

Introduction and Basics: Chapter 1.3

History of the Wraparound Process

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The wraparound process is a collaborative, team-based approach to service and support planning. Through the wraparound process, teams create plans to meet the needs—and improve the lives—of children and youth with complex needs and their families. The wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family. As is described in depth in other sections of this *Resource Guide*, the wraparound process can be described as one in which the team:

- Creates, implements, and monitors an individualized plan using a collaborative process driven by the perspective of the family;
- Develops a plan that includes a mix of professional supports, natural supports, and community members;
- Bases the plan on the strengths and culture of the youth and their family; and
- Ensures that the process is driven by the *needs of the family* rather than by the services that are available or reimbursable.

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Wraparound philosophical elements are consistent with a number of psychosocial theories of child development, as well as with recent research on children's services that demonstrates the importance of services that are flexible, comprehensive, and team-based. However, at its core, the basic hypothesis of wraparound is simple: If the needs of a youth and family are met, it is likely that the youth and family will have a good (or at least improved) life.

Much of the early work on wraparound was focused on children, youth, and their families with very complex needs. However, it is important to note that the process has been proven useful with children, youth, and families at all levels of complexity of need, including those whose needs are just emerging. The intuitive appeal of the wraparound philosophy, promising evaluation studies, and many success stories from communities around the nation have promoted explosive growth in the use of the term "wraparound" over the last two decades. As described in another article in this *Guide*, it has been estimated that the number of youth engaged in wraparound is well over 100,000 (Sather, Bruns, Stambaugh, & Burns, Faw, 2007).

History of the Wraparound Process

Dr. Lenore Behar of North Carolina coined the term wraparound in the early 1980s to describe the application of an array of comprehensive community-based services to individual families. North Carolina implemented these services as alternatives for institutionalization of youth as part of the settlement of the *Willie M.* lawsuit. Since then, the use of the term "wraparound" has become common shorthand for flexibility and comprehensiveness of service delivery, as well as for approaches that are intended to help keep children and youth in the community. As a result, the interpretations of what wraparound means have historically varied widely (Burchard, Bruns, & Burchard, 2002). The development of the wraparound process has been shaped by a unique combination of local, state, and federal innovations; contributions from individual consultants and researchers; influential local, state, and national family organizations; new federal law; and key lawsuits. The rest of this article describes some of these historical influences on wraparound.

Roots in Europe and in Canada

Some of the formative work in this area was conducted by John Brown and his colleagues in Canada, who operated the Brownsdale programs. These programs focused on providing needs-based, individualized services that were unconditional.



Some of the roots of the Brownsdale efforts were influenced by the Larch movement, a European approach that supports normalization and support from community members to keep individuals with complex needs in the community. These and other normalization concepts were employed in designing the *Kaleidoscope* program in Chicago, led by Karl Dennis, which began implementing private agency-based individualized services in 1975.

Similar Movements

It is important to note that during the era in which wraparound has developed, parallel developments have occurred simultaneously in other fields. For example, approaches such as *Person-Centered Planning* and *Personal Futures Planning* bear a strong resemblance to wraparound, and were developed to meet the needs of people with developmental disabilities. Similarly, within juvenile justice, several approaches use values and steps similar to those in wraparound to create individualized plans that balance the community's needs for safety and restitution with the goal of keeping young offenders in the community. Child welfare systems across North America have implemented *family group decision making*, a col-

laborative family-provider planning process with origins in New Zealand Maori tribal traditions. Within special education, federal legislation requires that many children receive individualized education plans designed by a collaborative family-provider team.

Major Efforts in Wraparound

In late 1985, officials of the State of Alaska social services, mental health, and education departments sought consultation from Kaleidoscope, and formed the *Alaska Youth Initiative* (Burchard, Burchard, Sewell & VanDenBerg, 1993). This effort was successful in returning to Alaska almost all youth with complex needs who had been placed in out-of-state institutions. The Alaska efforts were quickly followed by replication attempts in Washington, Vermont, and more than 30 other states. Major efforts based on wraparound and system-of-care concepts were funded by the Robert Wood Johnson Foundation in the late 1980s, and studies of these programs proved to be a rich source of information for further development of the process. Many jurisdictions involved in the National Institute of Mental Health's CASSP (Child and Adolescent Services System Program) program and state level grants also used the wraparound process during the late 1980s and early 1990s, while more recently, the Substance Abuse and Mental Health Services Administration's (SAMHSA) Comprehensive Community Mental Health Services for Children and Families program has awarded grants to dozens of communities who proposed to use the wraparound process to mobilize system-of-care philosophies for individual families.

In the early 1990s, several wraparound pioneers planned and carried out a series of national conferences on the wraparound process. These "Wraparound Family Reunions," in Pittsburgh, Chicago, Vermont, and San Jose, served to bring together early implementers of the process, and helped accelerate the growth of the movement. These national conferences were followed by dozens of state level wraparound gatherings, many of which have become annual events. For example, the state of Michigan recently completed its eighth annual wraparound conference, which was attended by over 500 administrators, service providers, family members, and youth.

In 1998, in response to concerns about the lack of specification of the wraparound model, a group of family advocates, wraparound trainers, providers, and researchers gathered at Duke University to debate the definition and core components of the wraparound model. This important gathering resulted in delineation of 10 elements that provided a foundation for the wraparound process (Goldman, 1999). In the years since this meeting, it has been recognized that further specification of the wraparound practice model is necessary. Though a number of monographs, training manuals, and book chapters described different aspects of the process for different audiences, there remained a need to synthesize these innovations into one description of a model that includes standards and parameters for practice. As is described elsewhere in this *Resource Guide*, the National Wraparound Initiative has attempted to serve this purpose through a process of research and collaborative consensus-based decision making by a national group of wraparound experts (Walker & Bruns, 2006).

The Family Movement and Wraparound

Over the last 15 years, the field of children's mental health has seen the rapid growth of a family advocacy movement. This growth has been fueled by the efforts of advocacy organizations such as the Federation of Families for Children's Mental Health and the National Mental Health Association. These organizations have embraced the wraparound process as a potential means for

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ensuring the fundamental rights of families with mental health needs. In many communities, family members and/or advocacy organizations have organized programs that link family members who are experienced with wraparound with families who are receiving care through the process. For example, in Phoenix, the Family Involvement Center helps recruit, select, and prepare “*family support partners*” who work for the Center and other not-for-profit agencies to serve on wraparound teams. The growth of the family movement in children’s mental health has been an important impetus for the ongoing development of wraparound. As with the basic description of the wraparound practice model, the NWI has also engaged an national task force of over 30 parents, youth, and family members to better describe, for example, what wraparound should look like from a parent or family member’s perspective, and the typical role of a family partner in achieving the principles of wraparound.

EPSDT

In the U.S. Omnibus Reconciliation Act of 1989, the EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) became a mandated service for children and youth served under Medicaid. EPSDT services include screening, diagnosis, and treatment of behavioral health needs. Federal EPSDT requirements mean that if a child or youth is deemed, through an EPSDT screening, to need services, those services must be provided. States have varied in their compliance with EPSDT guidelines, but EPSDT has continued to spur further use of the wraparound process.

Lawsuits

Lawsuits, such as the *Willie M.* lawsuit in North Carolina and the earlier *Wyatt vs. Stickney*, continue to be an important factor in rapid growth of the wraparound process. There have been over 30 major U.S. state-level lawsuits focused on the lack of creative service provision alternatives for families and the use of overly restrictive residential and institutional placements. These lawsuits, such as the *Reisinger* lawsuit in Maine, and the *Jason K.* suit in Arizona, have resulted in settlements that have promoted the use of wraparound in a number of states, and that have forced changes in

the flexibility of Medicaid funding for behavioral health needs.

In addition, the federal *Olmstead* decision in 2001 was an important factor leading to growth of the wraparound process. The *Olmstead* opinion supported the right of a child to community-based services instead of unnecessary institutionalization due to lack of community-based services. States have to submit plans on how they will comply with the *Olmstead* decision, and many are using the wraparound process as a cornerstone of their compliance.

Conclusion

In considering the history of the wraparound process, it becomes apparent that the idea it represents is nothing new. Humans have been creative in supporting one another for eons. Furthermore, though our efforts to support one another seem simple, they are actually very complex. Given the complexity of the undertaking, it is not surprising that it has been so challenging to design a process that unites government, service providers, community members, and family members toward the cause of improving the lives of children and youth.

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

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Authors

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

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

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