funds allocated on a formula basis to each county. These funds are used to for families who are receiving behavioral health care services through the local mental health system. Eligibility requires enrollment in the mental health system and the completion of tools used to track the impact and efficacy of these dollars across the state. These tools include a Caregiver Wants and Needs Scale, the Ohio Scales, and an inventory of needed and accessible services. FAST dollars are managed by the local mental health authority but decision making about their use in a family plan resides in a committee of the Butler FCFC called the Community Resource Team (CRT). See Table 1 for FAST Expenditures in 2006.

- Pooled Funds are local dollars that system managers have contributed to a shared pool of dollars. These dollars are managed by the collaborative county structure. This pool of funds has been created to meet the needs of families participating in the wraparound process who are ineligible for other funding sources. Pooled funds were originally created in Butler County in 2002. County leadership agreed to pool dollars equal to what they were already spending on their most expensive out-of-county placements. Alternative plans were developed for those youth in care and their families. This effort resulted in improvement in functioning and system outcomes on 11 out of 13 measures they tracked. It also resulted in a savings of 60% of the original investment. These pooled dollars were committed to meeting the needs of families using the Butler County Wraparound Program. These dollars are also managed by the CRT. See Table 2 for pooled fund expenditures in 2006.

The CRT is made up of mid-level managers from across the systems and provider agencies in the community. When a family plan needs resources not otherwise available in the community system, the team and facilitator prepare a budget request that describes what dollars are needed, what activities they will fund in the broader plan for the family, and what outcomes the request will support. The CRT meets, reviewing the plan and the wraparound process for the individual family. The committee's role is threefold:

- To identify different or additional community resources already funded that could be adapted to support the planned request,

- To authorize the use of flexible dollars as fits a given family, and

- To support the implementation of high fidelity wraparound by providing suggestions and access to services and supports.

When these funding streams are used, individual budgets tracking flexible expenses are created and utilized within the system. They are used to track expenses and aggregate information for reporting. This information is reported to the broader FCFC committees as a tool for anticipating new developmental needs for the cross-system service environment in Butler County.

Many plans developed by child and family teams do not require flexible funding. In 2006 in Butler County, $34,415.67 from the state FAST funds available to the county were assigned to support individual plans for families receiving behavioral health services and using wraparound teams as a planning and support mechanism. Teams supporting families not enrolled in the behavioral health system accessed $42,336.12 from the local Pooled Funds resource. A description of the population served, outcomes attained, and other details of the effort are available in the Butler County 2006 Annual Wraparound Report. (See Appendix x.4 of this *Resource Guide*.)

Summary

Butler County has developed a "right sized" wraparound capacity for its community and families. Key ingredients in getting to this point include:

- *Self-reflection & self-analysis:* Having a level of frustration with current system functioning is often a necessary catalyst to a willingness to change and adapt structures: Butler County had to self-analyze their existing structures, systems and assumptions in developing a wraparound capacity. A significant decision included taking a risk by pooling funds and maintaining a focus on those children in out-of-home care. This ability to self-analyze continued as Butler County adapted its original design of a diffuse facilitator model.

- *Don't stop until you get it right:* Self-analysis is part of the equation. Doing something about your assessment is as important as accurately assessing your implementation. Assuring that the first implementation plan can be changed and corrected based on county and state realities is a critical capacity. The shift from a vision for diffuse cross-system facilitation to the current FCFC-based wraparound unit is the reflection of this ingredient for Butler County. The FCFC staff are also aware that future changes may be necessary to continue to assure quality implementation in their setting

- *Training should have a point:* Butler County has used training opportunities strategically. All training has had a focus in terms of payoffs. Developing and maintaining a training capacity helps build support for the process across the community. Training assisted in developing a pool of interested parties that comprise the Community Facilitator pool. Training can also serve to build a framework for continuous skill enhancement. The Butler County Community Wraparound Coordinator is responsible for identifying and planning for the developmental training needs of staff. This focus on skill enhancement and the capacity to address those needs in a planful way is an important component of the Butler County implementation.

- *Program for fiscal flexibility:* Building wraparound requires multiple funding streams and agreements if it is to be sus-

tained over time. Within the Ohio environment, where there are no funding streams directed specifically at staffing wraparound initiatives, the ability to blend resources from multiple streams into a cohesive program effort has required on-going flexibility and negotiation across the funding systems. Building flexibility in public systems tends to be a challenging task. In the Butler County implementation efforts, the presence of a cross-system collaborative organization (FCFC) at the county level has been a critical ingredient in carving out the flexibility to provide effective wraparound to families. It has allowed county systems to expand the array of care available to families, and it has exposed their staff to a changed framework for care planning without having to mandate changed practice across all staff roles. The FCFC has offered a shelter within which it has been possible to foster innovation within the framework of a county-operated model.

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Supporting Wraparound Implementation: Chapter 5d.5

Funding Wraparound is Much More than Money

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Introduction to Funding as a Collaborative Process

Many wraparound projects start with seed money but can expand and evolve—and be sustained—when potential funding sources are explored and tapped. Wraparound can be funded by many different sources, depending on which system takes the lead in implementation. In Michigan, state leadership has identified various options for funding sources and worked with local communities to create their own funding structures for wraparound.

The good news about funding wraparound is that there may be several potential funding sources. The bad news about funding wraparound is that these funding sources can be interpreted as inflexible due to how they have been categorized. There also may be historical myths about funding flexibility. So, an important step to establishing wraparound funding is to investigate potential funding sources and examine the realities and myths that have grown out of the historical use of these funding sources. Engaging state leaders across agencies who understand the complexities of funding sources can help reduce unnecessary debate locally because the state is often the intermediary of most of these funds. This means they allocate these funds then monitor the implementation, eligibility, and evaluation. Another strategy to avoid unnecessary debate about funding sources is to explore fiscal models that have been successful in other communities or states around the nation. Some can be replicated, but they typically cannot be completely

implemented in a new community or state in exactly the same way. As with services, sometimes these models can be replicated and still be effective, and sometimes an individualized approach is what is needed. This article provides guidance on how a community and state can create a strategy for funding wraparound.

One common error wraparound projects make is failing to implement wraparound in a collaborative way. Many wraparound projects target children and families involved in multiple systems. As a result, wraparound should be a collaborative process. Nevertheless, it seems to be common in wraparound projects for one system to rely on its own internal funding to implement wraparound, without exploring partnerships with other systems at the state and local level. This type of funding arrangement tends to be reactive or impulsive by one system even though the population served may cross many systems. One danger of this kind of strategy is that, while it may work in the short run, it may be a problem later on, when the first system recognizes the need to partner with other systems. The necessary collaborative infrastructure is harder to develop retroactively. For wraparound to be effective, the systems have to agree that it is the model they will commit to even if it is not through a collaborative funding mechanism. The commitment to wraparound and joint funding is easier to manage on the front end, so first put the collaborative infrastructure together to create a common vision and mission that identifies shared responsibility and accountability. Below are some of the questions collaborative leadership should be prepared to answer as a means of creating a common mission and vision.

Collaborative Community Planning

1. Identify who should be part of the discussion (gathering of the stakeholders including family members, youth).

2. What is our mission/ vision?

3. What are our guiding values and principles?

4. What are the major assumptions of why we work together?

5. Whom do we want to serve? (What is the target population?)

6. Who is mandated to serve this target population?

7. What outcomes (results) do we want to achieve?

8. What model or intervention will accomplish this task?

9. What commitments are we willing to make with resources (funding, staffing, participation on teams, etc.)?

10. What are we currently doing (outpatient treatment, home based treatment, residential, detention, foster care, etc) with children and families in the target population?

11. What funding sources are we using?

12. Can we redirect some of the resources to jointly fund wraparound?

13. Are there other funding sources (grants, foundations, United Way, etc.) that exist that can be used in ways that support our values and outcomes?

14. Can we create a collaborative plan with our commitments in writing and get all stakeholders to sign it? (If you take this proactive step, you are prepared for any new funding sources that may arise instead of doing reactive planning that tends to be more superficial and less sustainable.)

15. What community infrastructure (executive level, community team, fiduciary agency, supervisor, staff, etc.) do we have in place or do we need to develop if we choose to do wraparound? Are their others we need to engage in this conversation?

Critical Analysis of Funding Sources

The next step is to identify existing funding sources that serve the target population and maximize those funding sources first. One reason to do this is that existing funding sources are probably going to be more sustainable than time-limited grants. Another reason to do this is that there is probably more than one funding source that exists across systems that has potential to meet your vision, mission and outcomes. Depending on the trust between agencies and various regulations—and sometimes the politics of funding sources—agencies may chose to assess these funding sources independently before discussing them together.

Typically, funding sources come with child and family eligibility criteria identified. You will need to explore each funding source and separate reality from myth. Many system partners may say, "We can't use that funding for that;" "It has never been done;" "There are policies that prohibit the use of those funds for that;" "This will just be too hard to track and it makes me exhausted just thinking about it;" "I don't trust that you will use my funds wisely." Some of these statements are less likely to occur if you have jointly identified your vision, values and models before trying to access funding sources. Working through each fund source will be a time consuming but necessary process. You wouldn't go to a bank and expect to get a loan without a business plan, so why would you expect our human service system to be any different?

For wraparound to be effective, the systems have to agree that it is the model they will commit to even if it is not through a collaborative funding mechanism.

If you know you want to serve "community children"—in other words, children and families that cross eligibility criteria from our various systems—then a variety of funding sources across systems should be explored. Communities need to think about federal, state, and local funding sources creatively. It is also important to think about funding sources in terms of how flexible they are. It is okay to have less flexible options as long as you have some highly flexible options. Figure 1.1 is a framework that can help you think about funding sources in new ways. Using this framework can help to critically analyze how you spend your funds and reallocate them into a joint project that may allow you more benefit for your investment. There may be some funding sources (e.g., county funds) that exist where you can actually draw down 50% from the state or federal government for community-based alternatives to out-of-home care. With this funding source, if you provide a community-based service as an alternative to out-of-home care, and the state will reimburse communities 50% of the cost after the service is delivered.

Identification of the Possibilities and Limitations of Funding Sources

Another important consideration is that each new funding source brings regulations, reporting requirements, contractual obligations, and evaluation considerations. That is why it is important for communities to analyze each funding source based on these considerations as well as the others outlined in figure 1.1. Each funding source should be analyzed for the potential to complement the wraparound model because there are many unintended consequences of pursuing funding sources that may not complement high fidelity wraparound. There are many reasons that wraparound has not faded in Michigan, but one major reason is that there are several funding sources that communities can chose to access to fund their projects. For example, there are primarily four potential funding sources that exist in child welfare (family preservation funding, local funds), three that exist in mental health (federal block grant, Medicaid, and general funds), at least one that exists in Juvenile Justice (Court) and others that exist in local communities (United Way, Local Foundations, education, etc.) These funding sources are not specifically identified as "wrap-

around funding" but can be used to fund wraparound as well as other community based services. This helps during difficult budget times. When one funding source gets cut, programs can shift to other funding sources. Communities in Michigan have historically rallied to continue the efforts due to positive outcomes they experienced with wraparound.

Limitations of Single Source Funding

Wraparound funded by one funding source, especially Medicaid, may be limited in terms of its possibilities to serve the children and families that your community identifies. Medicaid is a unique funding source with multiple regulatory issues. It can be helpful when serving Medicaid-eligible children and youth, as communities always need to remember to maximize entitlement funding first. Medicaid is a key funding source your community should pursue, but it is for a very limited population and may not complement other system partners. Community stakeholders need to fully understand the eligibility, regulations and the priority population mandates with Medicaid. For example, not all Medicaid-eligible beneficiaries from other systems (child welfare, juvenile justice, schools, etc) will meet the mental health eligibility criteria for wraparound.

One lesson that we have learned regarding Medicaid and wraparound is that it may push the facilitator into a case manager role versus a facilitator role due to the service eligibility orientation of Medicaid. For example, Medicaid funding is typically designed to fund certain services and wraparound planning is more needs driven (educational needs, recreational, social, etc.) versus service driven. This can be overcome if the supervisor and the community team are holding the community, facilitators and teams accountable to meet needs and achieve outcomes versus just coordinating services. So other agencies will need to identify other funding sources to fill that gap in funding. There are other funding sources (mental health block grant, county funds, family preservation funds, etc.) that will fit the profile of non-Medicaid eligible children, youth and families, if you work closely to identify them with your system partners.

Once your community has analyzed the avail-

Considering a Funding Source

1. Identify the funding source.

2. Identify the type of funding (federal, state, local, grant, foundation, etc.).

3. Does it have a target population identified?

4. How flexible is the funding source? (SED, open child welfare case, multi-system children, risk level, etc.)

5. What are the regulations and potential contractual obligations?

6. What is the long term potential of this funding source? (For example, is this an entitlement, or other federal, state or local funds that have been stable?)

7. What are the evaluation and reporting requirements?

8. Is there a model or intervention that must be implemented or can any approach be used?

9. If we choose to do wraparound, will this funding source allow or assist us to implement it with high fidelity and collaboratively?

10. If this funding source is accessed, what type of training is required and/or available?

11. Does this funding source allow flexibility to serve a diverse population? (e.g., is it restricted to a single agency, age group, diagnosis, etc.)

12. Does it allow or have the flexibility to blend or braid with other funding sources?

13. Is there a fiduciary agency requirement? For example, for Medicaid and Medicaid waivers the funds may have to filter through mental health versus directly to another provider.

14. Will this funding result in multiple providers in our community and if yes, how will we monitor for outcomes, fidelity to the model, ensure overall community collaboration, etc.? How do we bring it all together to ensure consistency across providers?

15. Does this funding source complement our vision, values and outcomes?

16. Should we pursue this funding source? (Yes, No, Maybe)

17. If yes, develop a memorandum of understanding outlining agreements, commitments, oversight and accountability.

18. If no, move to the next one.

19. If maybe, generate a list of questions and pursue getting the answers.

able funding sources, you need to define your collaborative infrastructure. This consists of clarifying expectations and roles at a state and local level. See the Michigan Wraparound Communiqué (box on opposite page), which outlines some of the things communities need to consider. This Communiqué was developed by the Michigan State Wraparound Steering Committee to help communities create some common expectations regardless of the funding sources. These expectations are outlined in the contract language for wraparound on a state level for the Department of Human Services (Child Welfare) as well as the Department of Community Health (Mental Health). The importance of having this state leadership has been that regardless of the funding source or provider agency, expectations for wraparound are the same. The training requirements, quality assurance and evaluation of wraparound are the same across systems, and the contract language is very similar despite some unique system requirements that vary.

One of the biggest lessons that I have learned about funding is that most of the complexities of funding can be broken down and simplified. It is important that there are state and community leaders willing to read between the lines of funding regulations and requirements and expose the possibilities. It can be exhausting to challenge the myths regarding funding but persistence can be rewarding in the end. Blending funds with your partners can sustain your efforts and lead to other joint projects and planning. In our current economic climate, we need each other more than ever to serve these children at high risk and their families. It has been our experience that if we did not have multiple funding sources, despite positive outcomes, wraparound would have been one more fad that went away over time. Wraparound has been in Michigan for fifteen years and has expanded from one single-source-funded project in two counties to being almost statewide. There are

multiple funding sources through the various systems that many communities are utilizing.

There have also been other unintended benefits from partnering across systems to work more closely on projects and having various levels of your systems talking together. Directors, supervisors, staff and family members are constantly detecting unmet needs and gaps in the community services and supports and identifying ways to meet these overwhelming needs together. Wraparound has also expanded to other high-risk target populations (e.g., homeless children and families, high-risk adults with dementia and Alzheimer's, etc.). The sense of helplessness that systems are limited with regard to funding may still exist, but they may have more options if they look to each other to fill a need.

One of the best things we can do is to stop our impulsive and reactive tendencies that have us searching for the perfect program or model but instead, expand the existing possibilities. An aspect of funding that needs to be considered when trying to jointly fund wraparound projects is the need to be able to pay for the "right" services and supports to serve wraparound youth and families. Those services and supports need to cross life domain areas from housing, school, recreational, social, mental health, health, etc., because good planning that identifies needs and outcomes with no way to meet them will sink most wraparound projects. The best wraparound is not about coordinating services but organizing the system, services, interventions and strategies to meet needs and achieve the outcomes that the family and system need collectively. Some of this is about funding; however most of this is about how we utilize our resources strategically and in a fiscally responsible way. In addition, states and communities need to analyze interventions that are not shown to be effective in producing outcomes. Yet it is also important not to pursue evidence-based or promising practices that may not fit your target

population.

The conversation about vision, values and outcomes must occur before funding or resources are ever discussed. It is important to remember this may turn out differently depending on the culture of the community. In order to insure that you are having the right conversation and making the right decisions, you should be sure to have family and youth involved at all levels of the infrastructure. Their voices, advocacy and support of each other and system change cannot be underestimated. It has been our experience that youth and family voices push the conversation from impulsive or reactive funding decision making to more creative funding decision making which both lends itself to better outcomes and tends to be more cost effective.

Conclusion

When I became a social worker, I never envisioned that I would spend so much of my time discussing funding, contracts, accounting and auditing.I have grown to realize how important all of this truly is if we are ever going to push our system reform efforts in a way that makes sense to all children, youth and families regardless of which system door they open or is open to them. As budgets decrease and risk increases, systems need to be able to respond flexibly and creatively, and not fall back into thinking that placing children and youth in institutions is a good answer. We need to hold each other accountable to not give up the community-based alternatives that we know are effective in producing positive outcomes and building resilience. Blended funding and joint purchasing projects are ways to ensure that we

are more proactive and less reactive to the pressures that face us.

Creating shared financial commitments may be the best way to actualize the "unconditional commitment" or "never give up" philosophy because when you are accountable together it is easier to not give up. The sense of helplessness that develops when you feel alone can be replaced with energy when we work together. Who would have thought that thinking carefully about funding would have resulted in feeling more empowered?

Acknowledgement

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Author

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

F. Jerome Doyle
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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).

> *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.*

The change and renewal process began with a self-assessment of strengths and weaknesses.

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.

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-

> *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.*

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
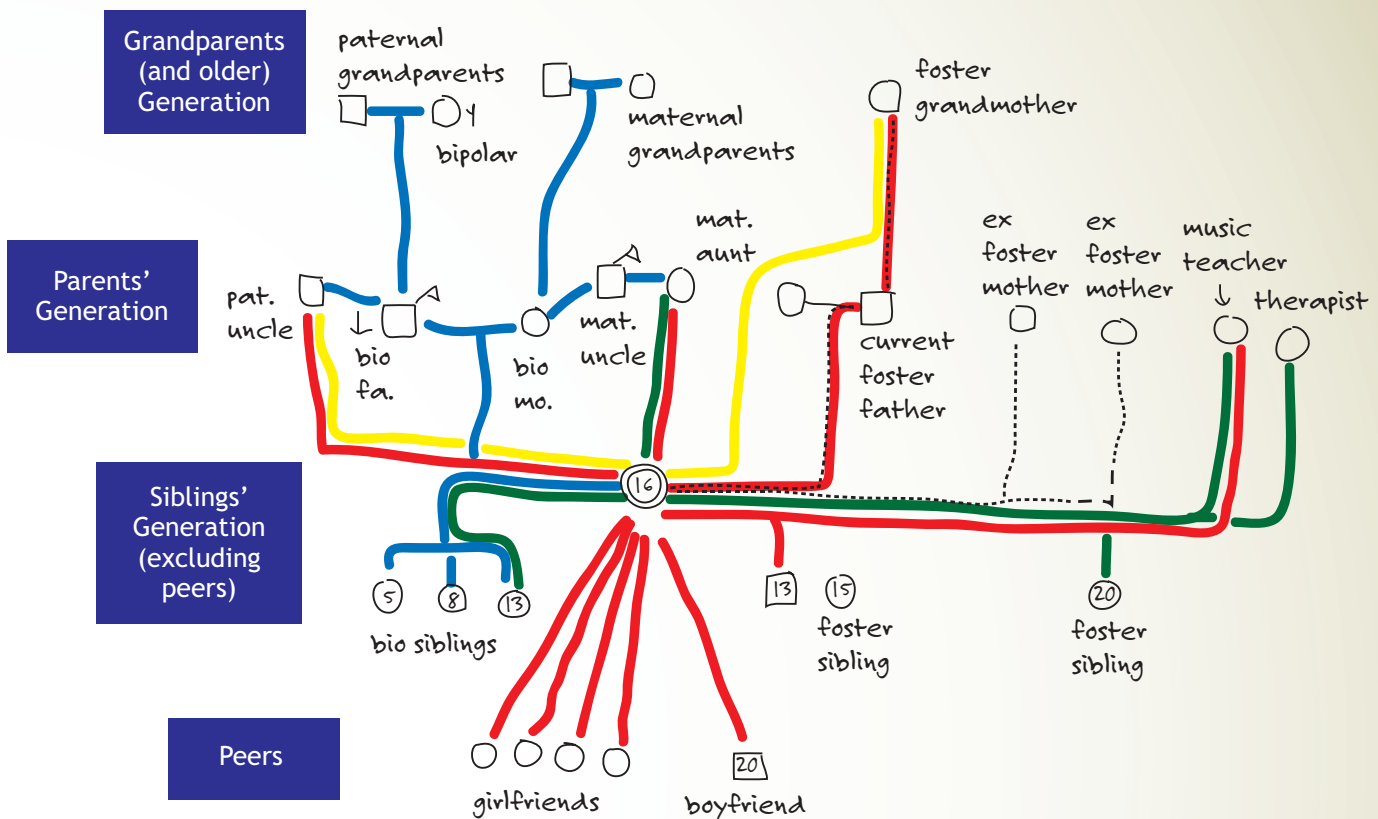
Figure 1.) Red lines of connection indicate who loves whom, blue lines indicate blood relations, green lines indicate who is teaching whom, and yellow lines indicate spiritual connections while purple lines capture cultural connections. The EMQ connectedness diagramming process is designed to be used 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 or-ganization. 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 inter-departmental 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 relation-

ships. 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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Measuring Wraparound Fidelity

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During the early years, it is unlikely that the pioneers of wraparound were concerned about "implementation fidelity." Wraparound captured the attention of child- and family-serving systems during an exciting era when the field of children's mental health was being challenged by families, advocates, forward-thinking administrators, and even a few researchers to do things that were fairly radical. For example, actively partner with youth and families and honor their voices in decision-making. Engage their natural supports and create individualized plans based on their specific needs. Build new service arrays that can meet these needs. De-emphasize treatment outside the home and community.

Within this exciting context, individuals in Chicago, Alaska, Vermont, and other places extended these ideas to new extremes in order to maintain their most challenging children and youth in their homes. These leaders found ways to "do whatever it takes" to keep these young people home and started using teams, facilitated by paid wraparound coordinators, to brainstorm more creative plans. To ensure these individualized plans were carried out, they developed networks of community resources (including churches, businesses, and mentoring after-school programs), and flexible funding pools to pay for strategies that were not free or reimbursable. Other innovators created procedures for doing strengths-based assessments that tied strategies in plans to youth and family strengths. Still others focused on how best to engage the family to express their needs and goals, and ways to track progress toward meeting these needs and goals.

Eventually, a set of basic methods began to coalesce

into something people called "wraparound." Referred to by various names (e.g., wraparound services, the wraparound approach, individualized and tailored care, child and family teams), the "model" was not yet fully specified or well-understood, but by the mid-1990s there was nonetheless a loose community of practice nationally and

internationally that shared these ideas, and more and more wraparound programs began to emerge. Dismissed as a fad by some and critiqued by others as not supported by research, wraparound as an idea and as a model has showed great endurance, with the number of wraparound programs seems to be holding steady or even increasing, and over 100,000 youth now estimated to participate in wraparound nationally (see Bruns, Sather, & Stambaugh, 2008, Chapter 3.4 of this *Resource Guide*).

Wraparound has continued to be embraced by communities because its principles make sense to families, and its procedures are supported by basic research (see Walker, 2008a, Chapter 3.1). In addition, wraparound has provided many compelling community success stories (see, for example, Anderson et al., 2003; Kamradt, 2001). As described in other articles in this *Resource Guide,* wraparound seems to succeed when it is implemented well *and when* it is implemented for populations for which it is suited. These populations tend to be youth with serious and complex needs for whom intensive, coordinated support helps to keep them in the community, avoiding costly and unnecessary placements, or disruptions in placement.

Unfortunately, however, neither of these conditions is guaranteed to be met. As its popularity has grown, wraparound has often been attempted by only one child-serving system in the absence of partnerships with other systems. In other communities, wraparound is attempted for populations for which a clear "pay-off" and recouping of investments in the intensity of the process does not occur. These experiences can lead to quick de-funding of an existing wraparound initiative, and general dismissal of wraparound as "too expensive." (For more information about setting up and funding wraparound, see articles in Section 5d elsewhere in this *Resource Guide.)*

The other major implementation question that arises with wraparound is whether it is, in fact, being implemented well, or, in other words, "implemented as intended." This is the very definition of implementation *fidelity* (Bond, et al., 2000). The rest of this article will focus on this issue. In doing so, we will consider several questions:

1. How do we know we have a "fidelity problem" in wraparound?

2. When applied to wraparound, what does "fidelity" mean?

3. What are methods to measure fidelity to the wraparound model?

4. Does fidelity even matter?

The Fidelity Problem in Wraparound

Since its inception in 2003, the National Wraparound Initiative (NWI) has functioned somewhat like a wraparound team looking to meet the priority needs of the model itself. In its first meeting, the model's strengths and needs were reviewed. One priority need that was identified was better communication of what "real" wraparound consists of, so that communities could serve families better, and program leaders and policy makers could understand what they needed to do. Another priority need that was identified was better development of the research base on wraparound, so that its benefits could be understood and communicated. Basically, the advisors who gathered at these first meetings were concerned that wraparound was a wonderful idea that was nonetheless at risk of being discredited due to too many poor

attempts at implementation and not enough emphasis on documenting its positive impact on the lives of children and families.

Research that was being conducted supported these concerns. As detailed in other articles in this *Resource Guide* (e.g., Bruns, 2008, Chapter 3.2), studies of wraparound implementation were revealing that many programs that called themselves "wraparound" did not even have plans of care with goals, let alone a strengths-based approach or natural supports on teams. In addition, researchers at Portland State's Research and Training Center were demonstrating just how important community and system supports were to wraparound (Walker, Koroloff, & Schutte, 2003). These studies showed that even when a community understands wraparound and attempts to do it in a way that reflects its core principles, actually *doing* high quality wraparound is tremendously difficult. The list of challenges is extensive and includes the following:

- Implementing wraparound requires providers who are well-versed in its value system. Yet most higher education programs do not teach family-driven, community-based principles and strategies.

- Wraparound requires intensive and ongoing training, supervision, and administrative support. Yet many wraparound programs do not provide such supports to the staff that are asked to implement the process.

- Implementing wraparound requires adoption of new ways of funding and organizing services, such as the availability of flexible funds for teams, strong collaborative relations, and single plans across multiple agencies. Yet wraparound initiatives remain vexed by agencies that operate in isolation and traditional reimbursement procedures.

Thus, the "fidelity problem" in wraparound, as was described around the turn of the millennium, could be summed up in this way:

1. Wraparound had evolved through the efforts of many innovators, not a single developer. Thus, no one "invented" wraparound, and there was no clear source document that said what a new wraparound community should do to implement it.

2. Doing wraparound means implementing a *youth- and family-level intervention* that is individualized to each youth or family as well as a *system-level intervention* (e.g., around collaboration, fiscal arrangements, and so forth). Needless to say, this is a very complicated model, difficult to describe and even harder to pull off.

3. Research—as well as stories from frustrated families and providers—describing poor implementation was becoming more and more common.

Thus, in 2003, family members and family leaders, pioneers in wraparound implementation and training, national researchers, and others, agreed that a necessary first step was to develop some materials presenting the fundamentals of the wraparound model. Having taken this first step, it was reasoned, wraparound could be more clearly communicated to families and to the field. Such descriptions could also provide a template for provider staff to understand the required practice guidelines. The materials in this *Resource Guide* represent a major result of these efforts.

Having defined what it means to implement wraparound "as intended," additional steps could be taken to further address the fidelity problem. For example, tools could be created to support high quality implementation. As the field of human service delivery focuses more on implementation, it has become increasingly common to use results of rating scales, checklists, logs, or clinical records to inform areas in which service delivery is not adequately conforming to a program model (Bond, et al., 2000; Fixsen et al., 2005). In addition, with an understanding of what "fidelity" means in wraparound, better research could be conducted on the model. For example, in research using wraparound groups and comparison groups, fidelity measures are necessary to examine the differences in implementation for the different groups. Without such information, interpretation of between-group differences can be difficult or impossible. Using fidelity measures also can help with research that aims to identify critical ingredients of program models, as well as help to

synthesize findings from multiple research studies (Bond et al., 2000; Moncher & Prinz, 1991).

Defining What "Fidelity" Means in Wraparound

Before developing fidelity or implementation measures, it was obviously necessary to first define what it means to do high quality wraparound. Initial guidance in this area was provided by training manuals (e.g., VanDenBerg & Grealish, 1998) as well as a description of the core elements and practice principles of wraparound, defined in 1998 and published in a federally-funded monograph (Burns & Goldman, 1999). Elements presented in these documents provided frameworks of minimum expectations for labeling a process "wraparound," and guidance for the first fidelity measures for wraparound (Bruns, Burchard, Suter, & Force, 2004). Among the more widely used measures were the Wraparound Fidelity Index (WFI; Bruns et al., 2004), which collected data via interviews with parents, youth, and wraparound facilitators; and the Wraparound Observation Form (WOF; Epstein et al., 1998), which measured adherence to wraparound principles as observed during team meetings.

Thus, there was clear precedence for and obvious interest in using the wraparound elements or principles as a basis for assessing fidelity. One of the first activities of the advisors of the NWI was to more clearly define these principles at the child and family level. This was done in order to aid in their clarity, make them more useful in training staff and setting expectations, and more amenable to measuring whether they were happening in practice. (For a description of the principles of wraparound, see Bruns et al., 2008, Chapter 2.1 of this *Resource Guide.*)

To take this philosophical description of wraparound further, and provide greater clarity on what wraparound consists of, the NWI also conducted a research- and consensus-based process to define the basic activities of wraparound. Unlike the wraparound principles, such a description of the "practice model" for wraparound had never been created for wide dissemination, and thus was seen as a critical need to help explicate what it means to implement the wraparound process for a youth and/or family. The basic activities of wraparound were defined by reviewing dozens of source documents, including manuals, articles, monographs, and training materials. A core group of prominent trainers (such as Pat Miles, John VanDenBerg, John Franz, and others) and program directors contributed to the process and reviewed initial drafts, which were then submitted to the NWI advisors for review and comment. The procedure ultimately organized 31 basic types of activities into four phases of implementation that are now adopted by many programs and initiatives: Engagement, Planning, Implementation, and Transition (see Walker & Bruns, 2006).

The final piece of the wraparound program model was provided by the monograph developed by Walker, Koroloff, & Schutte (2003) that explicated the conditions that are necessary at the program and system level to support high-quality wraparound implementation (See Figure 1). As described in this monograph, key people in a wraparound initiative may be well-versed in the principles of wraparound and may even be trained and coached to implement it very well. But without a hospitable environment for implementing the model, attempts to maintain adherence to the principles and implement the activities will be very difficult. Ultimately, six key types of supports were identified, again, through a combination of research by Walker and colleagues and collective work by NWI advisors: Community Partnership, Collaborative Action, Fiscal Policies and Sustainability, Access to Needed Supports & Services, Human Resource Development & Support, and Accountability (see Walker, 2008b, Chapter 5a.1 in this *Resource Guide*).

In sum, answering the question "What is wraparound fidelity?" is fittingly complex for a model as complex as wraparound. First off, researchers on human service implementation typically define fidelity as "the degree to which programs are implemented as intended *by the program developers*" (Dusenbury, Brannigan, Falco, & Hansen, 2003). But wraparound was not invented by any one developer or team of developers. So the first bit of complexity was presented by the need for some consensus on what wraparound practice consists of. Second, since the model started as a philosophy, its philosophical principles necessarily constitute at least some of what is considered wraparound fidelity. Third, wraparound requires

Figure 1. Sample Report from the Wraparound Fidelity Index
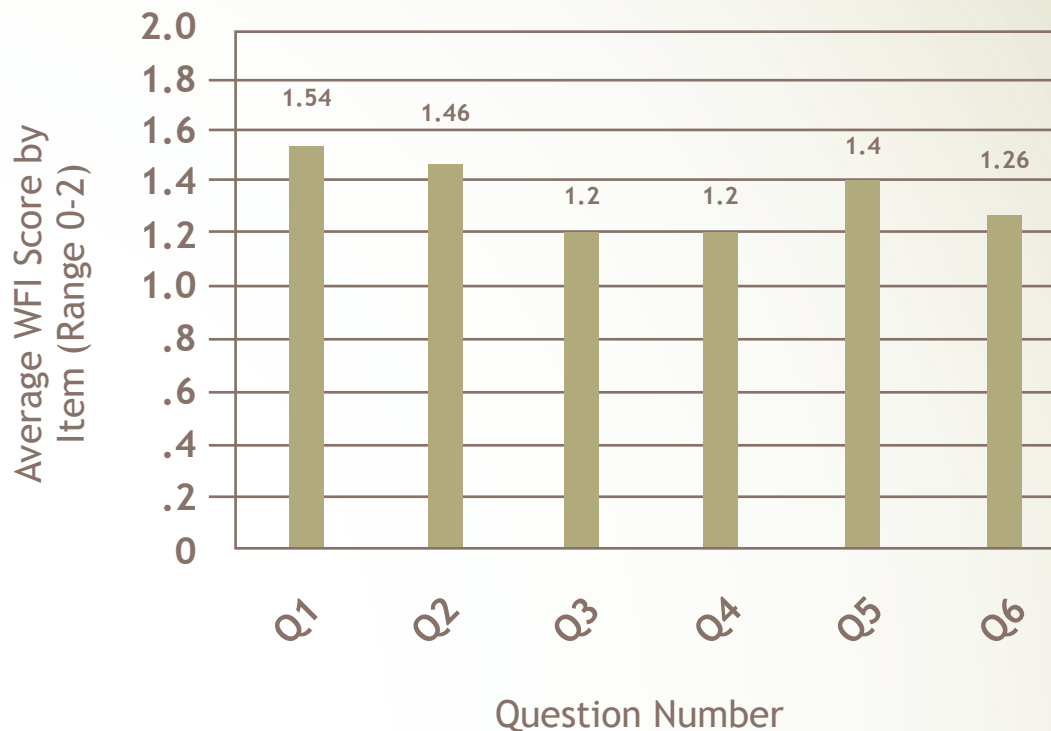
Parent/Caregiver Responses by Item			
Q1. Were you given time to talk about your family's strengths, beliefs, and traditions?	True - 10;	Partly True - 3;	Not True - 2
Q2. Did your facilitator fully explain wraparound & the choices you could make?	True - 9;	Partly True - 4;	Not True - 2
Q3. Did you have a chance to tell your wraparound facilitator what has worked in the past for your child and family?	True - 7;	Partly True - 4;	Not True - 4
Q4. Did you select the people who would be on your wraparound team?	True - 7;	Partly True - 4;	Not True – 4
Q5. Is it difficult to get team members to meetings when they are needed?	True – 9;	Partly True – 3;	Not True - 3
Q6. Did you go through a process of identifying what leads to crises for your family?	True – 8;	Partly True – 3;	Not True - 4

Sample report from the Wraparound Fidelity Index, showing results from six items from the Engagement Phase of the WFI. The scores represent the responses of 15 caregivers and parents who completed WFI interviews in one community.

both family-level as well as program- and system-level effort to implement well; meaning that adherence to its practice model should also consist of measurement of *both* whether its core activities are being completed as well as whether necessary support conditions are in place. Finally, to be true to its principles, any wraparound fidelity measurement approach should allow for the individualization of the model for families as well as communities. All these factors make assessment of wraparound fidelity fairly complicated.

Measuring Adherence to the Wraparound Model

As described in the previous section, measuring whether wraparound is being implemented "as intended" will require, at a minimum, assessing (1) adherence to the principles of wraparound, (2) whether the basic activities of facilitating a wraparound process are occurring, and (3) supports at the organizational and system level. As such, the NWI has focused a good deal of its effort on presenting descriptions of these three concepts. Like any wraparound team, there has been debate and compromise among NWI advisors about the best way to present these descriptions. But there is also some consensus that these three basic descriptions get at the basics, while still allowing for individualization. Having created these documents on wraparound, the next question is: How do we measure its integrity?

Measuring treatment fidelity can take many forms. Some methods (e.g., counting pills through electronic monitoring of medication containers) will not be appropriate to psychosocial models such as wraparound. But most approaches used in the human services world are candidates, including:

- Reviewing manuals and program descriptions,
- Reviewing staffing and budget data,
- Reviewing case file data on treatment plans and meeting notes,
- Compiling data from management information systems data on procedure or reimbursement codes,
- Observing service processes,

- Staff completing checklists of activities conducted, and
- Interviewing the individuals involved, including youth, family, and provider.

Early attempts to measure fidelity to the wraparound process primarily rested within programs' quality assurance procedures (Bruns et al., 2004). For example, supervisors trained in the wraparound approach met with wraparound care coordinators to assess the fidelity of their performance per the wraparound principles and to problem solve around difficulties. Programs also conducted open-ended interviews with providers, youth, and families to determine whether services delivered were drawing upon child and family strengths, utilizing non-professional services and supports in the community, being responsive to family's opinions, preferences, and stated needs, and so forth.

Later, rating-scale surveys, including initial versions of the WFI, became more common. Youth and families were queried about their satisfaction with services in general and specific providers and some asked parents and youth whether services adhered to basic wraparound principles, such as whether they felt providers listened to them, or whether they perceived their services would be provided "no matter what" (Rosen, Heckman, Carro, & Burchard, 1994). As described above, measures that allow for recording of the adherence to wraparound principles during the course of team meetings were developed, as were methods to review documentation found in case files (such as wraparound plans, crisis plans,

Without a hospitable environment for implementing the model, attempts to maintain adherence to the principles and implement the activities will be very difficult.

and meeting notes). Finally, since publication of the monograph by Walker et al. (2003), measures of organizational and community support have been developed that ask community stakeholders to rate the degree of development of the critical implementation supports for wraparound presented above. (For more on the Community Supports for Wraparound Inventory, see Walker, 2008b, Chapter 5a.1 in this *Resource Guide*).

There are subtle variations in methodology across these tools, usually depending on how the information is intended to be used. For example, the Wraparound Integrity Tool assesses wraparound fidelity as part of Illinois's statewide evaluation of school-based wraparound. The WIT is intended to contribute to a repository of data on the quality and effectiveness of services for students with intensive needs, as well as drive decision-making on behalf of individual students and teams. As such, the 47 items of the WIT are completed by the by the wraparound facilitator and team members (including student and family when applicable) collectively. The data that is generated is intended to be used both for high-level evaluation as well as to facilitate problem-solving around improving the process for that particular student and team.

The measures of the **Wraparound Fidelity Assessment System (WFAS)** are somewhat different in that they are intended to be used to conduct an external assessment of fidelity to the principles, phases, and activities of the wraparound process as described by the NWI. To serve this purpose, measures of the WFAS (which include the WFI interviews, team observation, document review, and the CSWI) are administered by individuals who are not directly involved in services with the fam-

ily. Like the WIT and most fidelity instruments, the measures of the WFAS are intended to serve both quality assurance and research and evaluation purposes. A brief description of each of the tools of the WFAS is presented below. (More can be found on the measures at www.wrapinfo.org, or the website for the Wraparound Evaluation and Research Team: http://depts.washington.edu/wrapeval.)

Wraparound Fidelity Index, version 4. The Wraparound Fidelity Index, version 4 (WFI-4) is a set of four interviews that measures the nature of the wraparound process that an individual family receives. The WFI-4 is completed through brief, confidential telephone or face-to-face interviews with four types of respondents, in order to gain a complete picture of wraparound implementation: caregivers or parents, youth (11 years of age or older), wraparound facilitators, and team members. A demographic form is also part of the WFI-4. The WFI-4 interviews are organized by the four phases of the wraparound process. In addition, the 40 items of the WFI interview are keyed to the 10 principles of the wraparound process, with 4 items dedicated to each principle. In this way, the WFI-4 interviews are intended to assess both adherence to the basic wraparound practice model as well as fidelity to the principles of wraparound.

WFI data can be used to assess the overall fidelity of an organization or wraparound initiative. Data can also be analyzed by phase, principle, or item to help a program or supervisor make midcourse corrections. (See Figure 2, next page.) The Wraparound Evaluation and Research Team (WERT) is currently developing an on-line data entry and report generation system to help programs use the measure in these ways.

Team Observation Measure. The Team Observation Measure (TOM) assesses adherence to standards of high-quality wraparound during team meeting sessions. It was originally developed to be used by external evaluators, but has also been used by supervisors to help support coaching and supervision of wraparound staff. The TOM consists of 20 items, with two items dedicated to each of the 10 principles of wraparound. Each item consists of 3-5 indicators of high-quality wraparound practice as expressed during a child and family team meeting. Working alone or in pairs, trained

Figure 2. Effective Wraparound Teams Require Support at the Organizational and System Levels

raters indicate whether or not each indicator was in evidence during the wraparound team meeting session. These ratings are translated into a score for each item as well as a total fidelity score for the session overall.

Document Review Measure. The Document Review Measure (DRM) is a 30-item instrument that is used to assess wraparound fidelity through review of documentation typically used in wraparound implementation. The DRM is used by a trained evaluator who uses the tool to rate conformance to the principles of wraparound in materials such as the child and family's wraparound plan, crisis and safety plans, transition plan, and meeting notes. Like the other WFAS fidelity tools, items on the DRM link to the 10 principles of the wraparound process, and result in scores for individual items, the 10 principles of wraparound, and a total score for the instrument overall. As of this writing, the DRM has been pilot tested and is being revised.

Community Supports for Wraparound Inventory. As described above, and elsewhere in this *Resource Guide,* the CSWI is a research and quality improvement tool intended to measure how well a local system supports the implementation of the wraparound process. The CSWI is based on the framework of Necessary Conditions described by Walker, Koroloff and Schutte (2003), and presents 42 community or system variables that ideally are in place in communities that aim to implement the wraparound process. The CSWI is somewhat

unique from the other WFAS instruments in that it assesses the system context for wraparound as opposed to the fidelity to the practice model for an individual child and family.

The CSWI results in a quantified assessment of community supports for wraparound across multiple domains, so that researchers can determine the impact of these conditions on fidelity and outcomes of the wraparound process. It also presents the level of support across the six domains listed above (e.g., finance, collaboration, and accountability) so that evaluators and stakeholders can understand the full context for wraparound implementation as part of their local evaluation projects. Third, items and domains are structured so that local groups can assess local supports for wraparound, respond to areas of strength and weakness, and monitor improvements over time. (For more on the CSWI, see Walker, 2008b, Chapter 5a.1 in this *Resource Guide*.)

Psychometrics. The measures of the WFAS all have basic psychometric data that support their reliability, but the measure that has been best tested is the WFI. Different versions of the WFI have demonstrated adequate test-retest reliability, internal consistency, and inter-rater reliability (Bruns et al., 2006). Validity studies have found that fidelity scores correlate with the ratings of an external wraparound expert, while other studies have found significant associations with child and family outcomes (Bruns et al., 2005) as well as the level of community and system supports for wraparound (Bruns, Leverentz-Brady, & Suter, 2006). Recent studies using the WFI-4 have shown that total scores have been found to discriminate between wraparound and non-wraparound programs, and to show higher scores for sites with more extensive quality assurance plans (e.g., training, coaching, and directive supervision) than for sites without these supports. Studies are currently underway to determine the validity of the TOM and DRM.

Why Should We Be So Concerned about Wraparound Fidelity?

The new emphasis on measuring quality of implementation is hardly restricted to the wraparound process. Until the last decade, the program evaluation field focused almost exclusively on whether or not programs worked (Rosenblatt & Woolridge, 2003). But in recent years, there has been a realization that "evidence-based practices" that have been shown by research to work in one setting often do not translate into success somewhere else (Weisz, Donenberg, Han, & Weiss, 1995). What happens? Caseloads are allowed to rise and models get diluted. Core principles (such as engaging natural supports or letting families take the lead in planning) are de-emphasized in supervision. Training and professional development budgets get cut, and staff persons are not consistently taught how to do the work "as intended."

As the issue of implementation has grown more important, research has borne out the hypothesized relationship between treatment fidelity and improved client outcomes. Within adult mental health, fidelity to assertive community treatment (McHugo, et al., 1999) and integrated dual disorders protocols (Drake, et al., 2001) have been found to be associated with outcomes. Within children's mental health services, this relationship has been found for multisystemic therapy (Henggeler, et al., 2002), school mental health programs (Greenberg, et al., 1999), and many other models. Meanwhile, in wraparound, research has shown that individual families' WFI data helps predict their outcomes (Bruns et al., 2005), that the fidelity with which staff implement wraparound is associated with outcomes for the children they serve (Bruns, Rast, et al., 2006), and that system supports are indeed related to implementation fidelity as assessed by the WFI.

Added to this body of research are the real concerns of families and their advocates. One parent from Kansas expressed that "they were promised wraparound and got the runaround." And, as described in the beginning of this article, it was not that long ago that key pioneers of the wraparound model were afraid wraparound was going to soon be dismissed, since it was ill-defined and researchers were finding poor outcomes (often in the absence of good implementation). With all these arguments, the case for understanding and supporting wraparound fidelity is not hard to make. Nor is it hard to support the cause of reliable and valid fidelity measurement—after all, as the old saying goes, "what gets measured gets done."

Conclusion: A New Fidelity Problem in Wraparound?

In sum, there are a lot of points in favor of defining, supporting, and measuring wraparound integrity. Doing these things is viewed as a critical step in advancing the research base on wraparound, and establishing evidence on its effectiveness. Collecting and feeding back performance and outcomes data is critical to ongoing improvement of human services (Fixsen et al., 2005). Family members and youth can collect quality and fidelity data and play a role in reviewing and interpreting the results, providing them with a clear and active partnership role. Finally, though they are far from perfect, fidelity measures for wraparound have advanced considerably, and feature better supports to train data collectors and facilitate data entry and reporting than in previous years.

Along with the promise, however, comes potential trade-offs. The wealth of new methods to measure wraparound quality can be overwhelming to small programs and initiatives, and investing in fidelity data collection can lead some to make sacrifices elsewhere, such as in outcomes monitoring or even investments in the service system. Moreover, many jurisdictions have swallowed the "fidelity" argument whole and have attempted to write requirements for fidelity into provider contracts and standards. This can only be done very carefully – such requirements must be backed with resources for objectively collecting data as well as a clear data use plan. Such an approach must also be done in a way that encourages a climate of collaboration and quality improvement rather than punitiveness.

Finally, some have critiqued the emphasis on wraparound fidelity at a more fundamental level. Wraparound is a complex process, much less amenable to standardization than, for example, a 12-session parent training course, or a cognitive behavioral intervention for anxiety. In addition, it is individualized to each youth and family. As such, fidelity measurement is necessarily less precise because there is a greater range of activities in which each family may take part. Attempts to make measurement of wraparound implementation more precise (or to standardize the process to make it more amenable to consistent training and supervision) makes it vulnerable to losing something considered critical to wraparound – the idea that communities and teams may need to color way outside the lines to do "whatever it takes" to support a youth and his or her family.

Ultimately, this is the balancing act facing those of us who have been engaged in the process of defining wraparound and developing implementation measures. We must recognize that both poor quality *and* over-specification are dangers to the wraparound philosophy. To interact with this tension, the NWI has attempted to create a skeleton of a practice model that can be "fleshed out" through local adaptation and innovation (Walker & Bruns, 2006). The items of the WFAS instruments are based on this model, and focus on basic wraparound principles and non-negotiable activities that are central to the wraparound logic model. Through continued research and experience, we will endeavor to find the right balance that leads to the best outcomes for children and families.

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Building Databases and MIS to Support Wraparound Implementation

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Wraparound Milwaukee

In Wraparound Milwaukee, the development of our current MIS system began after a number of years of using numerous stand-alone databases to support the project. These included, for example, a separate database for maintaining demographic and enrollment information, a leased software program for service authorizations and payments, and Milwaukee County's mainframe for check writing. None of these data were integrated, nor did the majority of our stakeholders have any access to the data. Most of the information was entered by a very large finance staff from paper documents faxed, mailed, or hand-delivered by care coordination staff. In all, thousands of pieces of paper were processed every month. The data were purely maintained to support business functioning—enrollment, demographic, and financial. There was no technology to support our real focus—serving families and providing care coordination services. In 1999, we decided that we needed to develop a system to integrate our existing business data as well as to support families and care coordinators.

Our first step in undertaking this was to identify our consumers. The primary consumer of data in a wraparound model should always be the families. Whether or not families directly enter or edit data, the information available must be able to be presented in a family-friendly manner, and should be used to enhance the quality of care for families. Care coordinators will likely be the primary users entering data into the system, so ease of use, integration of data and system support will be important to them. Supervisory and program management staff need to use the data to support day-to-day functioning and monitoring of outcomes.

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For these users, the reporting capability of the system is their primary need. Funding sources and evaluation staff also need access to the data, and their concerns will be the reliability of the data and timeliness of information. Meeting the needs of this disparate group of users can be a difficult balancing act.

After identifying who our consumers would be, we contracted with a software development firm, Stratagem, Inc., and began development in June of 1999. By December of that year, we had a working system. How was this possible? First and foremost, we had clearly-identified business processes in existence already. Second, we clearly outlined the scope of the project at the outset and stayed within those boundaries during initial development. Also, two individuals were identified—one from the development team and one from Wraparound Milwaukee's management team—to serve as liaisons between development and program staff, and we empowered those individuals to make independent decisions.

The Synthesis System

The software that Wraparound Milwaukee developed is called Synthesis. As our user base is geographically dispersed, we developed Synthesis as an internet-based software. Initial development focused on integrating three main areas: enrollment and demographic data; contract and service data; and the plan of care process. All three areas were developed simultaneously, and released in December, 1999. Since that time, development has continued. We have revised the plan of care module several times, incorporated progress notes, an on-line resource guide for both paid and community supports, evaluation tools and juvenile justice information.

The main components of Synthesis, and their primary uses, are outlined in the following sections.

1. Demographic / Enrollment Data

- Basic demographic information—including DSM diagnostic information—allows us to report on our population to the community.

- Placement data helps us monitor youth in out-of-home care, and provides a mechanism to evaluate how well the program is doing to meet its goal of maintaining children in the community.

- Financial components to each enrollment allow us to track Medicaid eligibility, payor source (child welfare and/or juvenile justice) and outstanding payments from these entities, ensuring that we are properly reimbursed.

- Satisfaction survey data is used to enhance quality of care for families and quickly identify potential areas of concern.

- An on-line child and family team list allows us to monitor the inclusion of formal and informal supports on teams, and track how they are being used by families.

Figure 1. Demographic Data

Figure 2. Vendor Data

- Juvenile justice data received from the court is entered, and is used for research purposes and as one of our outcome measures. (See Figure 1.)

2. Vendor Data

A comprehensive vendor database allows us to store and report on vendor activity.

- Vendor licenses and insurance coverage are monitored to ensure compliance with state guidelines.
- Providers serving our families, along with their credentials and specialties, are tracked to allow us to monitor care at the individual provider level as well as the vendor level.
- Data from this area can be accessed by care coordinators and families through an on-line resource guide, which includes both paid and unpaid providers.
- Satisfaction surveys and complaint data are stored in the software, allowing provider network and quality assurance

staff to monitor family satisfaction and respond to any concerns. (See Figure 2.)

3. Service Data

As a capitated health management organization (HMO), Wraparound Milwaukee authorizes and pays for all of the mental health care for our enrollees. Based on services authorized through the plan of care, care coordinators enter services, which are approved by supervisors.

- Vendors have access to view authorizations on line, allowing them to independently confirm authorization prior to service delivery.
- Invoices are entered directly by the vendors, and adjudicated and paid weekly.
- Real-time reports are available allowing management staff to monitor service costs, look for trends and outliers, and analyze service utilization across different populations. (See Figure 3.)

4. Plan of Care

In keeping with wraparound training the care coordinators receive, the plan of care process has three distinct elements:

1. Strengths / Culture Discovery

Figure 3. Service Data

Figure 4. Plan of Care

rently using the Child Behavior Checklist and Youth Self Report, administered at enrollment, six months, one year (and yearly thereafter) and disenrollment. Scores from each scale are entered and can be reported for distinct populations. In addition, family-friendly reports for use by the teams can be generated. (See Figure 5.)

6. Progress Notes

Progress notes are entered by care coordinators and data from those notes are used extensively by supervisors and management to monitor service hours, contacts with families, and child and family team meeting compliance. (See Figure 6.)

Data Access and Reporting

Users should have direct access to all of the data they need to do their day-to-day functions. No one user will need access to all of the information, but each user should be able to retrieve any information that is relevant to their job. Real time access to information from a variety of sources greatly promotes 'buy in' from the users of the software.

The reporting area should be the most robust component of the system. Supervisors and managers should have tools to help them monitor provi-

2. Crisis / Safety Planning

3. Needs Identification and Service Planning

The majority of the plan of care is entered as free-form text to promote individualized care for youth and families. However, areas where we have a need to report on or analyze data are standardized:

- Families assign a numeric value for each identified need at time the need is developed, for each update, and when the need is closed. This allows us to look at a numeric "needs met" score as perceived by families.

- As care coordinators build child and family teams, each member of the team is identified as either a formal (i.e., paid) or informal support (family members, neighbors, community organizations, etc.). When creating plans of care, the team member(s) responsible for each strategy are selected, allowing us to pull information from the plans of care to verify use of sustaining supports on the teams.

- School attendance, special education placements, substance use history, and medication data are among the other areas that are standardized to allow for analysis and reporting of data. (See Figure 4.)

5. Evaluation Data

Wraparound Milwaukee is cur-

Figure 5. Evaluation Data

Figure 6. Progress Notes

- The percentage of school days attended is calculated from data entered in the Plan of Care screens.
- Care coordinator service hours, weekly face-to-face contacts, and compliance with monthly team meeting requirements is gathered from data entered in progress notes.
- The balance of formal vs. informal supports on teams is gathered from the plan of care by looking at who is responsible for each of the strategies developed.
- Each disenrollment is given a "level of success" based on three weighted criteria:

  » The level of 'needs met.' This can be calculated from the ranking given to each need by family members. The final Plan of Care, then, has an overall "needs met" score, which becomes part of the total disenrollment score.
  » Level of permanency achieved, data for which is taken from the placement screens. Each category of placement (such as independent living, relative placement, home, group home, etc.) has a numeric value that is part of the total disenrollment score.
  » Every disenrollment is also coded into categories such as Needs Met, Correctional Placement, Services No Longer Wanted, etc., and those codes also have numeric values that are part of the disenrollment score.

sion of services to families. Fiscal staff will need real-time reporting of revenues and expenditures. Vendors should be able to track their authorizations and invoicing. Each stakeholder in the system of care should have access to reports that are relevant to them. Having in-house I.T. staff who are accessible and who can quickly create these reports greatly enhances user satisfaction with the software.

What We Measure

Synthesis data is used extensively in measuring outcomes for our families, and evaluating performance of organizations that work with our families. Wraparound Milwaukee contracts with nine outside agencies for care coordination services, and evaluates each agency's performance on a semi-annual basis, using a number of indicators:

- Level of family satisfaction by care coordination agency is assessed using survey data entered in Synthesis. Families rank their satisfaction level on a scale of 1 to 5 in areas such care coordinator follow through and responsiveness, crisis/safety planning and family choice in providers.
- The percentage of days in community-based settings is assessed using data from the placement screens.

Where We Are Now

In the years since we have been using Synthesis, our business processes have changed greatly. Most dramatic has been the shift in staff allocations across departments. Since we began using Synthesis, the number of data entry staff in the fiscal department has decreased by two-thirds. None of these positions were lost, however. These

staff were re-allocated to quality assurance and other administrative functions as their jobs shifted from simply entering data to assisting with monitoring and evaluation of the data. The processing time from invoice submission to payment has decreased from 6-8 weeks to one week or less. Care coordinators have technology to support them in their work with families, and supervisors have tools to allow them to focus more supervision time on quality-of-care issues instead of paperwork compliance. Families receive monthly benefit statements which serve as a crucial component of our auditing of service provision. Families and their teams also have access to the resource guide, empowering them to make informed choices when selecting service providers.

Lessons Learned

From our experience developing and using our software, it is clear that several key components have led to our success:

1. We had a clearly-defined business process in existence already. That allowed us to focus strictly on automating a process we knew well and that worked for us already.

2. After a series of initial meetings with managers, support staff and other end-users, we defined what our initial goals for software development would be. From that time until the initial release of the software, we were very careful to avoid "scope creep" as users identified new areas they wanted to automate. We committed to a second phase of development to commence after the initial release of the software.

3. Although we developed a fairly robust on-line 'Help' component to the software, we quickly decided that a key component to success would be the development of a Help Desk function.

4. We only collect and maintain information that is used. Programs and initiatives should be willing to identify why they are collecting information and how it is used, and be ready to cease collection of data that is no longer relevant to the business process.

5. Too much information can be overwhelming. We instituted monthly 'business meetings' with our care coordination agencies during which we review key information and/or highlight areas of concern.

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Wraparound: A Key Component of School-Wide Systems of Positive Behavior Supports

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Most of the articles and resources in the *Resource Guide to Wraparound* present examples of wraparound implemented in the context of community mental health, child welfare, and juvenile justice systems. Though school systems play an important role in wraparound initiatives led by these systems, schools also are increasingly leading wraparound efforts. A prime example is when school systems incorporate the principles and practices of wraparound into their continuum of supports and services for all students, including those with or at risk of emotional/behavioral disabilities (EBD). This allows the benefits of wraparound to be experienced by a greater number of youth and can prevent schools from resorting to restrictive educational settings and out-of-home placements.

More recently the wraparound process is being integrated into systems of school-wide positive behavior support (SWPBS) to ensure that all students, including those with EBD or other serious disabilities and challenges, experience success at school (which is also a significant contributor to a youth achieving success at home and in the community). This paper describes: (1) how the wraparound process can be integrated into schools through SWPBS, (2) differences between wraparound and typical school-based practices, including special education, and (3) how SWPBS systems can support and strengthen the wraparound process and its ability to improve quality of life for youth with unique emotional/behavioral needs, and for their families and teachers.

Wraparound and PBS: What's the Connection?

Positive Behavior Support (PBS) is based on the core belief

national wraparound initiative

that all children can learn and succeed and that schools, in partnership with families and communities, are responsible for identifying and arranging the physical, social, and educational conditions that ensure learning (see www.apbs.org; Eber et. al., in press). In the past 10-15 years, school-wide applications of PBS have emerged with the intent to build capacity for schools to provide effective behavior supports to all students, including those with complex behavioral needs, through a comprehensive prevention-based approach. SW-PBS applies the science of behavioral techniques school wide, using systems change structures that include a representative leadership team, ongoing self-assessment of the fidelity of the process, and rigorous application of data-based decision-making. Consistent with the public health model, SWPBS is a systemic approach that focuses on large units of analysis (e.g., school buildings and classrooms) and incorporates a three-tiered framework (Horner & Walker, 1996):

1. **Universal prevention** addresses the entire school population via evidence-based instructional practices, pre-correction, and adjustment of the environment to foster pro-social behavior;

2. **Secondary or selected prevention** delivers higher level, more specialized interventions to 10-15% of students whose lack of response to universal prevention places them at risk for problem behaviors; and

3. **Tertiary or indicated prevention** delivers specific interventions to the 1-5% of students with the highest needs due to a disproportionately high level of risk relative to protective factors.

The wraparound process is an essential component of school-wide positive behavior support if schools are to ensure success for students with complex needs across home, school and community settings (Eber et al., in press). Experience implementing wraparound through interagency system-of-care initiatives has shown that families (including the youth) need to be positioned as key informants and decision makers in prioritizing desired outcomes and strength-based strategies. The wraparound process provides a structure for schools to establish proactive partnerships between families and community supports, a necessary component for arranging successful environments around students with complex emotional/behavioral needs.

In addition to incorporating natural supports and interagency services, wraparound plans organize and blend positive behavior support and academic interventions as needed to ensure success at school. Differentiating itself from traditional service delivery in schools, wraparound focuses on connecting families, schools and community partners in effective problem-solving relationships. There are several features of wraparound that distinguish it from typical school-based practices. First, family and youth voice guide the design and actions of the team. Second, team composition

and strategies reflect unique youth and family strengths and needs. Third, the team establishes the commitment and capacity to design and implement a comprehensive plan over time. Finally, the plan addresses outcomes across home, school and community through one comprehensive plan.

Connecting Families and Teachers through Wraparound

A hallmark component of the wraparound process is that it includes specific steps to establish ownership by, and therefore investment of, the family. These same engagement techniques need to be applied to teachers who also may become frustrated and discouraged with "expert-focused" intervention plans that often don't work in the context of their classrooms. Engagement and collaborative problem solving creates an environ-

ment in which a range of interventions, including behavioral supports, are more likely to be executed with integrity.

Just as wraparound teams support families, they can also tailor supports for teachers who may be challenged with meeting the unique needs of a student. For example, a plan to change problem behavior at school may be more likely to succeed if the teacher has a trusted colleague of her choice who models the instruction of the replacement behavior or how to naturally deliver the reinforcement in the classroom context. This may feel more helpful than simply being told to "provide more reinforcement" by the behavior experts at an IEP meeting. Participating in the design of successful interventions for the most challenging youth can provide a sense of both competency and relief for teachers, as the wraparound team frequently acts as a support to the teacher. The emphasis on the cooperative planning and data-based decision making—consistent with wraparound and implemented within SWPBS—reduces the feelings of isolation and sense of failure that teachers may experience in the traditional child study model. This model, typically used in special education, tends to focus more on eligibility and placement than brainstorming, monitoring, and refinement of specific and individualized interventions.

The School-Based Wraparound Facilitator

Differing from IEPs and other typical school-based team processes, the wraparound process delineates specific roles for team members, including natural support persons, and detailed conditions for interventions, including specifying roles each person will play in different circumstances. The role of a designated team facilitator is critical to adhering to the steps of the process and to upholding the principles of the strength-based, person/family-centered approach. The school-based wraparound facilitator, often a school social worker, counselor, or school psychologist, guides the team through the phases of wraparound, ensuring a commitment to "remain at the table," despite challenges and setbacks, until the needs of the youth and family are met and can be sustained without the wraparound team.

Individuals who perform the function of team facilitation should ideally possess certain skill sets and dispositions, including the ability to translate the experiences and stories of the family, youth and teacher(s) into strengths and needs data that can be used to guide the team. Another crucial facilitator skill is the ability to respectfully articulate the family's vision without judgment. This includes helping teams clarify the "big needs" that, if met, will improve the quality of life for the youth and family. Examples of "big need" statements to guide wraparound teams include: "José needs to feel respected by teachers;" or "Tracy needs to feel accepted by other students and teachers." The identified facilitator also must have the ability to facilitate problem solving and decision making in a consensual manner. Potential wraparound facilitators, readily available in school systems, include personnel who already lead intervention planning and meetings for students with or at-risk of EBD. Typical persons who are trained and coached to facilitate strength and needs-based wraparound meetings include school social workers, school psychologists, counselors, special education specialists, administrators, and others (Eber, 2003).

Engagement and collaborative problem solving creates an environment in which a range of interventions, including behavioral supports, are more likely to be executed with integrity.

How is Wraparound Different than Typical School-Based Approaches?

On the surface, wraparound can be seen as similar to the typical special education or mental health treatment planning process. It actually goes much further, however, as it dedicates considerable effort to building constructive relation-

ships and support networks among the youth and their family (Burchard, Bruns & Burchard, 2002; Eber, 2005). This is accomplished by establishing a unique team with each student and his family that is invested in achieving agreed-upon quality of life indicators. Key questions asked of youth and their families and teachers during team development (Phase I) of wraparound often include: "What would a good school day for your child look like to you?" Or, "How would you define success for your child five years from now?"

The identified team facilitator initiates wraparound using individualized engagement strategies with the family and youth, teacher and other potential team members. Assuming lower level interventions (e.g., universal and secondary PBS, parent conferences, function-based behavioral intervention plans) have not resulted in enough positive change, families may be understandably cautious about engaging in yet another meeting about their child. School-based wraparound team facilitators are trained to approach a family carefully to ensure that the family doesn't feel judged and/or blamed. Families who have had a lot of contact with school but little success may need to be reassured that *they* are not expected to change the problem behavior of their child at school. For example, facilitators may use a statement such as "At school, we feel we are not being successful enough or positive enough with your child so we are going to change our approach to make sure he is going to have success." This may be a different message than what the parent is used to hearing from the school and can set the stage for a different type of process that is intensive, yet positive.

How Does SWPBS Support Wraparound?

Program evaluation data in Illinois suggests that schools that implement SWPBS with measured fidelity at the universal level are more likely (than schools not yet reaching fidelity at the universal level of SWPBS) to implement individualized interventions, including wraparound. This suggests that SWPBS practices create school environments in which successful wraparound plans are more easily developed and implemented. The benefits that SWPBS offer to the highest level of support

on the continuum (achieved via the wraparound process) include experience with a problem-solving approach and using data to guide decisions. Also, full implementation of SWPBS at the universal level provides a solid base of lower level interventions (e.g. primary and secondary) to build upon, as well as more effective and supportive environments in which to implement wraparound plans.

Within a three-tiered system of behavioral support, students who need tertiary level supports also have access to and can benefit from universal and secondary supports. Each level of support in SWPBS is thus "in addition to" the previous level. In other words, no student only needs wraparound—the wraparound plan, with its multiple-life-domain and multiple-perspective focus, makes the universal and secondary supports available in the school effective for the student. (For more information on SWPBS, see www.pbisillinois. org and www.pbis.org.)

Youth who need wraparound usually respond best in environments that are predictable (setting behavioral expectations), clear (direct teaching of behavioral expectations), strength-based (acknowledgment systems) safe (school-wide discipline policies and practices), and that have high levels of prompts (re-teaching). SWPBS supports these youth by providing these components across all school settings and creates climates where all youth in the building are supported, and are therefore calmer and better behaved. Peers can help support or prompt one another because the expectations are positively stated and well understood. Teacher and administrative time isn't taken up by responding to multiple low-level problems throughout the building, giving the time necessary to provide the extra support to those students who need more comprehensive planning time.

Proactive use of data to drive instructional decisions within a problem-solving model is a hallmark principle and practice of SWPBS (Lewis-Palmer, Sugai, & Larson, 1999; Sugai & Horner, 1999; Nakasoto, 2000). Participating schools not only gather, report and use data related to students' social and academic behavior, but are also encouraged to self-assess SWPBS implementation fidelity (e.g, using the School-wide Evaluation Tool or SET) and effectiveness of school-wide practices (Horner et al, 2004). Tertiary level SWPBS prac-

tices, including wraparound, also require the use of data to facilitate positive change for students. Most critical for this purpose is the use of data by individual family and youth teams for purposes of making decisions about effective interventions. In turn, the systems surrounding the child and family teams can make changes that support and sustain effective practices as evidenced by positive student outcomes (Eber et al., in press).

Future Directions

Schools need to expedite efforts to build competency and capacity for supporting students with complex emotional and behavioral needs. The wraparound process, with its focus on linking families, schools, and community partners on behalf of individual students should be an integral part of a multi-tiered, prevention-based system to support the emotional/behavioral needs of all students. To ensure optimal outcomes, the critical features of SWPBS, including data-based decision-making, ongoing self-assessment of fidelity, and rigorous progress monitoring, need to become routine within the wraparound process.

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Wraparound is Worth Doing Well: An Evidence-Based Statement

Eric Bruns, Co-Director, National Wraparound Initiative, and Associate Professor, University of Washington School of Medicine

" Anything worth doing is worth doing well." At some point, a parent, teacher, coach, or supervisor probably has given you this sage advice. Did you ever ask (maybe to yourself) whether there was evidence to support it?

In fact there is. Research tells us we should heed this guidance when delivering our children's behavioral health services. Meta-analyses of interventions delivered in "real world" systems have shown that "services as usual" are often no more effective than no service at all. Services based on evidence for effectiveness have a better chance of succeeding, but they must be delivered with quality and model fidelity if they are to produce positive effects.

Wraparound care coordination is no exception. Over 20 years, findings from controlled, peer-reviewed research articles (see Suter & Bruns, 2009; Bruns & Suter, 2010; Bruns, Walker, et al., 2014 for reviews) and federal evaluation reports (e.g., Urdapilleta et al., 2011) have consistently found wraparound to be associated with positive residential, functioning, and cost outcomes. Most of these studies were small pilot projects, however, in which implementation was tightly overseen and staff were well-trained and supervised (e.g., Bruns, Rast, Walker, Peterson, & Bosworth, 2006; Pullmann et al., 2006).

In 2014, two studies were published that provide cautionary notes to policymakers and providers involved in the increasingly common enterprise of taking wraparound programs to scale in real world public systems. The first study, funded by the National Institute of Mental Health, randomly assigned 93 youths with complex emotional and behavioral

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needs and involved in the Nevada child welfare system to wraparound care coordination (N=47) versus more traditional intensive case management (N=46). The wraparound group received more mean hours of care management and services and demonstrated initially better residential outcomes. By 12 months, however, there were no group differences in functioning or emotional and behavioral symptoms (Bruns, Pullmann, Sather, Brinson, & Ramey, 2014).

The second study evaluated whether the addition of a wraparound facilitator to regular child protection services (CPS) in Ontario, Canada, improved child and family functioning over 20 months. While both groups improved significantly in child functioning, caregiver psychological distress, and family resources, addition of a facilitator did not improve outcomes above regular CPS (Browne, Puente-Dura, Shlonsky, Thabane, & Verticchio, 2014).

In addition to rigorously examining wraparound outcomes at some level of scale in "real world" systems, these two studies also shared another thing in common—both found Wraparound implementation quality to be poor.[1] In the Ontario study, fidelity as assessed by the Wraparound Fidelity Index (WFI) was found to be in the "below average" or "not wraparound" ranges for six of the scale's 10 subscales, per standards disseminated by the NWI (Bruns, Leverentz-Brady, & Suter, 2008). The authors concluded that "some of the major components of wraparound may not have been sufficiently provided in order to promote optimal support and care for families" and that "a little bit of wraparound fidelity may not be enough for optimal treatment success."

In the Nevada study, fidelity as assessed by the WFI was worse than 80% of sites nationally for parent reports and worse than 90% of sites nationally per a team observation measure. Parents and caregiver responses on the WFI and observation of team meetings suggested that the program did not consistently do things associated with high-quality implementation, such as:

- Involve youths and family members in the development of the wraparound team
- Actively engage and integrate the family's natural supports
- Develop proactive crisis plans based on functional assessments
- Link caregivers to social supports
- Involve youths in community activities
- Develop statements of team mission or family priority needs
- Brainstorming individualized strategies to meet needs
- Ensure team members followed through on tasks
- Develop effective transition plans

In contrast, earlier studies of smaller-scale wraparound initiatives in the same system with only 4-5 WSM facilitators and extensive training and coaching showed high levels of fidelity and far better residential and functional outcomes for wraparound than for a comparison group of similar youths (Bruns, Rast, et al., 2006; Mears, Yaffe, & Harris, 2009). To put the differences in perspective, youths enrolled in the pilot project improved by an average of 35 points on the Child and Adolescent Functional Assessment Scale (CAFAS), compared to only 13 points in the study of wraparound taken to scale.

Looking at the big picture, these two studies bring the total number of controlled (experimental or quasi-experimental) wraparound studies in peer reviewed journals to 12. Among these, only one other study (Bickman, Smith, Lambert, & Andrade, 2003) found uniformly null effects for the wraparound condition. Perhaps not surprisingly, this is also the one other study among the 12 that documented a lack of adherence to the prescribed wraparound model. In this study, the authors concluded, "many elements of the practice model of wraparound were not present" and that the wraparound condition "was not meaningfully different

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1. Notably, both studies also applied wraparound facilitation to youth involved in child welfare. It is possible that this also played a factor in the finding of no significant effects over services as usual.

from the comparison condition."

Thus, many may initially interpret the results of these studies as evidence against the growing movement by states and large jurisdictions to invest in care coordination using the intensive procedures recommended by the National Wraparound Initiative (Walker & Bruns, 2006) for youths at risk for costly and disruptive out of community placement. Closer examination of the studies, however, suggests their findings may simply be an extension of hard lessons learned about implementation of evidence-based practices in general. *Not only is it worth doing these practices well, outcomes for youth and families probably depend on it.*

Doing Wraparound Well

So, what does it mean to "do wraparound well"? Obviously, the research summarized above suggests that implementation with fidelity to the prescribed practice model is critical. As has been described in multiple research articles and program descriptions (e.g., Walker & Bruns, 2006; Walker & Matarese, 2011), these practice-lev-

el elements must be in place for wraparound to live up to its theory of change and represent the well-coordinated, youth- and family-driven, multisystemic strategy that it is intended to be.

To achieve high-quality practice, system and program supports must be accounted for into the initiative. According to implementation science, the three big implementation drivers to keep in mind are Leadership, Workforce Development, and Program and System Support. Obviously, it would be ideal to do this from the beginning, but many wraparound projects have also successfully developed these "implementation drivers" over time.

Training, Coaching and Supervision. Wraparound projects require a thoughtful and deliberate approach to building staff and personnel capacity. This includes effective training, coaching, and supervision as well as other types of human resource decisions such as appropriate job descriptions, hiring practices, caseload sizes, performance systems, and staff support, including compensation.

Figure 1. Wraparound Fidelity in a System of Care with Variable Workforce Development Over Time

Bar chart. Y-axis: Average WFI Fidelity Score (%), 0 to 100. X-axis categories: Pre Training 64%, Training Only 72%, Training & Coaching 86%, "Gone to Scale": No Coaching 73%.
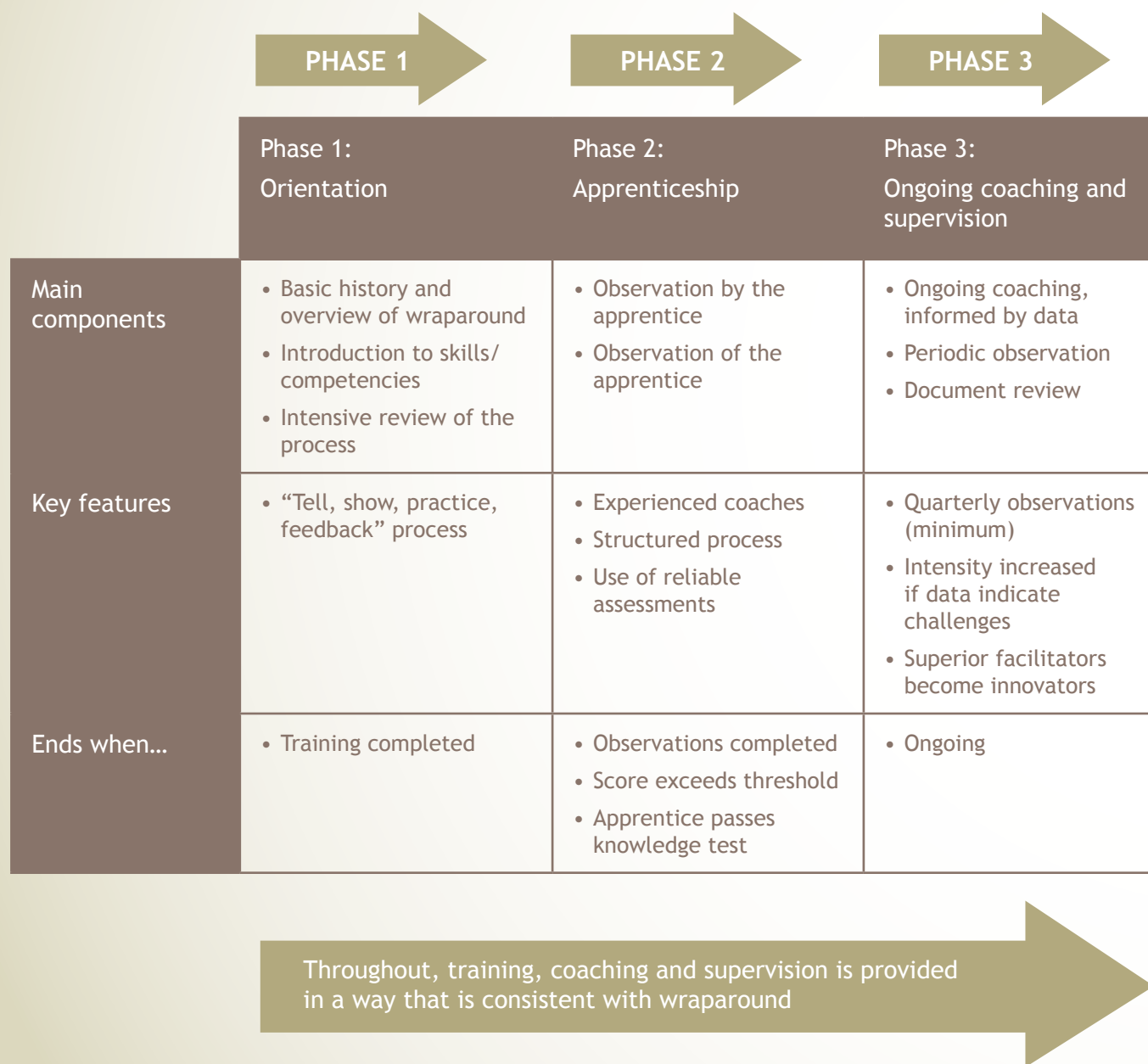
When it comes to training, coaching, and supervision, the evidence is growing crystal clear in human services that the "train and hope" model is destined to fail to achieve high-quality implementation. In the Nevada study cited above, for example, the drop off in fidelity and outcomes coincided with the withdrawal of resources for staff training and coaching that accompanied the national recession of 2007 that hit that states particularly hard (See Figure 1).

To help ensure states and systems understand what is important to attend to in workforce development, the National Wraparound Initiative (NWI) worked with its community of practice to develop

Figure 2. Workforce Development in Wraparound, from Orientation to Innovation

	PHASE 1	PHASE 2	PHASE 3
	Phase 1: Orientation	**Phase 2:** Apprenticeship	**Phase 3:** Ongoing coaching and supervision
Main components	• Basic history and overview of wraparound • Introduction to skills/ competencies • Intensive review of the process	• Observation by the apprentice • Observation of the apprentice	• Ongoing coaching, informed by data • Periodic observation • Document review
Key features	• "Tell, show, practice, feedback" process	• Experienced coaches • Structured process • Use of reliable assessments	• Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	• Training completed	• Observations completed • Score exceeds threshold • Apprentice passes knowledge test	• Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound

2. See http://www.nwi.pdx.edu/pdf/wrap-training-guidelines-2013.pdf

guidelines for training, coaching and supervision for Wraparound Facilitators.[2] As shown in Figure 2, this guidance describes the types of content and practice activities to which facilitators should be exposed in initial training and orientation before they start to work with families. It goes on to describe the all-too-often neglected "apprentice" period, during which facilitators work in tandem with an experienced facilitator—a "coach"—who uses a structured process to help them gradually develop the ability to work independently with families. In a third phase of skill development, ongoing coaching and supervision should be provided to ensure that facilitators continually develop their skills and expertise. In each of the phases, the learning experience should be characterized by a "tell, show, practice, feedback" process, whereby training and coaching shifts gradually from imitation of skillful performance to production of skillful performance.

Program and System Supports. Critical though it may be, training and coaching alone is unlikely to ensure skillful practice and successful implementation. Over a decade ago, Walker, Koroloff, & Schutte (2003) showed that "doing wraparound well" is a complex undertaking that requires a focus on an array of systems-level structures, policies, and supports necessary to ensure quality practice-level implementation and positive outcomes. These "necessary support conditions" have since been codified by the NWI in the form of six themes, shown in Table 1.

Table 1. Necessary Support Conditions for Wraparound

Theme	Description
Theme 1: Community Partnership	Collective community ownership of and responsibility for wraparound is built through collaborations among key stakeholder groups.
Theme 2: Collaborative Action	Stakeholders involved in the wraparound effort translate the wraparound philosophy into concrete policies, practices and achievements.
Theme 3: Fiscal Policies and Sustainability	The community has developed fiscal strategies to meet the needs of children participating in wraparound and methods to collect and use data on expenditures for wraparound-eligible youth.
Theme 4: Access to Needed Supports and Services	The community has developed mechanisms for ensuring access to the wraparound process and the services and supports that teams need to fully implement their plans, including evidence-based practices.
Theme 5: Human Resource Development & Support	Wraparound and partner agency staff support practitioners to work in a manner that allows full implementation of the wraparound model, including provision of high-quality training, coaching, and supervision.
Theme 6: Accountability	The community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort.

Subsequent research has shown that these conditions can be measured and that they are associated with positive implementation on the ground level (Bruns, Leverentz-Brady, & Suter, 2006; Walker & Sanders, 2011). In the "real world" of wraparound implementation, the following are examples of topics that will require careful attention:

- *System structures for governance and management,* including consideration of options such as care management entities[3] and health homes[4];

- Investment in *quality assurance and accountability*[5] structures;

- *Sustainable financing* of high quality Wraparound, including the use of Medicaid and other federal financing mechanisms[6];

- Developing *centers of excellence* for ongoing implementation, quality assurance, policy, financing, and evaluation support;

- Building, enhancing, and/or implementing *workforce development initiatives* outside of the Wraparound practice model, including shifting providers from residential services to quality home- and-community-ty-based services; and

- Implementation of Wraparound in the context of other systems of care efforts, including developing and implementing other *evidence-based and promising practices*.

Conclusion

In the late 1990s and early 2000s, many feared that the exciting innovations in family- and youth-driven, team based "wraparound" care would become a passing fad. Instead, wraparound has become a touchstone for children's mental health, recommended as a strategy in federal guidance documents,[7] and available in nearly every one of the United States. While it is encouraging that wraparound has gone to scale in this way, wraparound applied inappropriately or implemented "in name only" may represent a waste of our increasingly scarce behavioral health dollars.

Though it is no longer radical, wraparound has the potential to be quite powerful. To make the most of their investment in wraparound, however, states and communities must heed the lessons learned from recent research, lest they be doomed to repeat them.

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A Best Practice Model for a Community Mobilization Team

Andrew Debicki, Regional Wraparound Coordinator
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A wraparound community mobilization team (hereafter referred to as a CMT) supports the work of wraparound teams and wraparound facilitators working with families in the local community.[1] This description is based on work developed by the innovators of community-based wraparound in Ontario, Canada starting in 2002.

As we started to develop wraparound initiatives that were driven and supported by local Community Mobilization Teams, we found that the concepts and description of the community team of the 1990s were insufficient to describe the rich community development and mobilization effort that was occurring in many communities across Ontario. The concept and description of a community resource team seemed to suit the evolving function of this entity. John VanDenBerg subsequently shared with us his use of the term community mobilization team and we found that this term best suited the structure and function of this community group and renamed it accordingly.

Community Mobilization Team Overview

As described above, a CMT is a community-level entity intended to support wraparound implementation for individual teams and families. The CMT is made up of people

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1. A local community as referred to here is a group of people that live, play and potentially work in proximity to each other and care for each other. It may also be defined by culture, such as an Aboriginal community or reserve, a Polish community, or an Asian community.

who are "community connectors." John McKnight, Professor of Education and Social Policy and Co-Director of the Asset-Based Community Development Institute at Northwestern University, has identified the primary characteristics of good "community connectors" as follows:

1. They are gift centered in their nature.
2. They are well connected in their community.
3. They are trusted—this is important because they are asking people to help families with children and youth with complex needs who are often marginalized and have become isolated from positive social networks.
4. They believe that their community is a welcoming and supportive community.

Community connectors come from all walks of life. Frequently, they are community leaders, representatives from natural or informal community support entities (such as recreation, faith, business, or service clubs), or representatives of formal child and family services in the community. The important role they play is to help the families served through the local initiative to get connected to volunteer support people and in-kind resources they require to have their needs addressed on a daily basis.

The chair of a CMT is often a locally recognized community leader and/or champion for children and families. The CMT functions in a manner simi-lar to but distinct from a steering or advisory committee or a board of directors. Lead agencies take care of all the programmatic and administrative aspects of the functioning of the CMT.

There are several main purposes of the CMT:

- To educate the local community about wraparound and the children, youth, and families who participate;
- To mobilize the community and its resources and volunteers to provide effective community support to each family with children and youth with complex needs involved in wraparound that live in that community; and
- To support the work of wraparound facilitators by connecting the children, youth, and families served to the in-kind resources and volunteers they require to meet their needs on a daily basis

Here are a few examples of how effective community supports may be facilitated by a CMT:

1. *A young mother in her late teens with two children got her life back together with the help of wraparound. She had bounced from foster home to foster home and then group home to group home from ages 4 to 16 when she left her last group home. All together, she had been in 23 different placements. She believed that parenting was instinct as she had not experienced a positive parenting experience herself. As a young mother of two children she was an open case to child welfare because they were concerned about her low level of parenting skills. When she had completed a very successful year in wraparound that saw child welfare close her file, she was asked what about wraparound had made the biggest difference. To her, it was the volunteer mentor who helped her develop her parenting skills. The mentor was recruited for her early in her wraparound process by the CMT.*

2. *A man and a woman with three children had been on disability for the last 12 years. Upon doing the strengths discovery,*

the wraparound facilitator identified that the father had grown up in a family and town where it was important for him to learn to fix his own car. The father had only worked in food services at minimum wage before being put on disability. With the help of the local CMT, the father was sponsored to get his mechanics certificate. A person on the CMT used their connections at a local garage to get them to give the father a shot at being an apprentice. Not only did he complete his apprenticeship, but he was also hired on as a mechanic by the garage once he was finished his apprenticeship.

3. *A teenage boy of 14 just about to be released from secure custody was referred to wraparound. Upon meeting him, his wraparound facilitator discovered that despite exhibiting extreme acting-out behavior in the custody facility, he was enthusiastic about all outdoor sports and some indoor sports and could quote stats for the last five years about sports such as hockey, biking, and skiing. With the help of the local CMT, he was placed for his court-ordered restitution at an outdoor sporting goods store that a CMT member frequented. Initially, the manager of the store requested a one-to-one worker to be with the 14-year-old all the time. Within a week, the manager phoned the probation officer and said that the one-to-one worker was not needed. He said that the youth's passion for outdoor sports was such that he had switched the young man from doing odd jobs to selling sports equipment. The manager predicted that he would be a great salesman for him.*

A Vision and Mission for Developing CMTs

Our vision is a vibrant network of localized community mobilization teams, linked together across the country, providing effective community support for local families with children, youth, or adults with multiple, complex problems involved in wraparound.

Our mission is to continue to develop and launch a number of localized CMTs across Canada over the coming years. Each of these CMTs will mobilize their local community by securing the necessary financial and in-kind resources and support so that families with children, youth, or adults with complex needs involved with wraparound can receive effective community support.

Engaging Potential Members of a CMT

People we approach to be on the CMT often ask us how this community group we are asking them to join (and possibly lead) helps children, youth and adults and their families dealing with complex needs, and how wraparound is different from other services. To answer these questions, we first try to explain wraparound in a community-friendly way, providing an example of how it works.

For example, a referred family with children, youth or adults with complex needs is assigned a wraparound facilitator whose role is to work in partnership with the family to help them pull together their wraparound team. This team will be made up of the family themselves, their friends, community support people, and the service providers involved with the family that they find helpful. This is the family's team. They decide who will be on their team. The facilitator works with the family to help them identify their strengths, their culture and their priority needs. The facilitator and the family then bring together the family's wraparound team and together they review the strengths, culture and needs with the team and get them to add to each.

The facilitator then helps the family and their team to work through a highly structured, intense planning process. The product of this planning is the development of a comprehensive plan that addresses the top one or two needs that the family has chosen. This is accomplished by the facilitator helping the team brainstorm strategies that build on the strengths of the family, their team, and the community in which they live. The family then chooses the strategies that they think will work best. In essence, this team "wraps" services and supports around the family, based on their description of what is needed and what might work.

The potential CMT member is told that their

role will be to participate on a team that mobilizes the community to acquire necessary resources for participating families and teams. Such needs are communicated (in a non identifying way to the family) to the members of the local CMT through formal and informal channels. Resources may include volunteer and/or in-kind donations that are beyond the resources of the family and their team.

What makes wraparound so different? In response to questions about how wraparound is different from other service models, we typically present these four examples:

1. The family's wraparound team brings together the family's friends and relatives, community support people and the service providers that the family finds helpful. The wraparound planning process integrates all of their efforts to help create a single plan for the family, focusing on one or two priorities identified by the family. While safety issues are non-negotiable, families usually identify safety issues as their top priority.

2. Part of the role of the wraparound facilitator is to teach the youth and family to build their capacity to do this kind of planning for themselves wherever possible. Many families graduate from the wraparound process and are able to carry on their own wraparound planning.

3. The CMT is able to help find the in-kind resources and volunteers that the family and their wraparound team need, but are not able to immediately obtain.

4. The family's wraparound team and the local community mobilization team are connected to help the family rebuild its safety net, develop connections to positive social networks, and develop positive relationships over time with people in their local community.

Youth and parents who have been involved with the wraparound process talk about wraparound as being different and providing them with real hope that life could be better on a daily basis.

The Structure and Functioning of a Community Mobilization Team

John McKnight strongly recommended to us that the relationship or partnership between child and family services and our CMTs be structured such that the child and family service providers *support* local community leaders and citizens in that community to be in charge of the CMT.

All members of the CMT sign a partnership agreement that clearly outlines the role and functioning of a CMT and what is expected of each member. Agreements signed by sponsoring agencies also address due diligence issues, such as volunteer clearance and supervision and liability insurance.

So, is the structure and functioning of a CMT like a board of directors, an advisory or steering committee, or a community service club? A CMT functions a little like each one of these types of entities. Like a board of directors, it oversees the acquisition and use of in-kind resources and volunteers. The CMT also has an executive like a board of directors, though typically not with staff *per se*. A CMT also functions a little like an advisory or steering committee in that it provides feedback to the local wraparound initiative. However, the members of the CMT have actual duties linked to the functions of a CMT described in the preceding section.

Finally, a CMT functions like a community service club in that it attracts people to a group that strongly believes in the power of the local community to do good things for those in need in their community. However, while similar, the focus on mobilizing the community into a state of readiness or preparedness to help address the individual needs of families with children, youth or adults with multiple, complex problems involved in wraparound is more like a board of directors.

Expectations for Members of a Community Mobilization Team

1. Members are passionate about helping families with children, youth and adults in their community, especially when their needs are complex and hard to address.

2. Members are oriented to and willing to support what wraparound is and how it

helps families with children, youth and adults with complex needs have a better life. They are also asked to commit to the vision and mission described above.

3. Members are oriented to and willing to support what a CMT is and how it helps, as well as committed to work in accordance with the personal values and the community principles that underpin how wraparound is provided to people and families in need in the local community.

4. Members are asked to give what they can in the way of their own gifts, strengths and resources to support the function of the CMT and the people and families in wraparound that live in that local community.

5. Members are asked to act as "community connectors" to other individuals and social networks that have in kind resources and volunteers that could potentially help or be needed by people and families involved in wraparound that live in that local community.

We suggest to people that minimally it will involve one 2-3 hour meeting per month. They also will be asked to use their "connections" to help find in kind resources and potential volunteers, which they should be able to do in the course of their regular activities through the week. In addition, members may chose to get more involved and join a particular subcommittee (e.g. public education or fundraising) which would add another two hours to what they do in a month for about five hours at most. Or, they may choose to run for a position on the Executive next time there is an opening, which would potentially add another two hours monthly.

The Structure of a CMT

As shown in Figure 1 (see page 6), the CMT is conceived as supporting individual families and their wraparound teams. This support is provided in partnership with sponsoring agencies who implement wraparound. These agencies also provide administrative support to the CMT. Below we provide a description of the key roles in the functioning of a CMT.

Executive Team. Each CMT has an executive team as well as a chair or multiple co-chairs who direct the executive team and provide leadership and management of a local CMT. The executive team administers the CMT partnership agreement with both the membership of the CMT and with the sponsoring agencies that provide administrative support for the CMT and provide wraparound facilitators to work with families. An executive team may also have subcommittees such as public relations, fundraising and membership recruitment for the CMT. The executive team takes a lead role in community mobilization of in kind resources and volunteers (e.g. drivers, tutors, coaches, mentors, etc.)

Youth and parents who have been involved with the wraparound process talk about wraparound as being different and providing them with real hope that life could be better on a daily basis.

Chair or Co Chairs of the CMT. As described above, ideally the CMT chair or co-chairs are people who are already viewed as community champions. The chair(s) are critical to success of the CMT and the wraparound initiative. The chair(s) work with the support of the sponsoring agencies to ensure that all people, including those on the CMT and others involved with the local wraparound initiative, work together to ensure the smooth functioning of the initiative.

Wraparound Teams. As described in more detail above and in this *Resource Guide*, wraparound teams consist of people supporting individual families with whom wraparound is being implemented. A facilitator helps the family to identify potential team members and then uses the following guidelines to select the people to be on their team:

• Is the person willing to help?

• Does the family generally trust their advice?

Figure 1. The Role of a Community Mobilization Team in Supporting Wraparound Implementation
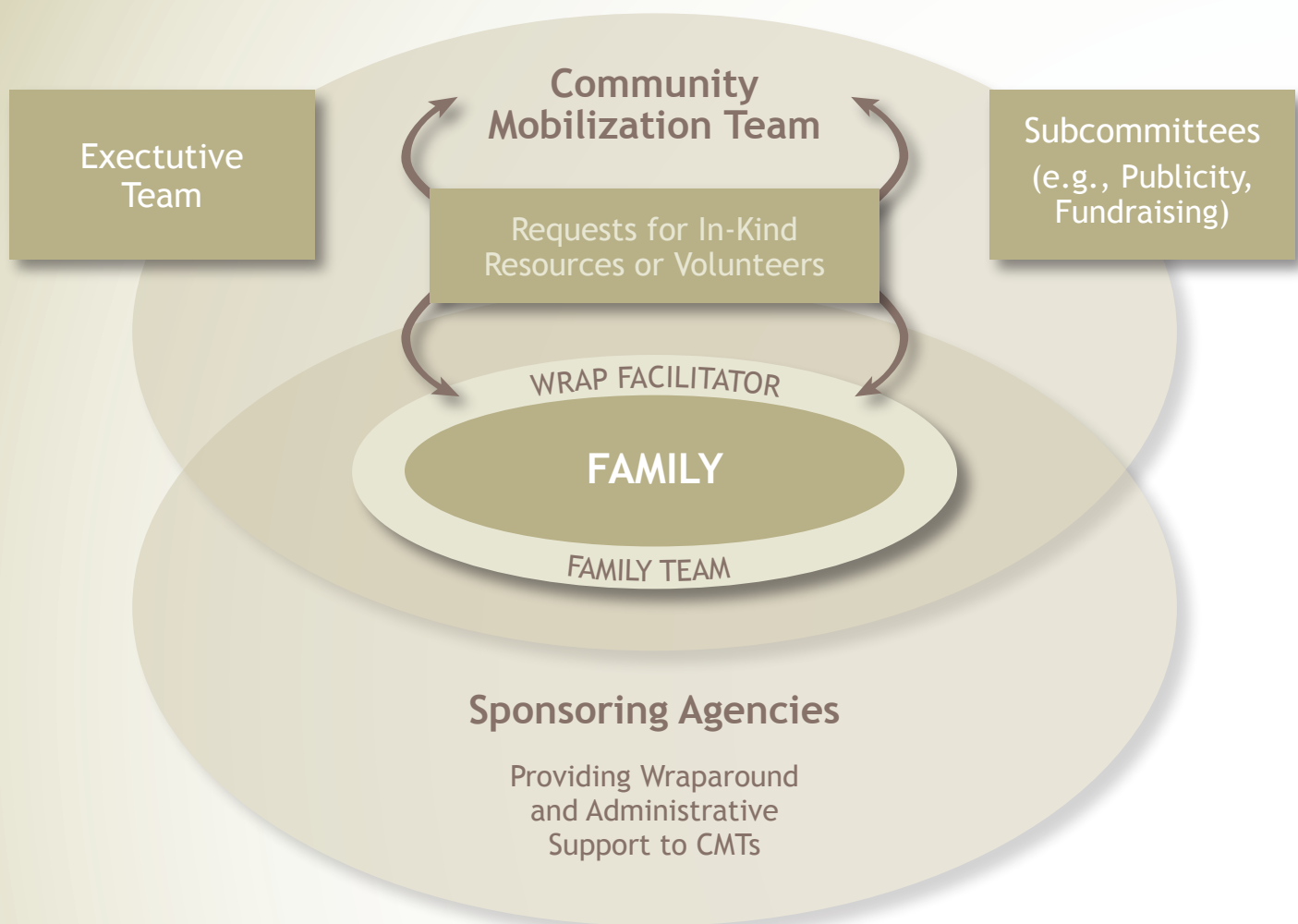
- Is the person generally a positive influence with the family?
- Will the person keep the family's business private and confidential?

Sponsoring Agencies. In addition to overseeing implementation of wraparound and supervision of staff such as the wraparound facilitators, sponsoring agencies support local CMTs by taking care of programmatic and legal functions, financial administration (hold and audit raised funds), and risk management (volunteer screening, liability insurance). They also provide meeting and office space, and provide charitable receipts as necessary.

Typical Agenda Items and Related Discussion for a Meeting of the CMT

Logistics. The meeting of the CMT is held at a time that is convenient for all members of the CMT. Supper meetings or meetings from 7-9 pm are popular times, as are lunchtime meetings. The location of the meeting is meant to be welcoming. Typically it might be held at the chair's house or some other place such as a local restaurant or meeting room that is warm and inviting. The chair

acts as host welcoming people and engaging them in conversation and easing them into the meeting. The chair always make sure that everybody knows each other or gets to know each other. This part of the meeting may take up to 10 or 15 minutes or until the chair decides that everybody is comfortable.

Celebrating Success. Typically the chair eases the group into the meeting by describing themselves or getting the appropriate members to talk about key areas of success since the last meeting. This is a time to celebrate and thank people for their efforts. Often this will include the announcement of the successful result of a search for a key in kind resource or volunteer needed for a family in wraparound. It is important that non identifying information about the family be used to also talk about how the receipt of the resource or the help of a volunteer is making a difference in the lives of the family in wraparound. Sometimes a facilitator attends to share success that the family has achieved, especially with respect to the resources and volunteers found by the CMT.

Requests for Support. The chair then moves the meeting into reviewing the requests for needed resources and volunteers by families involved in wraparound. Again, care is taken to keep the identity of the family confidential. If members think that they can address the request themselves, then no further planning is required. However, if the request is beyond the resources immediately available to the members of the CMT, brainstorming a "fan out" strategy among everybody's "community connections" may be called for. Once the ideas are all out on the table, the top two or three are chosen. Action plans are then developed and people volunteer to follow up on them so as to acquire the necessary resource or volunteer.

It is important that the chair try to ensure that everybody gets involved in both the brainstorming as well as the development of action plans. If a member goes to meeting after meeting without getting or being involved in the work of the CMT, they often drop out of the CMT. In this respect we have found that members who join the CMT want to do things, not just talk about it. Members of the CMT say that they stay involved because they feel that their gifts and strengths are being valued and used.

Planning Educational and Fundraising Events. The chair then asks people in charge of educational and fundraising events to review where the planning is at, again trying to invite others to get involved as they choose.

Closing and Setting the Next Meeting. The chair then wraps up the meeting, summarizing any key points that should be repeated before people leave, and ensuring that everybody is aware of the date and location of the next meeting. Usually there is a social period at the end of the meeting for those that don't need to rush off to other obligations.

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This material is taken from training modules written by Andrew Debicki as an external partner of and for Vroon VanDenBerg LLP. The work in this module builds on original work done and written up by Andrew Debicki with Anne Bain.

Family Driven, Individualized, *and* Outcomes Based:

Improving Wraparound Teamwork and Outcomes Using the Managing and Adapting Practice (MAP) System

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The wraparound team process has established itself as a standard of care for children and youth with complex needs and their families who require coordination of care and for whom a single intervention is unlikely to suffice. The wraparound practice model operationalizes critical system of care principles such as family driven and youth guided, community based, and collaborative; it is extremely popular with families; and the process is locally adaptive in that it can be flexibly applied in a range of public service systems. Moreover, evidence continues to accumulate for its effectiveness (Bruns, et al., 2010; Suter & Bruns, 2009).

Research results indicate that wraparound's strongest evidence for positive effects are in the residential, family, and cost domains. In these areas, significant, medium-sized effects have been found across a range of studies. Positive clinical and youth functioning outcomes, on the other hand, have been less consistently found. Where significant, effects on these outcomes have been found to be small (Suter & Bruns, 2009).

It is perhaps not surprising that more positive results are found for residential, family, and cost outcomes. Wraparound's primary innovation is to focus on teamwork that yields individualized strategies to keep children in their home communities with their families. Wraparound teams actively consider the multiple levels of a child's social ecology (family, friends and neighbors, providers, systems, com-

munity) and identify service and support strategies that fit within the family's contexts and culture (Bruns, et al., 2010; Walker & Matarese, 2011; Walker, Bruns, & Penn, 2008). The result is that youths are maintained in their homes—or in "home like" community settings—and are more likely to avoid costly out-of-home placements (Bruns, 2008; Bruns & Suter, 2010; Bruns, et al., 2010). As evidence, a recently completed 10-state Medicaid demonstration project found wraparound cost to be substantially less than institutional and other alternatives, with an average per capita saving of $20,000 to $40,000 (Urdapilleta, et al., 2011).

> *Manualized EBPs often do not represent a good fit with either family's expressed needs or the philosophy embedded in the wraparound process.*

This is highly encouraging news, but what about the clinical and functional outcomes? As described above, effects in these areas are smaller, and we often hear families, system partners, and researchers alike express concerns about whether wraparound can be as successful at reducing problematic behaviors and improving emotional functioning as it is at supporting families and stabilizing placements. Individual therapy (for children) and family therapy are the most common services included on wraparound plans, yet wraparound teams often find themselves frustrated by the lack of high quality clinical services available in their communities. In short, research and experience has inspired many wraparound and system of care advocates to ask how better clinical and functional progress in youths might be promoted through thoughtful application of evidence-based practices (EBPs) within wraparound.

Applying a Relevant EBP Paradigm to Wraparound

Communities have become aware of the fact that EBPs have the potential to produce better outcomes than treatment as usual (Weisz, et al., 2012; Weisz & Kazdin, 2010). However, manualized EBPs are not available for all child disorders, and, when a child has complex challenges that might suggest the use of multiple EBPs, there is usually no mechanism to ensure coordination. Moreover, many manualized EBPs are expensive to implement, requiring training and retraining by the treatment developer.

Finally, manualized EBPs often do not represent a good fit with either family's expressed needs or the philosophy embedded in the wraparound process. The service and support strategies provided through wraparound are intended to be highly flexible and individualized, so that they match family needs, preferences, and perceptions of utility as described above. In contrast, manualized EBPs usually emphasize strict adherence to specific protocols. Thus the wraparound team (and by extension, the family and youth) lose the power to individualize and optimize the treatment.

Recognizing the difficulties that have arisen in attempts to reconcile wraparound and EBP, researchers have been searching for a way to combine the strengths of the two approaches in a synergistic manner (Weisz, Sandler, Durlak, & Anton, 2006). On the surface, this would seem to be simple: Wraparound is flexible and individualized and has substantial "real-world" credibility and adaptability (but less evidence for clinical and functional effects). EBPs show extensive support for their clinical efficacy but less clarity regarding their "real world" effectiveness, feasibility, and cost/benefit ratio (Chorpita, et al., 2011). Thus, the complementary nature of the limitations of wraparound and EBPs seemingly points to an opportunity to leverage the strengths of both. The question is: How?

Applying a Knowledge Management Approach to EBP

Some applications of EBP have taken a more individualized approach that aligns with the wrap-

around philosophy. Instead of strict implementation of one or more manualized treatments, these applications are based on quality improvement models and flexible application of the evidence for "what works" in child and family treatments. Such *knowledge management approaches* to EBP flexibly inform practice by generating options based on research studies and tracking practice and progress for each youth (Daleiden & Chorpita, 2005). Thus, treatment is coordinated based on evidence for effects of psychosocial interventions while also being flexible, modularized, and capable of mid-course corrections when the youth needs demand a more individualized and tailored approach.

The **Managing and Adapting Practice (MAP)** system provides an approach and an array of tools to support coordinated knowledge management in services delivery and application of EBP resources (PracticeWise, 2010; see also CIMH, 2012). The most relevant and visible of these tools are the *PracticeWise Evidence Based Services (PWEBS) Database*, codified clinical supports called *Practitioner Guides*, and a feedback tool to monitor practices used and youth progress called the *Clinical Dashboard*. All these tools are supported by an online resource library and user interface maintained by PracticeWise (www.practicewise.com).

The PWEBS provides a method for a practitioner to use a database of treatment components, or elements, that have been found to be effective at addressing common child and youth problem areas. Among the many hundreds of *interventions* that exist for youth problems, there are a relatively small number of treatment *components*. These components—sometimes referred to as "common elements" of EBP (Barth, et al., 2011; Chorpita, Delaiden, & Weisz, 2005a)—are essentially the smaller pieces that make up interventions. Chorpita and Daleiden (2009) reviewed 322 randomized trials of treatments for the most common problem areas of youth, including depression, anxiety, and disruptive behaviors. Coding of the components of these studies found that 41 common practice elements could be "distilled" from the 615 manualized protocols reviewed.

PWEBS assists a practitioner to match a youth and his or her problem areas to the most relevant, research-supported, treatment elements.

After input of youth (e.g., age, race, gender) and treatment (e.g., setting, format) characteristics, PWEBS returns a review of treatment elements with evidence for effectiveness from controlled studies for that type of youth and setting. With tools to help review the applicability of the components to the youth, the clinician or wraparound team may select from among these components and implement them, while monitoring how the child responds. If desired outcomes are not being achieved, systematic adaptations may be attempted, such as implementing different components (Chorpita, Bernstein, Daleiden, & the Research Network on Youth Mental Health, 2008). Thus, in addition to a resource for clinicians, the PWEBS provides a potential tool for wraparound facilitators and teams to improve brainstorming of strategies and the effectiveness of strategies.

The Practitioner Guides present two-page reviews of the steps to implement the common treatment practices and processes, in a way that reflects the research literature. (See an example in Figure 1.) The Practitioner Guides can be used flexibly by a range of practitioners to enhance their skills (if they are well versed in the treatment) or structure the care they provide (if they are relatively unfamiliar). These guides may also be used to help a wraparound facilitator understand the nature of treatment that is expected from a clinician to whom the team has referred a youth, or to help a natural support, mentor, behavioral aide, or family member support a treatment (e.g., rehearse cognitive or behavioral strategies in the community).

Figure 1. Example of Practice Guide from the Managing and Adapting Practice (MAP) System

Practice Guide

Commands or Effective Instructions

Use This When:

To increase child's compliance with caregiver instructions.

For Caregiver

Objectives:

- to provide the caregiver with strategies to clearly and consistently communicate instructions to the child
- to provide the caregiver with strategies to demonstrate to the child that caregiver will see the task through to its completion
- to minimize discord between the child and caregiver regarding directives

Steps:

☐	Provide rationale	Increasing a child's compliance with instructions involves managing what happens before the command (antecedents), addressing the form and content of commands, and managing what happens after the command (consequences).
☐	Set the stage for success	Instruct the caregiver to optimize the likelihood of compliance by managing certain setting events, including: • minimizing distractions (e.g., turning off television), • getting the child's attention by saying the child's name, making eye contact, and standing near the child, and • providing a transition warning when appropriate (e.g., "In two minutes it will be time to put the toys away").
☐	Example: Tone of voice	Instruct the caregiver to use a firm, but calm, tone of voice. A critical tone or one that conveys frustration may increase the likelihood of noncompliance.
☐	Example: One at a time	• Instruct the caregiver to provide commands one at a time. • This helps increase compliance by minimizing the number of things the child has to remember to do and by providing caregiver with opportunities to praise compliance after each task is successfully completed. • Example: "Brush your teeth." [Wait for compliance.] "I like how you brushed your teeth when I asked. Now wash your face."
☐	Example: Simple is better	• Provide simple, clear instructions (e.g., "Put on your coat."). • Avoid vague requests (e.g., "Get ready to go."), or general criticisms (e.g., "We're leaving soon and you are not ready!").
☐	Example: Tell, don't ask	• Instruct the caregiver to provide commands in statement form ("Put away your toy truck") • Avoid question form (e.g., "Would you put away your truck?" "Would you do me a favor and put away your truck?) • Avoid using the word "Let's" if the caregiver does not intend to participate (e.g., "Let's put away the toys now.")
☐	Example: Tell child what to do	The caregiver should instruct the child about what to do (e.g., "Walk in the hallway"), rather than what to stop doing ("Don't run!"). Telling the child what to do is more positive and informative than telling the child to stop doing something.

The Clinical Dashboard monitors practices delivered and how the child is responding, so that strategies can be adjusted as needed by monitoring of youth progress and process. The MAP Dashboard presents progress (such as toward a goal or as assessed by a standardized measure) in one pane, and practice (e.g., the treatment components that were implemented) in another pane, both along the same axis of time. (See Figure 2.) In wraparound, the principle of *outcomes based* demands that needs be prioritized and progress toward meeting needs and achieving outcomes be measured and reviewed by the team so that service and supports can be adjusted as necessary. However, such efforts are often not undertaken by wraparound teams or staff (Bruns, Suter, Burchard, Leverentz-Brady, & Force, 2004; Bruns, et al., 2010). A standardized means for doing so, such as via a consistent yet individualized clinical dashboard, would be likely to promote positive teamwork and outcomes in wraparound.

Discussion

For all its strengths, application of wraparound practice in real world settings often does not provide explicit guidance for how best to incorporate evidence-based clinical content into plans of care. Though the research is not well-developed, this shortcoming may reduce wraparound's effectiveness, especially on symptom outcomes. An obvious alternative is to use and train on manualized EBPs instead of wraparound. The benefit of this approach is that EBPs have evidence for efficacy in addressing symptom-level outcomes. However, as discussed above, this option does not provide clear guidance on how to manage multi-component plans of care. Moreover, EBPs may be incompatible with family preferences and/or not provide the holistic support necessary to maintain a youth with complex needs in his or her community. Another potential solution to this problem would be to promote use of manualized EBPs along with wraparound in systems of care. However, installing multiple EBPs along with wraparound will likely result in a great deal of complexity, and differences in the practices and value systems of EBPs and wraparound may be hard to reconcile at a system and practice level.

The alternative, proposed in this article, is to introduce a clinical model that incorporates knowledge of all EBPs in an individualized manner and that does not just align with the wraparound principles but actually reinforces them. A weakness of this "Wrap and MAP" approach is that there is limited evidence from controlled research that it works: Only one randomized trial (Weisz, et al., 2012) and a statewide open trial (Daleiden, et al., 2006). The potential strengths of this option, however, are greater provider buy-in (Borntrager, et al., 2009), better fit with real world systems (Palinkas, et al., 2009), and greater likelihood of aligning with critical aspects of the wraparound process, such as team-based planning, creative brainstorming, and purposeful use of natural and community supports (Chorpita, et al., 2008; Chorpita, et al., 2011; Daleiden & Chorpita, 2005). Most important, a system may get the best of all worlds with respect to outcomes: youth symptoms and functioning as well as family resilience and maintenance in the community.

At this point, a range of options for how to combine the mutually reinforcing models of "Wrap and MAP" remain to be developed and tested. As one option, the MAP approach could simply be used by clinicians who will therefore become more effective at treating children and youth as well as more effective members of wraparound teams. Or, "Wrap <u>PLUS</u> MAP" could be administered in a coordinated way, whereby wraparound staff and teams are themselves trained to use the MAP concepts and tools to better use research evidence to generate more and better options for the plan of care. The PracticeWise system supports training, coaching, and certification of a range of roles, including therapists, agency supervisors, and professionals who can train others in their agency or system on use of the system (PracticeWise, 2010). Training, coaching, and certification on MAP for wraparound-specific roles is now being developed.

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Figure 2. Example of a Wraparound-Specific Dashboard from the MAP System

Progress and Practice Monitoring Tool
Case ID: Wraparound Practice Illustration

Gender: Female
Ethnicity: Asian
Age (in years): 10.7

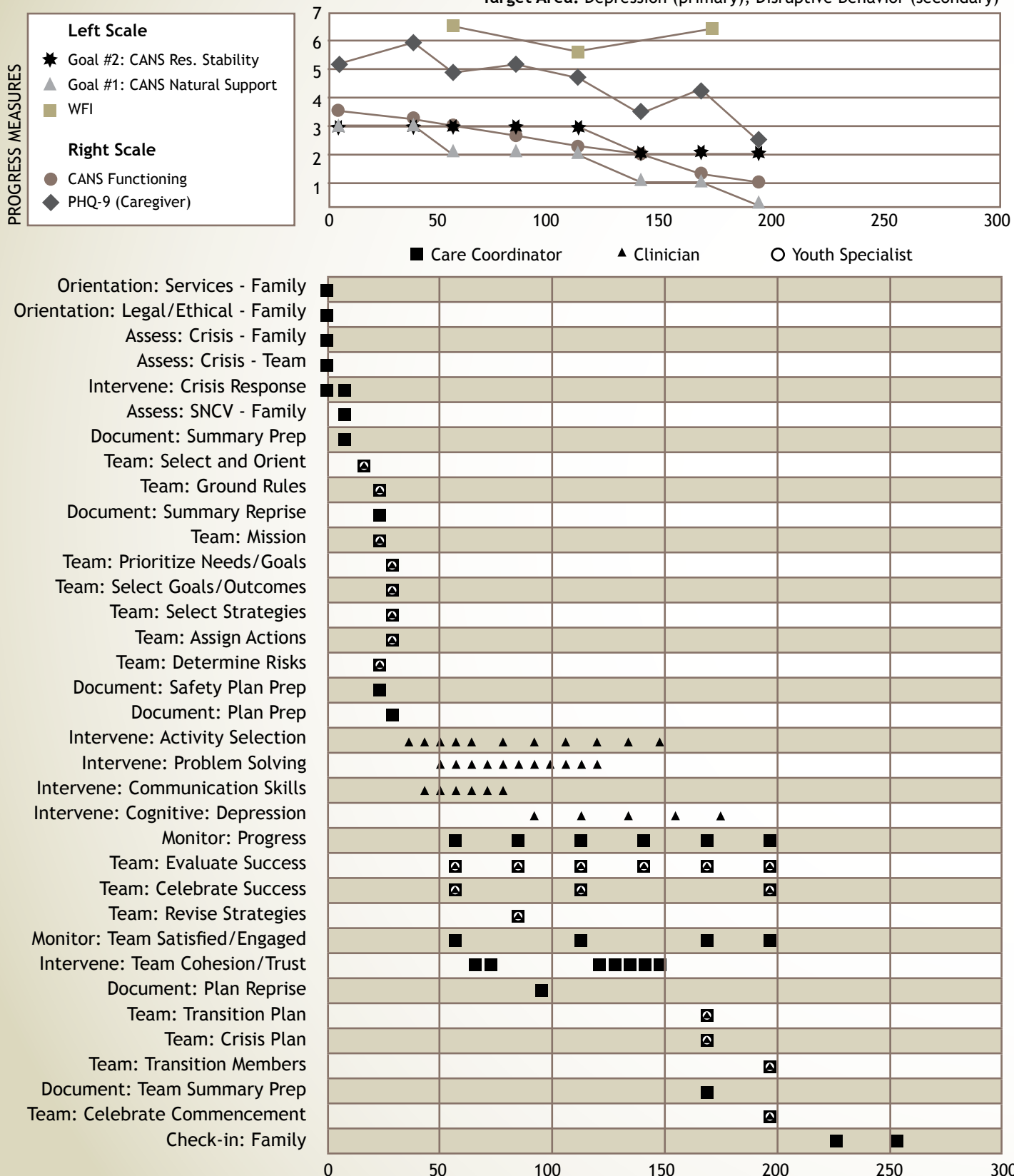**Target Area:** Depression (primary), Disruptive Behavior (secondary)

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