Wraparound NOT the Runaround:
Using a Theory Based Wraparound Practice Model to Ensure Quality Practice for Families (Part 1)

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Agenda for this session

• Welcome and Introductions
• Background: What is wraparound and how did we get where we are?
• Practice Level: How and why does wraparound work?
  – Small group activity: How do you think change and outcomes happen?
  – The “research based” logic model
  – The reality: What does the research say?
• The Community and System level: Supporting wraparound practice
  – The six themes of community and system support
• One crucial Theme: Human Resource Development
  – Elements of a comprehensive human resource development strategy
  – Necessary skills for wraparound
During the 70s and 80s, wraparound emerged from efforts to “do whatever it takes” to keep children successfully in the community.

Provide comprehensive community supports rather than institutionalization.

Help family and child get their unique needs met.

In 1998, concerns that “wraparound” was not well specified led to original statement of 10 principles/value base.
Focus on Knowledge: How does wraparound work?

Wraparound Principles:
- Family voice and choice
- Team-based
- Culturally competent
- Natural supports
- Collaboration
- Community-based
- Individualized
- Strengths based
- Persistence
- Outcome-based

Then a miracle occurs...

Positive Outcomes!
Wraparound Theory v.1: Starting point

Ten Principles

Then a miracle occurs...

Positive child/youth and family outcomes
So how do you go to scale with miracles?

Still, by 2003, mounting evidence that the miracle didn’t always occur

• Some programs described as “wraparound” were clearly not working in ways that reflected the principles

• Individual programs had to reinvent the miracle

• It was hard to share materials across programs

• Hard to build evidence of effectiveness
In 2003, stakeholders got together and planned to work collectively to:

- Clarify more about what the principles mean in wraparound practice
- Describe necessary elements of practice— the “practice model”
- Promote research on wraparound’s effectiveness
- Develop and share information and resources— “community of practice”
- www.nwi.pdx.edu
the national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary functions:

- Supporting community-level planning and implementation
- Promoting professional development of wraparound staff
- Ensuring accountability
- Sustaining a vibrant and interactive national community of practice

The NWI is membership supported. You can join the NWI to help continue this important work!!
The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation.

Supporting community-level planning
Promoting professional development
Ensuring accountability
Sustaining a vibrant and interactive online community

The NWI is membership supported. You can join us at

Keyword search: 

resources
products/publications
wraparound basics
theory of change
ten principles
phases and activities
implementation guide
user’s guide
manual de usuario
family partner/principles
family partner/activities
nwi impact
evidence base
bibliography
wraparound research
implementation overview
webinars

members & affiliates section
NWI members and affiliates can log in here to access job postings, bulletin boards, the NWI blog, members and providers directories, “beta” versions of new resources,
Welcome to the Resource Guide to Wraparound—a collection of articles, tools, and resources that represent the expertise, experience, and shared work of the members of the National Wraparound Initiative. In the Resource Guide, you will find a variety of different types of contributions, including:

- Central products from the National Wraparound Initiative, including descriptions of the wraparound principles and practice model;
- Examples of how different communities and programs have implemented wraparound and supported its implementation;
- Stories from youth, families, and communities;
- Review articles about the theory and effectiveness of wraparound; and
- Appendices containing tools and resources that can be used in everyday practice.

This Guide is a work in progress, and our intention is to update and expand the contents to reflect the ongoing evolution of thinking about wraparound.
Wraparound: The Principles

1. Family voice and choice
2. Team based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths based
9. Unconditional (and/or “Persistent”)
10. Outcome-based

Key resource: Ten principles of the Wraparound process

Additional resources on principles: www.nwi.pdx.edu/NWI-book/pgChapter2.shtml
What’s Different in Wraparound?

- Plans are designed by a team of people important to caregivers, youth, and other family members
- The plan is driven by and “owned” by caregivers, youth, and other family members
- Strategies in the plan include supports and interventions across multiple life domains and settings (i.e., behavior support plans, school interventions, basic living supports, help from friends & relatives)
- Natural supports and unique strengths are emphasized in team and plan development
- Plans include supports for adults, siblings, and family as well as the “identified youth”

For whom is Wraparound intended?

- **Prevention and Universal Health Promotion Level**: 80%
- **Targeted Intervention Level**: 15%
- **Most Intensive Intervention level**: 2%
- **Full Wraparound Process**: 3%

The pyramid diagram illustrates the distribution of Wraparound services based on complexity and need level.
Wraparound: Principles are not Always Enough

A review of Wraparound teams showed that:

- Fewer than 1/3 of teams maintained a plan with team goals
- Fewer than 20% of teams considered >1 way to meet a need
- Only 12% of interventions were individualized or created just for that family
- Natural supports were represented minimally
  - 0 natural supports 60%
  - 1 natural support 32%
  - 2 or more natural support 8%
- Effective team processes were rarely observed

Walker, Koroloff, & Schutte, 2003
The Four Phases of Wraparound

- **Phase 1A**: Engagement and Support
- **Phase 1B**: Team Preparation
- **Phase 2**: Initial Plan Development
- **Phase 3**: Implementation
- **Phase 4**: Transition

The Activities of Wraparound: Phase 1

Phase One: Engagement and Team Preparation

- Meets with family & stakeholders
- Gathers perspectives on strengths & needs
- Assesses for safety & rest
- Provides or arranges stabilization response if safety is compromised
- Explains the Wraparound process
- Identifies, invites & orients Child & Family Team members
- Completes strengths summaries & inventories
- Arranges initial Wraparound planning meeting

The Activities of Wraparound: Phase 2

Phase Two: Initial Plan Development

- Holds initial Plan of Care meeting(s)
- Introduces process & team members
- Presents strengths & distributes strength summary
- Solicits additional strength information from gathered group
- Leads team in creating a mission
- Introduces needs statements & solicits additional perspectives on needs from team
- Creates a way for team to prioritize needs
- Leads the team in generating brainstormed methods to meet needs
- Solicits or assigns volunteers
- Documents & distributes the plan to team members

What is “high-fidelity” Wraparound?

- Simply put, “high-fidelity,” “model-adherent,” or “high quality” Wraparound refers to implementation in which the Wraparound principles are achieved, e.g.:
  - Well-functioning teams and good teamwork
  - Family and youth drive the process
  - Natural supports meaningfully involved
  - Creative, individualized planning process
  - Youth and family integrated into the community
  - Setting and measuring progress toward goals

Key resource: *Wraparound: Implementation Essentials.*
“High Fidelity” is not...

• ...A particular manualized version or defined “brand” of Wraparound

• ...An excuse to not measure outcomes!
  – Regardless of how rigorous you are in implementation, the true test of Wraparound success is whether you are getting the results you set out to achieve
Wraparound Theory v.2

Ten Principles

- Effective, values-based teamwork

Phases and activities

High quality, process

Positive child/youth and family outcomes
Theory of change group exercise:
Why does wraparound “work”? What makes it different/better than other approaches?

Why does high quality practice lead to the intermediate outcomes?
What are the most important causes of the intermediate outcomes?

Intermediate outcomes
What happens during wraparound with/for the family that contributes to change? What does the family experience that is different?

Why do the intermediate outcomes eventually lead to the longer-term outcomes?
What are the most important causes of the outcomes?

By the time the family leaves wraparound (and afterwards) what will be different because of wrap?
Outline of NWI theory of change

Intermediate outcomes

Participation in wraparound builds family assets and optimism

Services and supports work better, individually and as a “package”

Longer-term outcomes

Team goals
Empowerment, Optimism
Social Support, Community Integration
Assets
Functioning
Quality of Life
Outline of NWI theory of change

**Intermediate outcomes**
- Participation in wraparound builds family assets and optimism
- Services and supports work better, individually and as a “package”

**Why?**
- Creative problem solving
- Team members optimistic and committed
- Working from shared views/assumptions
- Focused on important needs

**Longer-term outcomes**
- Team goals
- Empowerment, Optimism
- Social Support, Community Integration
- Assets
- Functioning
- Quality of Life

Participation in wraparound builds family assets and optimism.

Services and supports work better, individually and as a “package”.
Outline of NWI theory of change

**Intermediate outcomes**

- Participation in wraparound builds family assets and optimism

**WHY?**
- Creative problem solving
- Team members optimistic and committed
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**Services and supports work better, individually and as a “package”**

**Longer-term outcomes**

- Team goals
- Empowerment, Optimism
- Social Support, Community Integration
- Assets
- Functioning
- Quality of Life

**WHY?**
- Better planning and coping
- More likely to achieve and maintain change
- Enhanced outcomes from services and supports
- Enduring support from interpersonal and community networks
In Short

- Effective team process means team is more likely to meet its goals
- Good, value-driven wraparound process leads to outcomes because
  - Services and supports work better
  - Family gains in self-efficacy, self-perceptions, and coping

Resource guide to wraparound: Chapter 3.1
High quality, high fidelity wraparound process. Team members are:

- Working from a shared, strengths-based view of the family
- Committed to the team, its decisions and goals
- Motivated to implement team decisions
- Optimistic about achieving goals
- Focused on goals/needs that are important for the family
- Able to devise creative, strategies
- Active in gathering and using data and feedback to monitor the plan

Participation in wraparound builds family assets:

- Experience with proactive planning and coping
- Confidence in ability to solve problems, optimism about future
- Confirmation of family strengths and positive identity

Services and supports work better, individually and as a “package”

- Service/support strategies match needs
- Strategies complement one another and fit family context
- Plan includes formal and informal services/supports
- Improved access, engagement, commitment and retention in services/supports

Positive child/youth and family outcomes

- Team goals achieved, needs met
- Increased family assets
- Increased family empowerment, self-efficacy, positive self-regard
- Improved functioning: e.g., mental health, education/vocation, safety, etc.
- Increased social support and community integration

Resource guide to wraparound, chapter 3.1
www.nwi.pdx.edu
Basic research supports the theory!

• Using a team approach
• Developing social support
• Developing self-efficacy
• Full determination and engagement of families
Wraparound research supports the theory: 9 controlled studies to date

- Better functioning and mental health outcomes for wraparound groups (NV, MD, NYS, elsewhere)
- Reduced recidivism and better juvenile justice outcomes (Clark Co., Washington)
- Higher rates and more rapid achievement of permanency when implemented in child welfare (Oklahoma)
- More successful integration of adult prisoners into the community (Oklahoma)
- Reduction in costs associated with residential placements (Milwaukee, LA County, Washington State, Kansas, many other jurisdictions)
**Results from Nevada:**
More community based, better functioning (Bruns, Rast et al., 2006)
Results from Clark County, WA
Improving juvenile justice outcomes (Pullman et al., 2006)

- Connections group (N=110) 3 times less likely to commit felony offense than comparison group (N=98)
- Connections group took 3 times longer on average to commit first offense after baseline
- Connections youth showed “significant improvement in behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community”
• Recent meta-analysis found significant, medium-sized effects in favor of wraparound for Living Situation outcomes (placement stability and restrictiveness)

• A significant, small to medium sized effect found for:
  – Mental health (behaviors and functioning)
  – School (attendance/GPA), and
  – Community (e.g., JJ, re-offending) outcomes

• The overall effect size of all outcomes in the 7 studies is about the same (.35) as for “evidence-based” treatments, when compared to services as usual (Weisz et al., 2005)

Suter & Bruns (2009)
What is needed to make this happen?

**Hospitable System**
- *Funding, Policies*

**Supportive Organizations**
- *Training, supervision, interagency coordination and collaboration*

**Effective Team**
- *Process + Principles + Skills*
Types of program and system support for Wraparound

1. **Community partnership**: Do we have collaboration across our key systems and stakeholders?

2. **Collaborative action**: Do the stakeholders take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements?

3. **Fiscal policies**: Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?

4. **Service array**: Do teams have access to the services and supports they need to meet families’ needs?

5. **Human resource development**: Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?

6. **Accountability**: Do we use tools that help us make sure we’re doing a good job?

Key resource: Resource Guide section 5, 20 chapters:
www.nwi.pdx.edu/NWI-book/pgChapter5.shtml

Overview of implementation support: www.nwi.pdx.edu/NWI-book/Chapters/Walker-5a.1-%28support-wrap-implement%29.pdf
Implementation Support

This section contains a basic overview of wraparound implementation, and to introduce you to the implementation support services that are offered in this “Implementation Support” section of the NWI website. The implementation resources are:

1. What are the main things to plan around wraparound implementation?

Every community implements wraparound differently, but there are some core activities every community must plan for. However, each community also needs to adapt to its own unique local conditions. One way to approach this  implementation task is to break it down into a series of implementation tasks in various areas, such as setting goals, funding the wraparound, building and training staff, tracking outcomes, and so on. There are no rules about where a community or initiative must start in terms of building wraparound infrastructure; however, research and experience tells us that it is critically important that a core set of supports gets put in place.

This “Implementation Support” resource is structured around six implementation areas or “themes” that have been identified in research...
There is a connection between implementation and outcomes

- Provider staff whose families experience better outcomes have been found to score higher on fidelity tools
- Wraparound initiatives with more positive fidelity assessments demonstrate more positive outcomes

Key resources:

Assessment and Fidelity in Wraparound: http://www.nwi.pdx.edu/fidelity.shtml

Wraparound Fidelity Assessment System

www.wrapinfo.org or http://depts.washington.edu/wrapeval

TOM – Team Observation Measure

CSWI – Community Supports for Wraparound Inventory

WFI-4 – Wraparound Fidelity Index

DRM - Document Review Measure

Chapter on fidelity measurement: http://www rtc.pdx.edu/NWI-book/Chapters/Bruns-5e.1-(measuring-fidelity).pdf
Higher fidelity is associated with better child and youth outcomes

<table>
<thead>
<tr>
<th>Average level of fidelity on the Wraparound Fidelity Index</th>
<th>Percent showing improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Fidelity (&gt;85%)</td>
<td>82%</td>
</tr>
<tr>
<td>Adequate Fidelity (75-85%)</td>
<td>69%</td>
</tr>
<tr>
<td>Borderline (65-75%)</td>
<td>65%</td>
</tr>
<tr>
<td>Not wraparound (&lt;65%)</td>
<td>55%</td>
</tr>
</tbody>
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Effland, McIntyre, & Walton, 2010
Summary: What Leads To Outcomes?

- **Program and System Supports**
- **Training, Coaching, and Quality Assurance**
- **Adherence to a clear theory- and research based wraparound service model**
- **Improved Child and Family Outcomes**
Workforce Development is a Core Component in Implementation

Workforce development in a High-Quality Wraparound Practice Model should build practitioners:
- **Knowledge** of the history, theory, philosophy, and rationale for Wraparound as a practice model
- **Understanding** of the components of wraparound and *demonstration of* the practice elements
- **Behavior rehearsal** to *practice* the skills and receive *feedback* on the practice

(Blase et al., 1984; Joyce & Showers, 2002; Kealey, Peterson, Gaul, & Dinh, 2000)
(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)
Training, combined with coaching, create conditions in which quality implementation happens. They are important components to achieve positive outcomes (Joyce & Showers, 2002).

Operationalizing the Values—Focus on Skill Development in the Model
Identifying the Practitioners

- Care Coordinators/Facilitators
- Caregiver/Parent Peer-Support Partners
- Youth Peer-Support Partners
- Supervisors/Coaches
- Managers/Administrators
Components of Effective Training

- Telling
- Showing
- Practicing
- Feedback
Identifying skills and competencies to transfer in the training and coaching process

- Perfunctory & Routine Use
- Orientation & New Knowledge
- Refinement
- Integration
- Enhanced skills, knowledge and abilities
- Innovation
- Understanding the capacity of practitioners

(Gingiss, 1992; Blase,)
Key Elements in Wraparound

- Grounded in a Strengths Perspective
- Driven by Underlying Needs
- Supported by an Effective Team Process
- Determined by Families
Resources and Websites

- [www.nwi.pdx.edu](http://www.nwi.pdx.edu)
- [http://medschool.umaryland.edu/innovations/](http://medschool.umaryland.edu/innovations/)
- [www.wrapinfo.org](http://www.wrapinfo.org) – Portal to
  - The Resource Guide to Wraparound
  - Website of the National Wraparound Initiative (NWI)
  - Wraparound Evaluation and Research Team (WERT) – wraparound fidelity tools
- Other wraparound resources:
  - [www.Paperboat.org](http://www.Paperboat.org)
  - [http://www.milwaukeecounty.org_WRAParoundMilwaukee7851.htm](http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm)
  - [www.tappartnership.org](http://www.tappartnership.org)
  - [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)
The National Wraparound Initiative is based in Portland, Oregon. For more information, visit our website:

www.nwi.pdx.edu

The National Wraparound Initiative is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.
Wraparound Not the Runaround Part II: Implementation and Workforce Development
Objectives

- Provide an overview of 4 Key Elements
- Discuss elements of key drivers in implementation of innovative practices
- Provide an in-depth look at essential process components and necessary practitioner skills
- Practice using a sample practice improvement tool in observing effective team process
- Provide an overview of a certification model example
- Building local capacity
- Financing a workforce development initiative
The Principles—Do you Remember Them?

1. [Content]
2. [Content]
3. [Content]
4. [Content]
5. [Content]
6. [Content]
7. [Content]
8. [Content]
9. [Content]
Key Elements in Wraparound

- Grounded in a Strengths Perspective
- Driven by Underlying Needs
- Supported by an Effective Team Process
- Determined by Families
Strengths are defined as interests, talents, and unique contributions that make things better for the family. Within an entire process that is grounded in a strengths perspective, the family story is framed in a balanced way that incorporates family strengths rather than a focus solely on problems and challenges. A strengths perspective should be overt and easily recognized, promoting strengths that focus on the family, team and community, while empowering and challenging the team to use strengths in a meaningful way.
Driven by Underlying Needs

Needs define the underlying reasons why behaviors happen in a situation. In a needs-driven process, the set of underlying conditions that cause a behavior and/or situation to exist are both identified and explored in order to understand why a behavior and/or situation happened. These needs would be identified across family members in a range of life areas beyond the system defined areas. These underlying conditions would be articulated and overt agreement with the family and all team members about which to select for action or attention would occur. The process involves flexibility of services and supports that will be tailored to meet the needs of the family.
Supported by an Effective Team Process

Wraparound is a process that requires active investment by a team, comprised of both formal and informal supports who are willing to be accountable for the results. Measurable target outcomes are derived from multiple team member perspectives. The team’s overall success is demonstrated by how much closer the family is to their vision and how well the family needs have been addressed.
Determined by Families

A family-determined process includes both youth and caregivers and the family has authority to determine decisions and resources. Families are supported to live a life in a community rather than in a program. The critical process elements of this area include access voice, and ownership. Family **access** is defined as inclusion of people and processes in which decisions are made. Inclusion in decision making implies that families should have influence, choice and authority over services and supports identified in the planning process. This means that they should be able to gain more of what is working and less of what they perceive as not working. Family **voice** is defined as feeling heard and listened to, and team recognition that the families are important stakeholder in the planning process. Therefore, families are critical partners in setting the team agenda and making decisions. Families have **ownership** of the planning process in partnership with the team when they can make a commitment to any plans concerning them. In Wraparound, the important role of families is confirmed throughout the duration of care.
Workforce Development is a Core Component in Implementation

Workforce development in a High-Quality Wraparound Practice Model should build practitioners:

- **Knowledge** of the history, theory, philosophy, and rationale for Wraparound as a practice model
- **Understanding** of the components of wraparound and **demonstration of** the practice elements
- **Behavior rehearsal** to **practice** the skills and receive **feedback** on the practice

(Blase et al., 1984; Joyce & Showers, 2002; Kealey, Peterson, Gaul, & Dinh, 2000)
(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)
Developing the Model for Training and Coaching

- Training, combined with coaching, create conditions in which quality implementation happens. They are important components to achieve positive outcomes (Joyce & Showers, 2002).

- Operationalizing the Values—Focus on Skill Development in the Model
Identifying the Practitioners

- Care Coordinators/Facilitators
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Components of Effective Training

- Telling
- Showing
- Practicing
- Feedback
Components of Effective Coaching

Accessible
Based on Practice Model
Individualized
Supportive
Reflective
Flexible
Knowledge, Skill and Ability Development Process

Identifying skills and competencies to transfer in the training and coaching process

- Perfunctory & Routine Use
- Orientation & New Knowledge
- Refinement
- Integration
- Enhanced skills, knowledge and abilities

Understanding the capacity of practitioners

Innovation

(Gingiss, 1992; Blase,)
Essential Process Components in Phase I: Engagement & Team Preparation

- Starting with the family’s view, the family’s story is heard and summarized from a variety of sources that elicits family possibilities, capabilities, interests and skills (grounded in a strengths-perspective)

- Family’s story is heard and summarized by starting with the family’s view and blending perspectives from a variety of involved sources in order to elicit shared perspective of the meaning behind a behavior and/or situation related to the family’s current situation (driven by underlying needs)

- Family’s perspectives around success are summarized and reflected to the team and the team understands their roles and expectations within the wraparound process (supported by an effective team process)

- Family receives immediate (right sized) help grounded in the family’s perspective appropriate to their situation and process (determined by families)
Necessary Skill Sets in Phase I

- Ability to identify strengths and capabilities from the family story around initial conditions that brought the family to the system

- Ability to identify and extract functional strengths from the story told from multiple perspectives

- Ability to retell and empower others to reframe the family story from a strengths perspective

- Ability to listen to, interpret, reframe, and summarize the family story and details gathered from multiple sources around the family’s story (including behaviors, events, history and patterns) in terms of need statements across a variety of life domains and family members
Necessary Skill Sets in Phase I

- Ability to assess a situation and reach agreement with families about immediate responses
- Ability to tailor response to family preferences
- **Ability to generate needs statements in a manner that supports families as capable decision makers**
- **Ability to elicit and blend all team member perspectives while developing needs statements**
- **Ability to distinguish between basic needs that must be met to engage family vs. underlying needs that are enduring and represent barriers to the family attaining their defined better future**
Essential Process Components in Phase II: Initial Team Meeting

- Strengths of family, all team members and the family’s community are collectively reviewed and matched to chosen strategies (*grounded in a strengths-perspective*)

- Team develops an understanding of the underlying reasons behind situations and/or behaviors. Needs that are generated from underlying conditions and align with the family’s vision are summarized, reviewed and prioritized and used as the basis for developing strategies (*driven by underlying needs*)

- The family’s interest is summarized and integrated into a team mission and subsequent strategies that includes the perspective of other team members (*supported by an effective team process*)

- The family’s perspective is reflected as critical to a successful process and is the basis for decision making & creative problem solving (*determined by families*)
Necessary Skill Sets in Phase II

- Ability to summarize and present strengths to the team
- Ability to help the team to reach overt agreement around prioritized needs
- Ability to openly introduce needs during a team meeting in a supportive and normalizing way
- Ability to elicit and synthesize all team members perspectives in regard to strategies into a single plan of care
Necessary Skill Sets in Phase II

- Ability to facilitate and cultivate action and commitment from each team member during initial plan development
- Ability to construct team activities that empower others to let the family lead
- Ability to inspire others to adopt a strong non-judgmental family friendly approach
- **Ability to facilitate the team in decision making that builds on strengths, promotes family autonomy, meets needs and accomplishes outcomes**
Necessary Skill Sets in Phase II

- **Ability to summarize data and empower the team in adjusting the plan, prioritizing and modifying strategies based on facts, new information, and results**

- **Ability to identify, distill, and organize functional strengths related to the reason for referral, history, interests, talents, preferences, traditions and other activities in which they derive competencies that can also be used to resolve challenges**

- **Ability to mobilize, reinforce, and facilitate all team members to elicit strengths and collectively add to the strength story throughout the life of the plan according to the stages**

- **Ability to accurately document the team process from a strengths perspective that clearly represents the family’s perspective and choices**
Essential Process Components in Phase III: Plan Implementation

- Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion (grounded in a strengths-perspective)

- Team deepens their understanding of the underlying reasons behind situations and adapts strategies based on that new information (driven by underlying needs)

- Team delivers and modifies strategies that align with chosen outcomes and reflect family perspective (supported by an effective team process)

- Family perspective is used in modifying the mix of strategies & supports to assure best fit with family preferences (determined by families)
Necessary Skill Sets in Phase III

- Ability to empower, train and support other team members to understand & incorporate the family’s opinion into strategy adaptation
- Ability to lead the team in adjusting services and supports based on family feedback
- Ability to openly solicit family’s perspective on added value of intervention
Necessary Skill Sets in Phase III

- Ability to manage the team through identification of strengths and accomplishments at each meeting
- Ability to document accomplishments and progress toward need met
- Ability to use strengths in managing crisis situations
- Ability to effectively manage conflict and build team member consensus
- Ability to lead the team in holding each team member accountable for follow through on their commitments
Necessary Skill Sets in Phase III

- **Ability to manage the team over time to seek understanding about unmet needs and the underlying conditions.**
- **Ability to lead the team in identifying potential unmet needs based on current & projected underlying conditions post wraparound**
- **Ability to lead the team in measuring the extent to which needs are met and the vision and team mission are attained**
- **Ability to help the team to create sustainable strategies**
Essential Process Components in Phase IV: Transition

- Purposeful connections including aftercare options are negotiated and made based on family strengths and preferences and reflect community capacity (*grounded in a strengths-perspective*).

- Team forecasts potential unmet needs and strategizes options post wraparound (*driven by underlying needs*).

- Team mission is achieved and family is closer to their stated vision (*supported by an effective team process*).

- Family perspective of met need is used to identify and develop transition activities (*determined by families*).
Necessary Skill Sets in Phase IV

- Ability to assess, utilize & link community and team
- Ability to create a tailored transition portfolio which provides the family with meaningful information on progress made, strengths and resources to be used in the future and any documentation that may be needed if family seeks formal help in the future
- Ability to support a team process that increases in informal team membership overtime in order to foster sustainable support post-formal wraparounds strengths in transition planning
- Ability leading the team in reaching agreement about completing Wraparound
- Ability to summarize data to chart outcomes met
- Ability to empower and support the family in taking a lead in the planning process and as self-advocates outside of the team process
Necessary Skill Sets in Across All Phases

- Ability to use strengths strategically to engage family participation in Wraparound
- Ability to elicit multiple perspectives (via brainstorming) so that a wide range of unique strategies are generated
- Ability to create and communicate enthusiasm around creative and unexpected strategies
- Ability to communicate and establish respect for each family member and her/his choices
Identifying Instruments to Guide Training and Coaching

- Wraparound Fidelity Assessment System
  - Community Supports for Wraparound Implementation
  - Wraparound Fidelity Index (WFI) v.4
  - Team Observation Measures (TOM)
  - Document Review Measure
- Caregiver/Youth Satisfaction Surveys
- Team-based Assessments
- Wraparound Practice Improvement Tools:
  - COMET (Coaching Observation Measure for Effective Teams);
  - WPIT; (Wraparound Practice Improvement Tool)
  - TEAM (Team Effectiveness in Action Measure)
  - Quality Review Tool
- Impact of Training and Technical Assistance (IOTTA)
Necessary Skill Sets in Across All Phases

- Ability to facilitate a process that supports team members to actively respect the family’s beliefs, values, and choices
- Ability to redirect bias, blame, and deficit-based conversation as it occurs
- Ability to facilitate a process that supports team members to actively respect the family’s beliefs, values, and choices
- Ability to redirect bias, blame, and deficit-based conversation as it occurs
Necessary Skill Sets in Across All Phases

- Ability to translate the family’s experience into a common experience that others (esp. team members) can relate to.

- Ability to lead the group in overtly confirming the importance of families as full decision makers in charge of their own lives even if the team members do not agree with those decisions.

- Ability to provide meaningful information and choice to families regarding needed resources, supports and services.
A Model for Wraparound Practitioner Certification

In Maryland, Innovations Institute provides certification in Wraparound through the University of MD, Baltimore to:

- Care Coordinators
- Caregiver Peer Support
- Youth Peer Support
- Supervisors/Coaches (both care coordination and peer support)
- There is a training track for upper management and administrators, but no specific certification

**For out of state contracts we only certify supervisors and coaches**
Process Used in Training and Coaching in Care Coordination

Coaching with Innovations staff will involve following supervisors and front-line staff as they partner with families utilizing the wraparound practice model and moving through the phases of wraparound. Thus, coaching will focus on supporting local coaches/supervisors and practitioners in developing the necessary skills to support their state toward implementation of a high-fidelity and quality wraparound practice.
Required Core Trainings

- Child and Adolescent Needs and Strengths (CANS) (1-day training for Care Coordinators, Supervisors, Management/Administrations and Caregiver Peer Support)
- Introduction to System of Care (1/2 day training for Care Coordinators, Supervisors, Management/Administrations and Caregiver and Youth Peer Support)
- Introduction to Wraparound Practice (3-day training for all practitioners)
- Engagement in the Wraparound Process (1-day training for Care Coordinators, Supervisors, Management/Administrations and Caregiver Peer Support)
Required Core Trainings

- Intermediate Wraparound: Improving Wraparound Practice (2-day training for Care coordinators, Supervisors and Management/Administrators)

- Advanced Wraparound Practice—Supervision in Wraparound: Managing to Quality (2-day training for Supervisors, Coaches and Management/Administrators providing care coordination)

- Skills Building for Caregiver Peer Support

- Skills Building for Youth Peer Support
Phase 1: Engagement and Team Preparation

- Provide support and direction around engaging families
- Provide support and direction around engaging team members
- Synthesizing multiple perspectives to create a comprehensive family story
- Preparing for team meeting, including prepping the family and team members
- Create a sense of underlying needs and the direction the conversation should go within the Child and Family Team (CFT) Meeting utilizing a strengths-based perspective and connection back to the family vision

Coaching around phase 1 will occur during first face to face meetings with the family, calls with potential team members, and during supervision with staff.
Phase II: Initial Plan Development

Provide support and direction around facilitation of CFTs
- Getting to the underlying need, ensuring ‘best-fit’ between steps in the process and strategies prioritized, and reaching consensus within the CFT
- Working with supervisors around how to support staff in these efforts

Coaching around phase 2 will occur during prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision.
Phase III: Implementation

- How to continually engage families and monitor task completion, progress toward need met, and movement toward achievement of family vision and team mission
- Facilitate a deeper understanding of underlying reasons behind situations and adapt strategies based on new information
- Continually working with supervisors around how to support staff in these efforts toward high-fidelity and quality practice

Coaching around phase 3 will occur during face to face family meetings between CFTs, prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision.
Phase IV: Transition

- How to communicate with families and team members that the formal wraparound process will end throughout the process.
- Ensuring the family perspective of met need is used to identify and develop transition activities.
- Did we make a difference? How to track progress made and celebrate the successes.

Coaching around phase 4 will occur during face to face family meetings between CFTs, prep meetings prior to the CFT, during the CFT, and debriefing after the CFT. Coaching will also occur during staff supervision.
Certification

Should we certify our practitioners?
Building Capacity-Sustaining Your Efforts

- Identification and development of local coaches and trainers
- Regionalized coaches and trainers in larger states that are going statewide
- Centralization of coaching and training or elements of it outside of a provider organization or CME, may help to maintain fidelity to the practice model & promote quality practice
- Overview training to the masses to build stakeholder groups throughout the state
- Make connections between policy, research and training/coaching
- Create opportunities for cross-system partnership
  - Make connections with other team-based planning models
# Identifying Expertise: Keeping it In House vs. Outside Consultants

<table>
<thead>
<tr>
<th>In House</th>
<th>Outside Consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may have local expertise already developed and the capacity to hire full time position(s)</td>
<td>You may not have local capacity or expertise</td>
</tr>
<tr>
<td>Developing local expertise decreases ongoing consultant costs and works toward sustaining quality practice</td>
<td>National experts bring experience in Wraparound implementation, practice and methods for adult learning</td>
</tr>
<tr>
<td>Need to ensure that in-house coaches and trainers:</td>
<td>Need to ensure consultants assist in developing a sustainability plan</td>
</tr>
<tr>
<td>• Have a centralized location with infrastructure to support them</td>
<td>• May include identification and development of local trainers and coaches</td>
</tr>
<tr>
<td>• Are seen as having expertise and a level of authority</td>
<td>• Assistance in developing trainer manuals and ongoing consultation with local experts</td>
</tr>
<tr>
<td>• Have connections to national Wraparound and system of care work</td>
<td>• Shift to booster trainings &amp; virtual Coaching</td>
</tr>
</tbody>
</table>
Financing

- Map cross-system funding to identify mechanisms for financing workforce development in Wraparound
  - Tapping into grants in the state that support training
    - In MD: SOC grants, 1915 Waiver
  - Interagency partnerships
  - Foundations
References


Resources and Websites

- www.nwi.pdx.edu!
- www.wrapinfo.org – Portal to
  - The Resource Guide to Wraparound
  - Website of the National Wraparound Initiative (NWI)
  - Wraparound Evaluation and Research Team (WERT) – wraparound fidelity tools
- Other wraparound resources:
  - www.Paperboat.org
  - www.tapartnership.org
  - www.systemsofcare.samhsa.gov
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