



Nick O'Connor with art exhibited at the Thought Auction (see page 20)

STAYING THE COURSE WITH WRAPAROUND PRACTICE: TIPS FOR MANAGERS AND IMPLEMENTERS

It's not a good feeling. You just reviewed your Wraparound project and find that you can't recognize the practices that are occurring with individual families. You remember back to the early, "pioneering" days of Wraparound when you and a couple of other "true believers" got started. It started more as a dare than anything else, but what you found got your attention. Families, especially parents, indicated they felt really listened to and liked the process. As a manager you learned from the experience and made changes in your system to "plant" Wraparound practice within your system. Some of your initial efforts included:

Eliminating fixed contracts. When you and your colleagues first experimented with Wraparound a number of years ago, you realized that families' needs were not going to be met with services pulled off the shelf. Indeed, many of these children and their families had already been in the system so long that they had experienced existing services with little impact. During the initial experience with those first families, the desired mix of services never seemed to be available at the right time, given the realities of contracting, bureaucracy, and start-up. As a result, you eliminated fixed contracts that guaranteed providers a certain amount of business.

Instead, contracts were modified to assure that the Wraparound team process could drive the demand for services. Teams could select the services they wanted when they wanted them, rather than filling slots that were already purchased. This empowered care coordinators, which, in turn, empowered families and their teams. Teams made decisions about what, when, and how much was needed, and the provider was paid for the actual service provided.

Creating a pool of nontraditional empathy agents. During those early days, it also became clear that the people initially charged with implementing the Wraparound planning process would need to be hand-selected and carefully nurtured within the larger system. Key characteristics of these individuals included *enthusiasm* and *energy* for families, *flexibility* in working within an experimental system, *openness to training*, and *tolerance for change* as the system continued to evolve.

Forming partnerships with policy makers and leaders. The initial Wraparound project had to operate close enough to the existing system of child-serving agencies to have an impact, but with enough distance to allow workers to experiment with new practices. In order to create "frontier space" that allowed for relevant ex-

perimentation, the project needed advocates or "champions" at higher levels within the system who could make the administrative practice follow the lessons learned from the experiment. Without the presence of inside champions, staff within the Wraparound project may find that they become increasingly isolated from the larger child-serving system as time goes on. Peers within the system may become cynical about the "special" advantages they see available to staff within the Wraparound program (e.g., smaller caseloads, increased flex funds). As a result, these system peers may grow skeptical of the efficacy of Wraparound and become indifferent or even hostile to the efforts of Wraparound staff to try new approaches to interacting with youth and families and providing services and supports. Champions within the system must work actively to prevent these kinds of misunderstandings and hostilities. These champions must also be accepted by families as well as system representatives.

Developing, communicating and implementing a set of practice patterns. When first getting started, you discovered Wraparound was more than its philosophical base. The initial implementers needed to identify a specific set of steps and practices that would serve as a roadmap for

implementing the Wraparound planning process. As a manager, you had to initiate practice patterns that were easily understood by staff and families, and you had to find ways to supervise those practices. You realized that if the specific steps of the planning process were not followed reliably, then your project might end up with staff espousing the values *at* families rather than demonstrating the values *with* families. Cross-sys-

tem training efforts ensured that system partners from direct practice levels through administrative levels were also acquainted with Wraparound practice and values.

Building an ongoing monitoring capacity. As the project grew, maintaining quality required continuous review and assessment of practice. For example, Wraparound Milwaukee completes facilitator reviews quarterly to assure adherence to prac-

tice skills required for running team meetings. The format for the reviews was developed by a group of family members, who considered Wraparound Milwaukee's practice guidelines and created a set of practice measures. Reviews also occur at the agency level to assure adherence to the practice patterns that are consistent with the value base.

Developing capacity for ongoing leadership. Another challenge was to create a capacity for developing ongoing leadership within the project and system. You realized that, in contrast to start-up leadership, ongoing leadership must be focused on maintaining project quality and on the reliable implementation of practice.

But now it's ten years later and your project has continued to evolve. Despite the changes you made and the structures you put in place, you feel that your project has somehow experienced slippage from your initial practice methods. In particular, there are two areas that may be of concern: the lack of natural and informal support people on teams, and failure to adequately define and meet child and family needs. Why are these difficulties arising even as your program matures, and what can you do?

Lack of Informal and Community Supports

When you first experimented with Wraparound, the families were delighted to bring their "home team" to the planning table. Parents indicated that including individuals who cared about them, their children, and their perspective seemed to "level the playing field." Now, staff members are telling you that families are not willing to have informal and natural supports at the table, and that families have nobody they can turn to. As a manager, you might want to consider two questions:

How is staff proposing the inclusion of other people in Wraparound team meetings? When you reflect back on early experiments with Wraparound you realize that families were approached and asked to bring

Wraparound Success Story

C.J. is a 13-year-old boy who was enrolled in Wraparound Milwaukee and who was slated to go to residential care in September 2002, due to serious charges filed by the juvenile court system. The vision established by the family was for the family to help support C.J. to remain out of trouble, for C.J. to stay focused on his education, and for the family to become more involved in church. The family team consisted of C.J., his mother, two sisters, a brother, a pastor, four uncles, an aunt, a therapist, a crisis stabilizer, the probation officer, a family friend, and the care coordinator. C.J. and his family team have multiple strengths and resources, and building on these assets ultimately led to his successful transition out of Wraparound Milwaukee. Strengths include C.J.'s interest in chess, sports, and education; the family's supportive church and extended family; and C.J.'s mother's work ethic and interest in learning. Academic, safety, social/recreational, spiritual, and family needs were identified by the family team.

To address C.J.'s needs in the academic area, his mother and uncle were committed to reading books with C.J. and having C.J. describe what the books were about. Homework was monitored by his mother and natural supports. C.J. also attended a specialized academic program three times a week in addition to his regular schooling. To address the safety needs, supervision and stabilization was provided by family members, a crisis stabilizer, and the probation officer. In-home therapy was provided to address underlying needs that led to C.J.'s charges in the court system. The family's pastor and church provided additional support and guidance to address safety, as well as spiritual needs.

Rather than going into residential care, C.J. was able to live with his mother due to the support of his team, the availability of community resources, and a well thought out crisis/safety plan. All needs identified in his plan of care were met successfully. Although C.J.'s care coordinator facilitated the team process, his mother coordinated all aspects of his plan. She also attended care coordination training, which teaches the Wraparound process.

C.J. and his family disenrolled from Wraparound Milwaukee this August. The family will continue to be supported by extended family, as well as their church group. C.J. will attend counseling with his pastor twice a month. The family participates in programs through the YMCA. C.J. is involved with the local Boys and Girls Club and he will attend a sports camp. C.J.'s mother states that her son is much happier and more content these days, and the team feels confident that the family will continue to succeed. —**C.J.'s Team**

their supporters to the table to help us, as system representatives, get more precise about what we should be doing to get better outcomes. Somewhere between the early experiments and the current reality, the assumptions have changed. Now, families are asked to bring their friends to the table not to assist the system in getting it right but to support the family. It could be that families are reluctant to have their friends and loved ones turn into helpers.

When is staff proposing that others be invited to join a Wraparound team? Timing is everything when constructing a team. Families and staff can easily fall into the habit of experiencing Wraparound as an individual help effort rather than a team-based experience. The Wraparound manager should check to make sure that teams are constructed at the earliest possible moment so that Wraparound is experienced as a team-based organizing approach.

Beyond this, what can you do to promote the participation of informal and natural supports on teams? Some strategies include:

Normalizing the need for informal support. Encourage coordinators to use concrete situations to help define the notion of community and informal supports on a Wraparound team. Coordinators should be encouraged to share examples from their own lives about how informal, community, and formal supports all helped in a challenging situation. An additional option at the program or system level is to share stories of families whose teams have been successful in incorporating natural and community supports into the planning process. Such stories can be shared through newsletters or other materials distributed to all families involved in the project.

Building incentives for participation. You may want to consider using various incentives to increase the participation of natural and community supports on teams. Positive incentives might include building more flexibility into plans of care that

clearly have been designed by balanced teams. For example, teams that create plans of care that demonstrate participation by a variety of people and inclusion of a variety of perspectives could be rewarded with permission to modify plans or access flexible funding without going through a pre-approval process (provided the funds necessary are below a certain amount). Another option is to establish a threshold of participation and reject those plans of care that have been developed solely by project staff and the family. Another incentive approach is to establish a threshold for participation by informal or community supports in delivering interventions summarized in the plan of care. One example of such a threshold is that for each formal, paid intervention within the plan of care, there must be two unpaid or community interventions. This allows teams and coordinators to identify and recognize those types of help that often go unrecognized in the system, and it sets the stage for the entire team to think strategically about involving natural and informal supports. Another strategy involves establishing agency performance measures that reflect standards for teams to move from formal to informal supports as they reach disenrollment.

Engaging parents as partners to assist with team construction. The best resource a mature project can deploy is the families who have participated in the process. As the project matures, you can find ways to solicit time from those early “graduates” of your Wraparound program, and request that they begin to dialogue with incoming families about the importance of constructing a team at the earliest possible moment. Some sites have codified this strategy in the development of a paid role of parent advocate or parent/family partner, who works alongside the Wraparound coordinator. Other sites have used these individuals on an as-needed basis. Other projects have assembled a community resource committee, consisting of a blend of

families and staff, to assist teams that are struggling with building community and natural supports.

Failure to Adequately Define and Meet Needs

Upon review of teams and plans of care you may also have discovered that clear needs statements are rare. You may have found that both services and goals were often being disguised as needs statements. An example of a service statement disguised as a needs statement was this: “Family needs to continue in family therapy.” Examples of goals disguised as needs statements were these: “Child needs to pay her restitution,” or “Mom needs to maintain her sobriety.” In these examples, the unexamined questions are “Why is that important?” and “What do we hope to gain from this?”

Service statements tell us what to do but fail to tell us why we are doing it. When service statements are defined as needs statements, teams often find themselves with no choice but to keep providing the service, but with no real way to evaluate whether the service is helping. A goal statement identifies where we hope to end up but fails to explain the underlying reasons and assumptions about why we want to get there. The danger in disguising goals as needs statements is that the team can get hung up on a debate about control and compliance while failing to meet needs. For example, in order to get to the underlying need associated with the goal statement “Child needs to pay her restitution,” a thoughtful Wraparound team would explore the underlying assumptions behind that statement. Underlying assumptions might be about the young person’s need to learn responsibility. Underlying assumptions about the parent in this example might include the need to know that the son/daughter can actually follow through. By articulating needs rather than simply focusing on goals, the payment of the restitution becomes a means rather than an end in itself.

Zeroing in on needs can be difficult. What strategies can help ensure that needs will be adequately defined, and that services will be employed to meet those needs? One strategy is to complete a 10% review of all plans of care to insure that needs statements speak to the underlying assumptions about the service or goal. Crafting the right needs statements requires a complex set of skills and actions for any team. Managers should check Wraparound plans of care frequently to assure that certain benchmarks are met. These benchmarks include

- Evidence that the entire team was

involved in drafting needs statements and reaching agreement about the priority needs,

- Evidence that the team is staying focused on meeting needs to achieve the vision over time,
- A clear framework that ties the identified and prioritized needs to the stated vision, and
- Evidence that the team is distinguishing between needs and goals, services, or deficits.

Installing a pattern of reviewing “met need” at each team meeting.

Some sites have established the tradition of having the family rate, at

each team meeting, whether their needs are being met. Wraparound Milwaukee uses a scale that allows families to rate the degree to which they feel their needs are actually met. This information is then synthesized and can be summarized for individual teams to insure that they are moving closer to a family experiencing having their needs met. If the data show they are not moving closer, then interventions are modified and support strategies altered in order to bring the group closer to a sense of “met need.”

Lessons Learned

While there have been many lessons learned in the past ten years of Wraparound implementation, five key approaches seem to contribute to the success of those projects which are able to grow and maintain high quality over time. These include

- Frequent revisiting of the Wraparound value base and program mission statement;
- Inclusion of family members at all levels of operation;
- Sharing outcome data that is meaningful to all stakeholders, including families;
- Continual enhancement of technologies including Management Information Systems and Quality Assurance activities; and
- Training, training, and more training to assure the presence of core skills.

Mary Jo Meyers is the Deputy Director and Training Coordinator in charge of daily operations for Wraparound Milwaukee, one of the largest Wraparound applications in the nation. Mary Jo was the initial Care Coordinator during Wraparound Milwaukee’s “experimental days” more than ten years ago.

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Thought Auction



Artworks by Nick O'Connor (upper left) and Alex Steckly (upper right and lower left) were included in the Thought Auction exhibit at the 2003 Building on Family Strengths Conference in Portland this past June.

The exhibit included paintings, drawings, and sculpture by young artists. “Thought Auction—when your mind betrays you by enslaving your thoughts and auctioning them off.”—Nick