Supporting Wraparound Implementation: Chapter 5a.1

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,



- 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

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ltem	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 wrap- around 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.

Author

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and sustain high quality practice in human service settings, 2) describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and 3) developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning. Together with Dr. Eric Bruns, Dr. Walker co-directs the National Wraparound Initiative.

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