

**Changing organization culture:
Data driven participatory evaluation and revision of wraparound implementation**

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Abstract

Family members and professionals in a Houston Texas SAMHSA Children's Mental Health Systems of Care Initiative conducted a participatory evaluation to examine wraparound implementation. Results guided systematic, theory-based, program revisions. By focusing through empirically derived frameworks for implementation, the evaluation team identified and generated useful data sources to support and improve wraparound provision. Despite working with a more diverse population in which youth displayed more severe behaviors than in similar grants, after 18 months more families received service and outcomes improved as fidelity scores advanced above the national mean.

Introduction

Data is an essential component of implementing any evidence-based practice model effectively with fidelity. However, graduate professional degree programs are not producing practitioners versed in these models, nor are they versed and comfortable with use of data. Instead, service organizations often develop these knowledge bases and skills with masters-level clinicians (Barwick, 2011). However, both in academia and in direct service programs, many remain skeptical of evidence-based practices. Some assert that treatment manual specification of key participants, elements, activities and phases of a service model, and measurements of fidelity constrain creativity that practitioners require to be effective (Addis, Wade, & Hatgis, 1999). Others believe that psychotherapeutic interventions are effective due to the relationship between client and clinician, not to adherence to specified activities (Wampold, 2001). This perspective does not address concerns for sustainability of program effectiveness when a service organization experiences staff turnover. A recent examination of over two decades of wraparound implementation literature identified related concerns and constraints (Bertram, Suter, Bruns, & O'Rourke, 2011).

Until recently, it would have been quite difficult to examine program implementation under differing conditions in diverse service settings. Without clear frameworks that support service fidelity and effectiveness, the means to achieve program sustainability and improved population outcomes become subject to debate. In this context, the development of consensus regarding what data are most beneficial to programs is difficult. However, through extensive review and analysis of over thirty years of empirical implementation literature across diverse fields of endeavor, the National

Implementation Research Network (NIRN) identified integrated frameworks of stages and components that shape service implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

NIRN and others have since refined language and constructs from that initial study (Bertram, Blase, Shern, Shea, & Fixsen, 2011; Fixsen, Blase, Naoom, & Wallace, 2009). Specific infrastructure components and their integrated activities can support high quality implementation and sustainability of an evidence-based practice in from two to four years. The process of implementation unfolds through four stages. In the exploration stage, prior to program installation or implementation, a service organization should carefully consider core intervention components of the practice model. These intervention components include: 1) Model definition: who should be engaged, when and how in what activities and phases of service delivery; 2) Theory base(s) for those elements and activities; 3) The practice model's theory of change: how those elements and activities create improved outcomes for the target population; 4) Target population behavioral, cultural, socio-economic, and other characteristics that suggest a good match with the practice model, and 5) A rationale for why the service organization therefore rejects using alternative models (Fixsen, Naoom, et al., 2005).

Based upon consideration of these intervention components, a service organization should address installation stage activities as it adjusts infrastructure to support effective delivery of its chosen practice model with fidelity. These adjustments to infrastructure comprise NIRN's framework of components that drive implementation (see Figure 1). Competency drivers include staff selection, training, coaching, and performance assessment (fidelity). Organization drivers create a model-supportive

culture as administrators facilitate adjustments to funding, policy, and procedures to ensure that the competency drivers are effective, and to ensure continuous quality monitoring and improvement. Complex situations require adaptive leadership that can discriminate these challenges from well-defined problems that require technical solutions (Heifetz & Laurie, 1997). These leadership drivers comprise the remaining components of NIRN's implementation framework. (Bertram, Blase, et al., 2011).

Careful consideration of the practice model should guide integration and adjustments of these drivers so if one driver is constrained, another may compensate (Bertram, Blase, et al., 2011). For example, if a disruption in funds forces cancellation of training, data systems can provide case specific model-pertinent data so a supervisor may systematically adjust the focus, frequency, and formats for coaching development of model-pertinent knowledge and skills to improve fidelity and population outcomes. Leaders of an organization should focus on service quality by re-purposing, monitoring, and adjusting competency and organization drivers during the stage of initial implementation. These processes should continue until achievement of targeted fidelity and population outcome benchmarks in the stage of full implementation. (Bertram, Blase, et al., 2011; Fixsen, Blase, et al., 2009; Fixsen, Naoom, et al., 2005).

Figure 1

(insert figure 1 about here)

This paper presents a participatory program evaluation and data-informed revisions to implementation drivers initiated in year four of a six year Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Mental Health Initiative Systems of Care grant in Houston Texas (Systems of Hope). Despite initial

skepticism by both supervisors and direct service staff, these adjustments changed organization culture. Model fidelity, efficiency of service delivery, and population outcomes improved over 18 months of revised implementation. This article concludes with implications for how service organizations identify, develop and use model-pertinent data.

Wraparound in Houston

During the first four years of program implementation, Systems of Hope experienced many changes in leadership while two major hurricanes adversely affected the impoverished communities it served. The grant's target population, families whose children displayed severe emotional and behavioral disorders, was highly diverse with more severe behaviors than other SAMHSA grant sites. A 2010 client population comparison between Systems of Hope ($n = 183$) and populations served by similar grants in the United States ($n = 10,371$) revealed that African-Americans comprised over 40% of youth served in Houston versus 20% nationally, and the Hispanic or Latino population served in Houston was nearly 39% versus approximately 18% elsewhere. Conversely, Caucasian youth comprised only 16% of Houston's clients versus an average of nearly 49% in similar grants. Youth problem behaviors were also more severe in Houston with conduct and delinquency problems reported in 72% of the population served versus 58% elsewhere. Depression was reported in 59% of Houston youth versus 33% nationally. Hyper-activity and attention disorders were diagnosed in 61% of Houston youth versus 47% nationally, and suicide attempts or ideations were reported by 27% of Systems of Hope youth as compared with 13% in similar grants (Clettenberg, et. al., 2012).

Since 1992, wraparound served as the service delivery model in over 100 of these grants. Alternately described as an evidence-based, a promising, or a best practice model (Bertram, Suter, et al., 2011; Walker & Bruns 2006; Walker 2008), wraparound is a community-based, family-driven collaborative team planning process articulated and taught through value-based principles. Informal, naturally occurring supports and formal services engage families in culturally competent, individualized, strengths-based assessment and interventions. Wraparound teams closely monitor outcomes that should guide adjustments to team composition and structure, as well as to team assessments and interventions (Bertram & Bertram, 2004; Burchard, Bruns, & Burchard, 2002; Walker, et al. 2004; Walker, 2008). However, because initial model definition and training focused through value-based principles, service providers with competencies in expert practice models sometimes misinterpret those principles and incorrectly apply wraparound as a very thorough, family friendly means of case management. Sometimes purveyors and practitioners with many years of wraparound experience differ on the meaning and practical intent of its value-based principles (Bertram & Bertram, 2004; Bertram, Suter, et al, 2011; Malysiak 1997, 1998; Walker, et al., 2004). Measuring model fidelity from a variety of participant perspectives, the Wraparound Fidelity Index (WFI) identifies the extent to which the ten defining value-based principles are present in service delivery (Bruns, Burchard, Suter, Force, & Leverentz-Brady, 2004; Bruns, Leverentz-Brady, & Suter, 2008). SAMHSA also provided support for the National Wraparound Initiative (NWI) to produce a series of monographs to clarify key elements, activities, and phases of the wraparound process (Bertram, Suter, et al., 2011; Walker, et al, 2004; Walker, 2008).

Evaluation of Systems of Hope Wraparound Implementation

Although Systems of Hope staff received wraparound training by nationally recognized purveyors, the new grant directors believed Houston's wraparound implementation lacked fidelity. In year four of a six-year grant, Systems of Hope engaged a consultant versed in both wraparound and implementation frameworks to facilitate a program evaluation that could guide sustainable program adjustments and improve model fidelity.

Due to the numerous changes in Systems of Hope leadership and training, the program evaluation used a participatory design to build consensus. Wraparound emphasizes the critical importance of family voice in shaping service. Therefore, the evaluation team included three family members with wraparound experience in addition to the executive and clinical directors and three supervisors. To prepare for the evaluation, all team members reviewed NWI monographs describing key wraparound elements and activities regarding family engagement, team development, assessment, and planning.

The evaluation team reviewed all cases opened the previous year ($n=31$). They compared de-identified data from each case with model description in the NWI monographs. Their examination included family composition, youth behaviors of concern, service history, team assessments and care plans, as well as case progress notes. Through a consensus building process, by examining these sources relative to behaviors of concern, implementation patterns and barriers to fidelity and sustainability became clear.

Participatory Evaluation Findings

Clear implementation patterns coalesced around:

- Frequency, focus, and nature of contacts with family and other team participants
- Team composition and timeliness of team development
- Ecological depth and breadth of assessment
- Focus, means, and duration of interventions
- Frequency & nature of plan revisions
- Frequency, focus, and format of supervision

Six (6) cases reflected wraparound implementation as described in NWI monographs, with well-composed teams that engaged extended and immediate family, friends, church members, and other informal supports with representatives from education, mental health or other service systems. These teams developed contextual assessments and creative, flexible interventions that simultaneously addressed basic family needs and behaviors of concern. They achieved team goals by revising care plan interventions in a systematic, step-by-step manner.

Twenty-five (25) cases resembled a case management approach with implementation patterns compromising model fidelity and grant sustainability. For example, despite conflicts between immediate family members that contributed to problem behaviors, wraparound teams did not include fathers, stepfathers, grandfathers, and siblings. Instead, family participants on the wraparound team only included the female caregiver and youth with behaviors of concern. This limited the scope of team assessments and interventions. Wraparound principles encourage engagement and team participation by naturally occurring informal supports such as family friends, neighbors,

pastors or coaches. However, in these cases lacking fidelity, one or more formal service providers, often a therapist or a mentor, comprised the rest of the team. Due to severity of youth behaviors, juvenile probation officers or child protective service workers engaged the family. However, these key persons whose decisions could affect youth placement and family composition were not wraparound team members. Furthermore, despite limited team composition and serious concerns about youth behavior, it took several months for these teams to conduct initial assessment.

Care plans in these cases primarily addressed meeting basic family needs but did not simultaneously address the behavior of concern that prompted referral for wraparound. In these case plans, team goals were usually too broad to be measurable. Revision of these care plans that had remarkably similar services seldom occurred. Finally, although wraparound principles emphasize a strengths-based approach, the “strengths” identified as basis for interventions described a desire to obtain a service or to improve behavior. The evaluation team agreed that though these desires serve as necessary precursors to change efforts, they were not meaningful behavioral interactions that could serve as levers for change in sustainable interventions.

By focusing through NIRN implementation drivers, the evaluation team identified elements of grant infrastructure as contributors to the lack of fidelity in these cases. Multiple changes in grant leadership contributed to different criteria in hiring staff. Model-pertinent knowledge and skills were not criteria for staff selection, and job descriptions appeared remarkably similar to responsibilities of a case management position. Those with more years of case management experience were eligible for hire as a supervisor. Although a care coordinator (wraparound team facilitator) and a parent

partner (parent who had direct experience with severe youth behavior) engaged the same family, each received guidance from a different supervisor. Supervisors conducted their responsibilities in a relational, peer-to-peer approach, and this supervision was neither systematic nor data-informed. Supervision occurred on an ad hoc, as-needed basis and focused upon risk containment in the most problematic case and upon administrative policy and procedural concerns. Finally, these grants require collection of variety of data regarding fidelity and population outcomes. However, aggregate formats focused presentation of these data in reports for the grant governing board and to SAMHSA. These formats were not useful for improving staff competence and confidence.

Viewed through NIRN frameworks, these implementation patterns offered clear targets for revising Systems of Hope infrastructure to support greater fidelity and sustainability. Of note, the SAMHSA annual grant site visit that followed this participatory program evaluation also sampled the previous year's cases and noted similar implementation patterns regarding team composition, assessment, and interventions that compromised fidelity. However, unlike Systems of Hope's participatory program evaluation, it did not focus through NIRN frameworks to examine staff selection, training, coaching, administrative policies and procedures or program use of data.

Wraparound Implementation Revisions

Much of the grant infrastructure reflected policy and procedures of its host organization, Harris County Child Protective Services. This included a large caseload, a supervisory focus on risk containment and administrative concerns, assignment of staff to a supervisor based upon direct service staff position title and responsibilities, and use of a

data system solely to report frequency and type of contact in a case. All reflected a more bureaucratic culture and infrastructure organized to address legal concerns and responsibilities of a state child welfare agency. To achieve outcomes with fidelity in a sustainable manner, the Systems of Hope evaluation team worked for several months to re-purpose and integrate competency drivers (training, coaching, and performance assessment) with the organization drivers of facilitative administration and decision support data systems (see Figure 1).

Key adjustments to administrative policy and practice included reducing caseloads from 20 to an average of eight to ten per care coordinator. This would free staff to identify and engage more family members and their informal supports as well as to develop team assessment and interventions in a timely manner. To integrate staff service efforts with staff development, care coordinators and parent partners were re-assigned to work as a unit coached by the same supervisor.

With their reassigned staff, supervisors reviewed the same NWI monographs used by the evaluation team, identifying what they understood or did well, and what was confusing or difficult. These assessments of model-pertinent knowledge and skills informed subsequent evaluation team adjustments to staff training and coaching.

Those revisions introduced and focused through two related theory bases that serve as anchors for wraparound principles and activities. One theory base supported individualized, effective team development from which family voice could guide more thorough assessment and planning decisions (Bertram & Bertram, 2004). Assessments and interventions would focus through a well-tested and related multi-systemic, behavioral theory base proven effective with more severe youth behaviors. Systems of

Hope wraparound team assessments would identify youth, family, youth peers, school, and community contributing factors to achievements and to constraining or problem behaviors. Contributing factors to problems became targets for systematic, step-by-step, week-by-week interventions based upon meaningful strengths that contributed to family achievements (Bertram, Bruns, et al., 2011; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009).

Revised training content focused through these theory bases and introduced new case data formats to provide model-pertinent information to the supervisors, directors and consultant on a bi-weekly basis. One of the data forms re-enforced a theory base for effective teams. It prompted differentiation and expansion of team composition and clarity of team structure. This team composition and structure data form also prompted identification of measurable goals directly related to behaviors of concern. To support achieving these goals, this data form prompted development of team guidelines regarding information needed and with whom, how and when to share that information. Finally, this new form prompted team development of guidelines for decision-making when there was no consensus, as well as procedures for conflict resolution (Bertram & Bertram, 2004; Bertram, Bruns, et al, 2011).

Another set of data format revisions integrated and reinforced the ecological systems theory base introduced in the revisions to training. A strengths and constraints assessment form prompted thorough ecological assessment of contributing factors to behaviors of concern. These contributing factors became targets for intervention. That document also supported thorough assessment of contributing factors to family accomplishments. These strengths became the basis of interventions. Finally, a revised

wraparound care plan prompted step-by-step frequent interventions based upon this more thorough, multi-systemic assessment and intervention (Bertram, Bruns, et al., 2011; Henggeler, Schoenwald, et al, 2009).

The evaluation team determined that coaching staff toward greater confidence and competence in wraparound would require a systematic focus on fidelity, efficiency and outcomes revealed through these revised data formats. In place of ad hoc risk containment, supervisors coached further development of staff knowledge and skills in a biweekly learning group format. Supervisors, directors, and a consultant received and reviewed these new case data documents bi-weekly to identify implementation patterns for coaching. Prior to scheduled learning groups, supervisors discussed implementation patterns revealed by case data with the consultant and grant directors via Skype video conference calls. Recommendations for learning group focus, for live observation of select wraparound teams, and for administrative actions needed to support staff and supervisors emerged in these calls. Thus, informed by model-pertinent case specific data, each staff level in the grant would gradually develop a common focus on fidelity, efficiency and effectiveness. Coaching shifted from an ad hoc, bureaucratic, risk containment approach to systematic, data-driven responsibility for development of staff confidence and competence to improve youth and family outcomes by delivering wraparound with fidelity. These model-pertinent adjustments to organization and competency drivers of wraparound implementation gradually transformed Systems of Hope to a data-informed organization culture (See Figure 2).

Figure 2

Insert Figure 2 here

Implementation Revisions: Initial Staff Response

This re-purposed infrastructure required time for all staff to understand and use. Grant directors determined that initially the new data formats would apply only on new case referrals. Eventually, as staff became accustomed and more adept in generating and using data, previously opened cases were scaled into applying the revised data formats. However, despite a three-day intensive training organized and delivered by the evaluation team, direct service staff struggled to grasp the intent and application of revised case data formats. Some openly questioned the introduction of more specified activities for team development, assessment and interventions. These staff believed the revised focus and structure constrained flexibility and fidelity for a key wraparound value that family voice and choice must guide these activities.

This initial staff response was understandable. Prior to revised wraparound implementation, direct service staff had tremendous freedom and only sought supervision on the most serious issues in cases. Furthermore, although supervisors spent months with the evaluation team revising caseloads, staff assignments and training, as well as case data formats to inform staff development, they expressed uncertainty about how to use the data. For the first months of revised wraparound implementation, their coaching reverted to relational, bureaucratic, risk containment supervisory patterns as many of their staff resisted using new data formats. Some staff stated they experienced these revisions to wraparound implementation as the latest bureaucratic requirement that would most certainly pass with the next change in grant leadership. Directors privately acknowledged that previous directors' selection of supervisors based upon case management experience was a constraining factor to revised wraparound implementation.

Since staff could not easily be de-selected or re-assigned, evaluation team leadership embraced adaptive strategies. Skype consultation during the first six months of initial implementation changed from a focus on direct service patterns of implementation, to a primary focus on improving supervisor knowledge and skills. Supervisors required greater competence and confidence in coaching their staff on family engagement, systematic team development, ecological assessment, and the design of step-by-step, true strengths-based interventions to eliminate contributing factors to a behavior of concern. The consultant developed a manual for coaching through new case data forms. This was reviewed and approved by directors and distributed to supervisors. Once digested by leadership, direct service staff reviewed the manual. For a period of nearly three months, Skype consultation focused through each case to complement use of this manual.

Adjustments of implementation drivers are often necessary in the stage of initial implementation (Bertram, Blase, et al, 2011). In this instance, supervisors clearly needed more time with the consultant and greater monitoring from grant directors to develop their own competence and confidence. However, by revising Systems of Hope infrastructure around model-pertinent data, a case-by-case focus was no longer solely upon risk containment but instead upon model fidelity and effectiveness. By driving wraparound implementation revisions with model-pertinent data, grant leadership and the consultant were able to quickly identify and efficiently make necessary adjustments.

By the third quarter of revised wraparound implementation, consultation and coaching for supervisors expanded from examination of within case implementation patterns to a focus upon specific staff member's implementation patterns across cases in specific settings. Eventually, in alternate Skype calls, the consultant, directors and each

supervisor examined implementation patterns across all cases served by all direct service staff that a supervisor coached. In this manner, coaching and consultation gradually scaled up to examine and address overall patterns of implementation in the grant.

As this unfolded, the entire evaluation team, including family members, reconvened and formally reviewed these overall implementation patterns in the same consensus-building manner. They agreed that after nearly one year, the following program improvements were taking hold while certain implementation patterns demanded further attention. Ensuing in-service training events shared with direct service staff the following patterns of improved fidelity and efficiency of wraparound implementation.

Fidelity & Efficiency Improvements

Grant efficiency was improving. In six months the grant opened as many cases as the previous year. Team composition and structure data forms indicated most wraparound teams had greater numbers of natural supports and participation of extended family with more measurable goals and related team guidelines to support information sharing, decision-making and conflict resolution. In these wraparound teams, assessments were more robust, identifying behavioral strengths and constraining factors in the youth family, youth peers, school, and community. Supervisors noted that assumptions by direct service staff that there were few pro-social peers, or assumptions regarding what very poor families could accomplish in dangerous neighborhoods emerged as they challenged staff to expand team composition and development of social supports with families. Examination of data from revised wraparound care plans suggested that as interventions addressed contributing factors to a behavior of concern, wraparound teams

became more effective. By developing step-by-step intervention plans rather than the previous more global case management approach, these teams also became more efficient.

Remaining Fidelity Constraints

The evaluation team also shared with direct service staff remaining implementation patterns that constrained fidelity. For example, care coordinators assigned to school settings still tended to develop wraparound teams composed primarily of school professionals with few natural supports, and male caregivers were often not engaged. However, comparison of team composition data with more traditional data regarding time, focus, and frequency of family contacts identified constraints to engagement of male caregivers. There were few contacts with these men and wraparound team meetings occurred when these men were not available. This offered a clear focus for supervisors and directors to coach school-based direct service staff on engagement of male caregivers and informal supports.

Scaling Up to Full Implementation: Fidelity and Population Outcomes

Thus guided by purposefully selected and model-pertinent data, coaching and training adjustments gradually developed knowledge or skills regarding family engagement, team development, multi-systemic assessment and design of systematic, step-by-step interventions. Through this process, organization culture gradually changed. From its previous relational, bureaucratic form, a model-pertinent data-driven culture emerged that improved staff competence and confidence. This was evident after nearly 18 months of revised wraparound implementation. When required grant outcome measures demonstrated that school attendance and behaviors improved, administrators

and supervisors immediately shared these data with direct service staff who took great pride in these accomplishments, but also attributed success to Systems of Hope's data-informed coaching and support.

For example, a 2011 comparison of youth in Phase V grant sites ($n= 134$) with youth engaged by Systems of Hope ($n= 44$) examined school disciplinary actions at intake and after six months of wraparound. At intake 32.8% of youth at all other grant sites had been suspended from school. After six months of wraparound 26.1% had been suspended. However, in Houston, over half of the youth (54.5%) had been suspended at intake but six months later, only 31.8% had received school suspensions. Nationally at intake 64.9% of youth were neither suspended nor expelled, and after six months of wraparound, this increased slightly to 69.4%. With a more diverse population displaying more severe behavioral challenges, at intake only 38.6% of Houston youth were neither suspended nor expelled, but after six months of revised wraparound implementation, this number improved to 63.6% of youth served who were neither suspended nor expelled (Clettenberg, et al., 2012).

Staff reviewed these population outcome data, as well as fidelity data comparing previous wraparound implementation (2010) with revised wraparound implementation (2011). The Wraparound Fidelity Index Version 4 (WFI-4) measures adherence to wraparound principles and activities via structured interviews with care coordinators, family caregivers, youth, and other team members. Several studies established reliability and validity of WFI-4 and indicated an association between fidelity and improved child and family outcomes. These studies also established nationally normed percentiles for fidelity scores (Bruns, Leverantz-Brady, & Suter, 2008). Fidelity scores below 70% are

not considered to be wraparound. Scores of 70-74% are below average fidelity, scores of 75-79% represent average fidelity, while scores of 80% or greater are above average fidelity. It came as no surprise that Houston's 2011 WFI-4 data were extremely positive (Clettenberg, et al., 2012). For example, before data-informed revisions to implementation (2010), Houston fidelity scores showed low or no fidelity and were below the national mean on the individualized, community-based, and outcomes based measures of treatment fidelity. However, through revised, model-pertinent, data-informed revisions to wraparound implementation, by 2011 these and other scores improved and moved above the national mean (see Figures 3 and 4). Given the vociferous initial concerns by some staff that a more structured implementation would violate the wraparound principle of family voice and choice, it was of special interest that rather than deteriorate, the Systems of Hope score for this principle also advanced above the national mean.

Figures 3 & 4

(place figures 3 and 4 here)

Summary and Implications

These experiences in revising wraparound implementation should provoke thoughtful consideration. Prior to 2010, Systems of Hope's infrastructure for service delivery did not well support a collaborative community-based practice model like wraparound. Data collection supported the host child welfare organization's legal requirements to track frequency and type of contacts in a case. Aggregated data guided only the grant's governing board and funding source. Job descriptions, hiring criteria, and caseload size reflected the host organization's case management model. Supervision

occurred on an ad hoc basis and focused upon risk containment in the most problematic cases and upon bureaucratic administrative concerns. Placing a new practice model into this infrastructure constrained wraparound fidelity and contributed to inefficient service delivery.

However, a participatory evaluation by family members and grant leadership identified implementation patterns around wraparound's key activities and phases. These results provided multiple targets for improved grant implementation. A systematic focus through the NIRN frameworks guided reorganization of program infrastructure to support wraparound. By integrating the training, coaching, leadership and data implementation drivers, organization culture gradually changed from a bureaucratic focus to a focus on development of staff competency and continuous quality improvement. Theory-based model-pertinent data developed and integrated through an infrastructure repurposed to support wraparound, helped staff overcome their initial concerns and adverse reactions. Gradually, they developed a common focus upon knowledge and skill development that allowed them to work more effectively, efficiently and with fidelity.

These improvements occurred despite the limitations of previous staff selection. For any service setting or model, there is tremendous potency in careful consideration and analysis of service implementation through NIRN frameworks. The NIRN intervention component framework can guide more thoughtful consideration of a service model as well as adjustments to the NIRN framework of components that should drive model implementation. These frameworks can help an organization to integrate infrastructure and use of data in a manner that can overcome initial staff uncertainty about program implementation revisions and especially about the use of data. The

example provided by Systems of Hope suggests that staff will embrace useful, model-pertinent data developed and applied in a manner that improves their confidence and competence.

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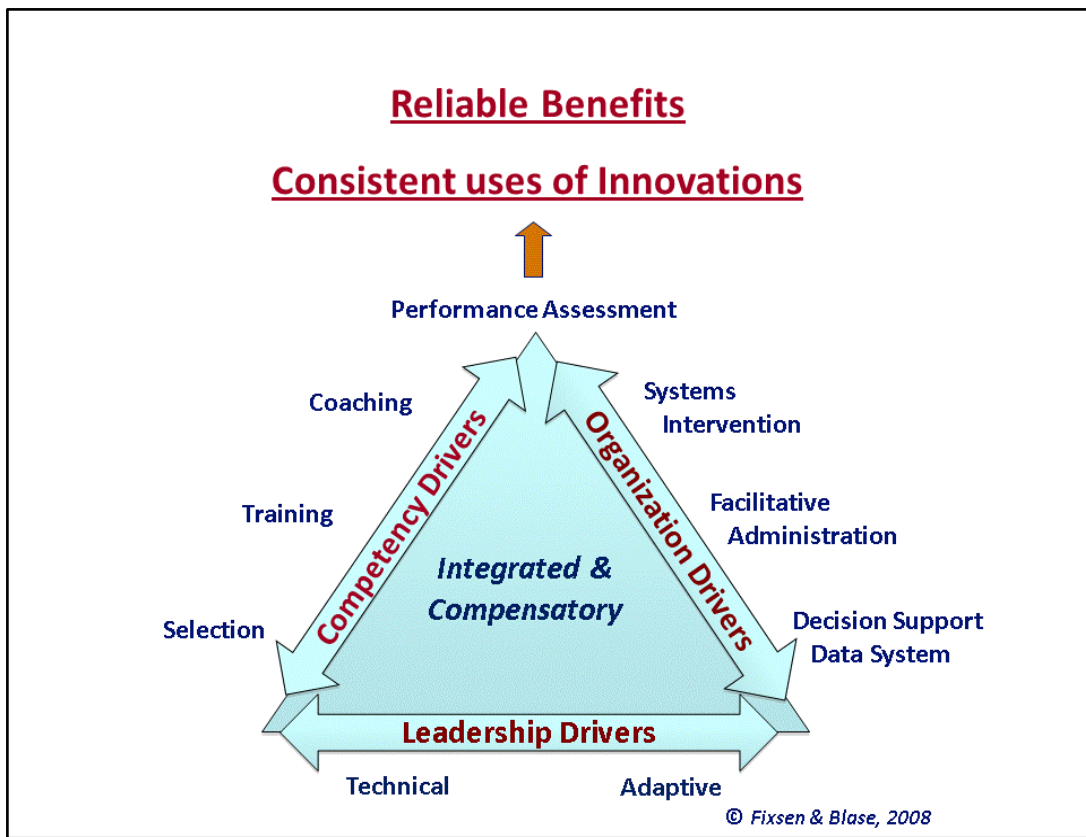


Figure 1: NIRN implementation drivers

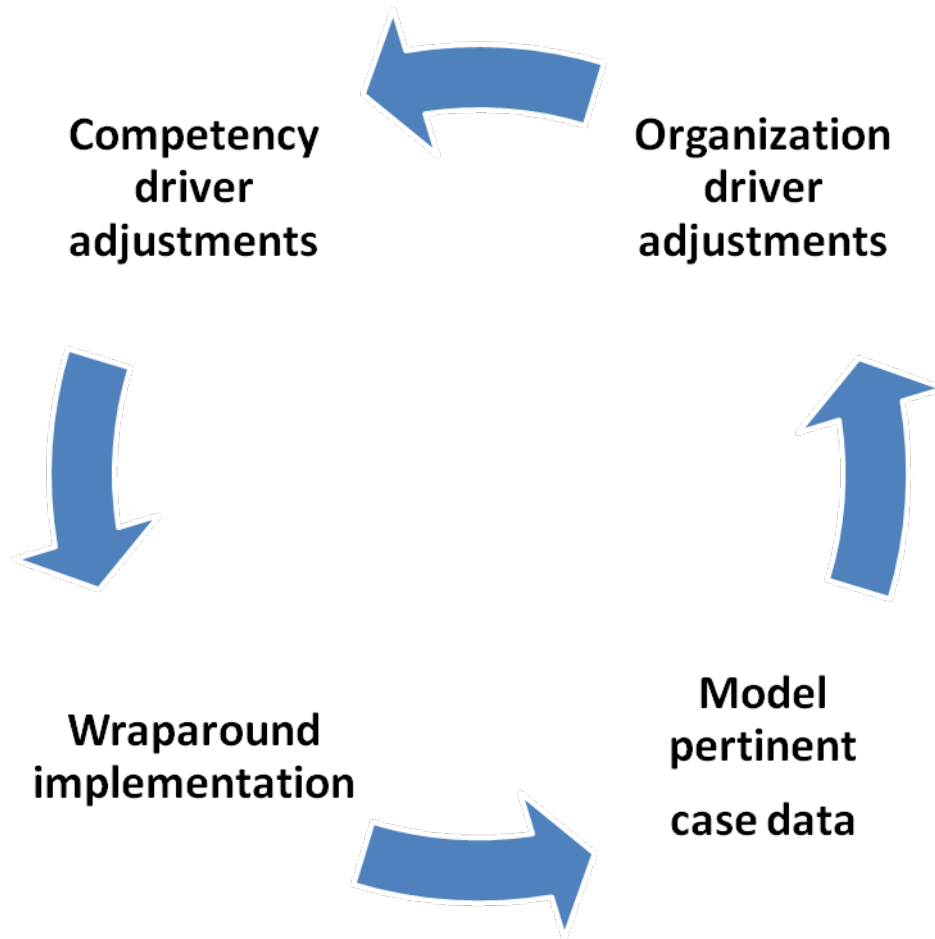


Figure 2: Model-pertinent, data-informed infrastructure changes organization culture

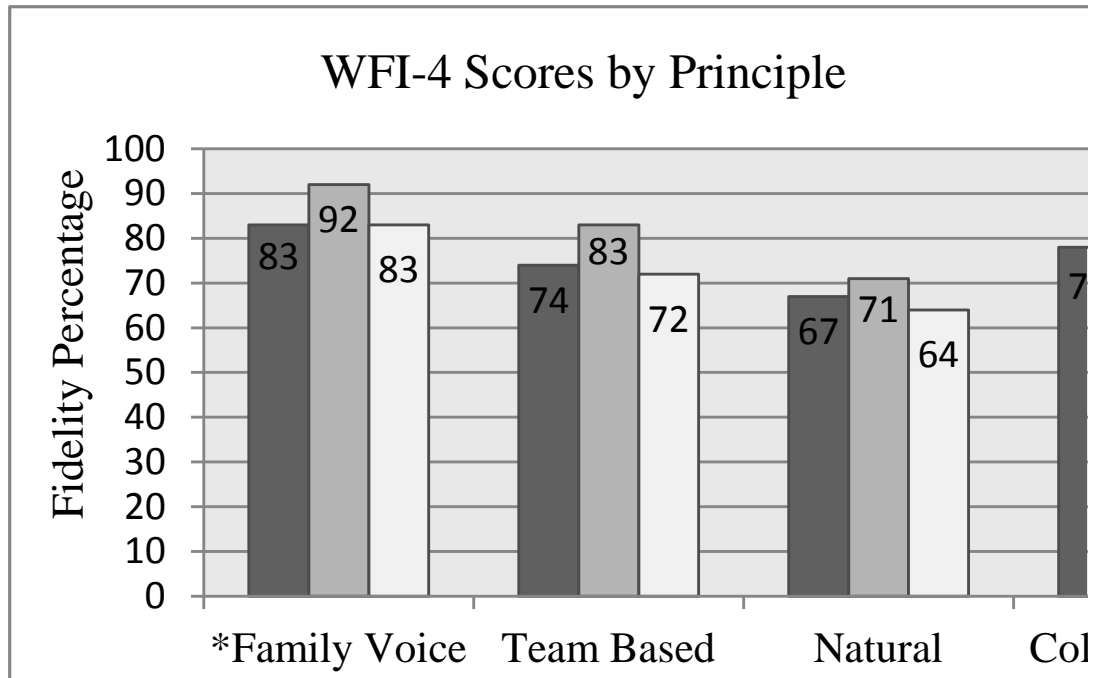


Figure 3. Systems of Hope fidelity improvement.

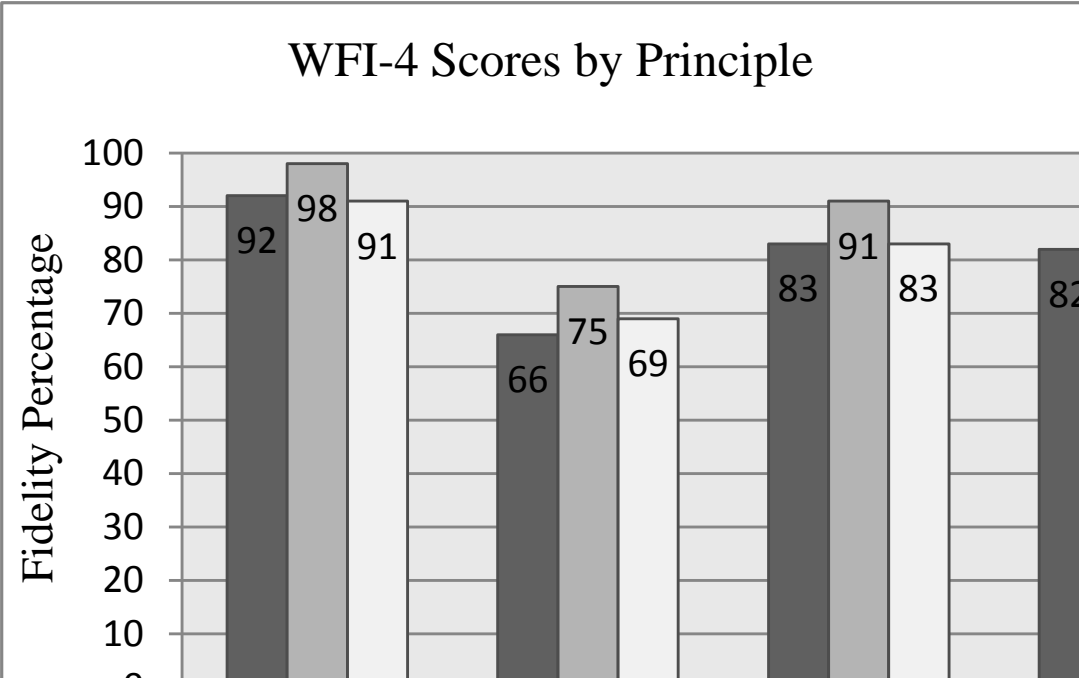


Figure 4. Systems of Hope fidelity improvement.