In late October and early November of this year, the NWI asked members of the Wraparound community to respond to a very brief survey about the state of the “soul” of Wraparound; specifically, whether the Wraparound programs they were familiar with were truly staying faithful to the foundational principles of Wraparound.

Within a few weeks, the survey received a total of 232 responses. The first question asked respondents, Thinking about the Wraparound program or initiative that you are most familiar with, to what extent do you feel that it has its Wraparound soul intact? As can be seen in Figure 1 on the next page, the largest number of people (108) selected the second-highest category, somewhat, as their response. Far fewer respondents chose each of the other responses, including very much (49), a bit (43), and not at all (32). This produced an average score of 1.75 on a 0 – 3 scale (with 0=not at all and 3=very much), slightly below 2/somewhat on the scale.

The survey also asked, Thinking about the state of your program’s/initiative’s soul, are things generally improving, staying about the same, or getting worse? For this question, the largest number of people said getting worse (97), with fewer saying staying about the same (86), and fewer still saying generally improving (50). The average score for this item was .8 on the 0-2 scale (with 0=getting worse and 2=generally improving), or slightly below 1/staying about the same on the scale.
Looking a little more closely at the data, there was a highly significant association between people’s answers on these two questions: people who thought the soul of their program was intact were very likely to also think that things were generally getting better, while those who saw their program’s soul as only a bit or not at all intact were more likely to also say that things were getting worse. People who saw their program’s soul as somewhat intact were most likely to say that things were staying about the same.

Overall, the survey paints a picture of respondents who are, on average, slightly pessimistic about the extent to which Wraparound is being implemented according to its principles and the direction things are going. Within the whole group, however, the survey pointed to three subgroups of respondents: one that is quite optimistic, one that is quite pessimistic, and a large third group in the middle.
WHAT CAN CAUSE WRAPAROUND TO LOSE ITS SOUL?

When asked what is leading Wraparound to lose its soul, three categories of responses were most prominent.

One category was workforce-related issues, including staff shortages, burnout/turnover, low pay, high caseloads, and lack of community-based services, all exacerbated by the COVID-19 pandemic. Representative quotes from this category included:

Care Coordinators (CC) are underpaid, general burnout due to the National Mental Health Crisis.

Workforce challenges. Staff are so busy just keeping up that they cannot focus on the things that matter.

A second category was related to the business and bureaucratic context for Wraparound, including excessive documentation (the single top category of comment) and the need to meet productivity expectations and/or to produce profits. Respondents particularly called out managed care organizations, fee-for-service arrangements, Medicaid, and for-profit parent companies as business and bureaucracy factors that were “sucking the soul” out of Wraparound. Additionally, many people pointed out the difficulty of balancing between the need to ensure quality and accountability and the need to avoid excessive assessment and documentation.

The transition from flexible county/grant funding to Medicaid MCO contracting. This has required us to only offer therapy from the same agency offering Wraparound facilitation and peer support, focus on productivity above quality, lose flex funds, and only offer interventions that are Medicaid funded.

The financing of High-Fidelity Wraparound is not figured out. High-Fidelity Wraparound staff do not bring in enough revenue for their services to cover their salaries and fringe benefits. Our “solution” was to put HFW on productivity similar to behavioral health clinicians and this caused HFW to lose its soul and interfered with implementing to fidelity.

The third category of comments focused on problems related to a lack of understanding of Wraparound and its principles, including a lack of training or poor-quality training and the underutilization of family and youth peer support.

Peer supports are not appreciated, and they are often the most effective but overlooked portion of Wraparound.

Big picture, I see Wrap programs being supervised by individuals who are not grounded in the soul of the process. Training around the principles and phases is lacking (understatement), resulting in staff viewing the core components as mere ‘suggestions’ rather than the soul that drives fidelity.

Peer supports are not appreciated, and they are often the most effective but overlooked portion of Wraparound.

Many commentators listed challenges in multiple areas, often drawing connections between them, with one example being productivity requirements that lead to staff burnout and then to increased caseloads.

WHAT CAN WE DO TO KEEP WRAPAROUND’S SOUL INTACT?

Respondents’ ideas about how to keep Wraparound’s soul intact largely mirrored the categories of challenges. Numerous comments suggested raising salaries, reducing caseloads, and improving recruitment; however, few specific suggestions about how to accomplish this were offered, pointing to this as a particularly thorny challenge.
Find a way to recruit staff, pay living wages, and value the work.

Respondents offered more concrete suggestions in the general area of business and bureaucracy, including:

*Getting waivers to make Medicaid more flexible, and moving toward care management entities and per-member-per-month arrangements.*

I now work for a care management entity and it is amazing to see how much better it works than a community mental health center. The decrease in paperwork and pressure to use certain providers makes a huge difference for families.

Finally, many comments pointed to the need to improve understanding of Wraparound and its principles by re-focusing on Wraparound basics and improving training and education.

*Wraparound has to be different than the other family-serving agencies out there. We need to be able to practice to the model and remain true to the principles of Wraparound. Those who make decisions about Wraparound at a larger level should be trained in Wraparound and have a firm understanding of what it is and how it can be effective by being different.*

*Listen to families. Don’t make it too clinical. Don’t carry high caseloads.*

**CONCLUSION**

The survey’s focus on the loss of Wraparound’s soul naturally led to comments focused on challenges and problems. Experience has shown these to be tough and enduring problems – in fact, many of the comments note the same issues advocates have raised since Wraparound first got started. On the other hand, many comments included positive observations about local programs and initiatives. These respondents pointed to areas where progress has been made over time in terms of understanding challenges, developing solutions and accumulating evidence and examples of what can make Wraparound more effective and efficient.

Overall, the responses to the first two questions on the survey show that the largest subset of respondents see their programs as generally holding steady or having a small amount of backsliding. Given the well-documented workforce crisis in behavioral health and the impact this has had on morale in the field overall, it is somewhat encouraging to see most respondents being neutral or only very slightly pessimistic. What is more, there is a not insignificant subset of respondents who think their programs are doing well. As one respondent put it:

*Wraparound hasn’t lost its soul in our state. Actually, it’s gaining a lot of heart and growing.*

**Suggested Citation**