



national  
wraparound  
initiative



National Wraparound Initiative 2010  
Webinar Series

Webinar 2: Wraparound  
Practice

April 20, 2010

**Mary Jo Meyers, MS**

Wraparound Milwaukee

**Marlene Matarese, MSW and Kimberly  
Estep, MA**

Innovations Institute, University of Maryland,  
Baltimore

# Goals for this Webinar

1. To provide information on the how and why of implementing a team-based wraparound model
2. To provide an overview on the rationale for coaching and training in wraparound
3. To describe elements of optimal training in wraparound
4. To describe elements for coaching and supervision of staff
5. To identify ways to use data to support implementation and training/coaching in wraparound
6. To provide an example wraparound practitioner certification model

# Why Teams?

## Case Management

- Assesses the problems & needs of client
- Arranges, coordinates, monitors and evaluates services based on identified needs
- Generally utilize a categorical approach

## Team Facilitator

- Guides team development and oversees process & tasks of team members
- Child, family & community are central nucleus of services with family & community viewed as most effective means of support

# Categorical Approach

- Assess problems
- Look at services that are available
- Arrange services for the family

# Concerns Regarding Categorical

- Services reflect what is available and has been tried rather than what is needed
- System involved children often receive a “placement” rather than what they need to stay with their family

# Teams & Wraparound

- Three types of team members
  - Natural: connected to family by relationship
  - Informal: connected to family by citizenship
  - System: paid to help
- Potential team members are generated through initial conversations prior to first team meeting
- Families are encouraged to invite their supports to keep us on track
- Helps move the team conversation from “treatment” or “service” orientation to a “life” orientation

# Benefits of Teams

- Family benefits from a single plan of care; everyone on the same page
- Shared knowledge
- New ways of thinking
- Better use of resources
- More help and more strengths to build upon
- Shared responsibility and accountability
- Better representation and respect for family culture

# Most Common Misses

- Staff who do not know why or how
- Mistaking reluctance for resistance; thinking no always means no
- Telling families informal and natural supports are invited so we can work ourselves out of a job
- Team meetings run inefficiently and ineffectively
- Process doesn't lead to a product
- Underestimating family and team engagement and not discerning between the two
- Mistaking fidelity to a process as quality care or success for a family



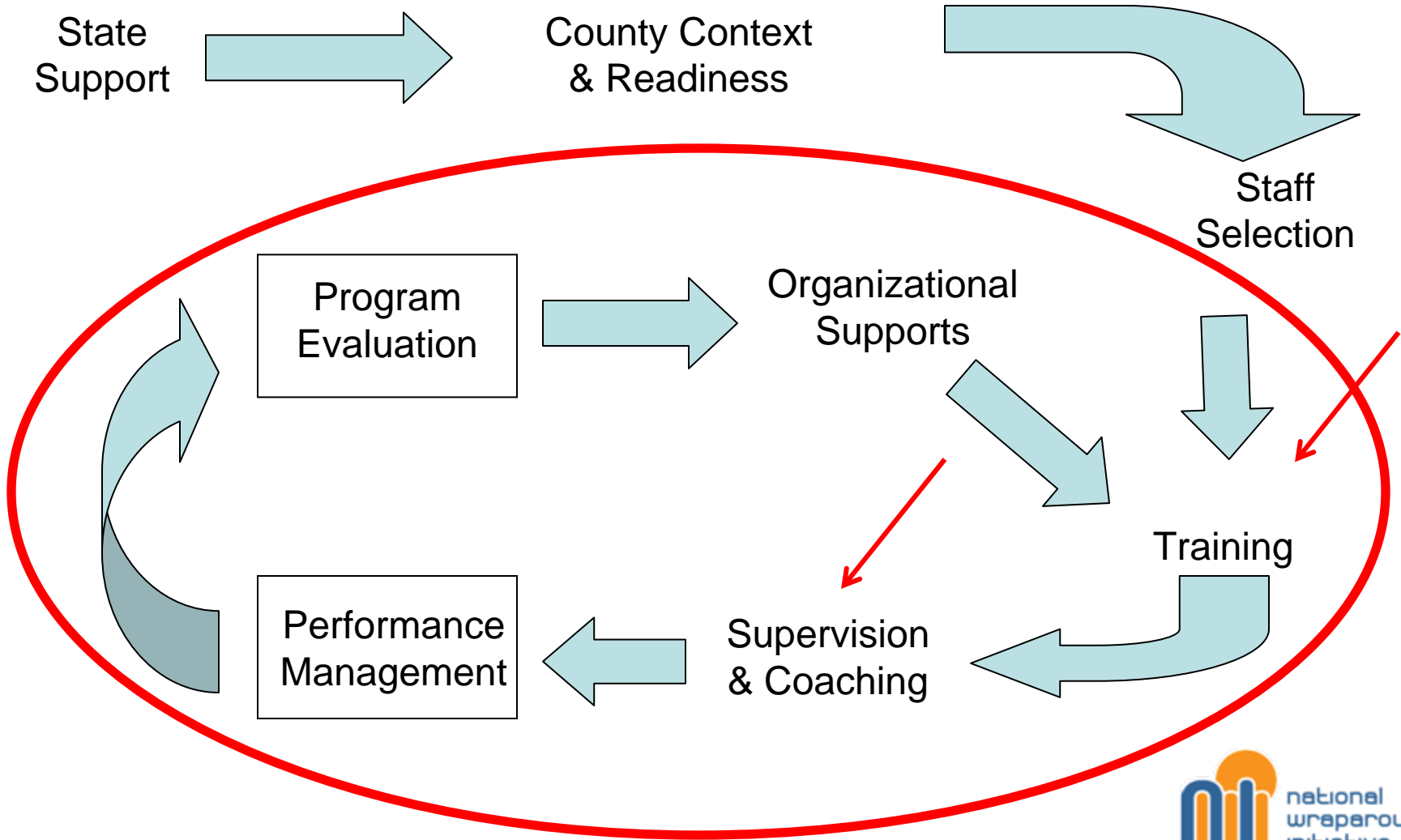
# Supporting Wraparound Practice

- In addition to the Principles and the Phases and Activities, we also need to ensure “**Necessary Support Conditions**”

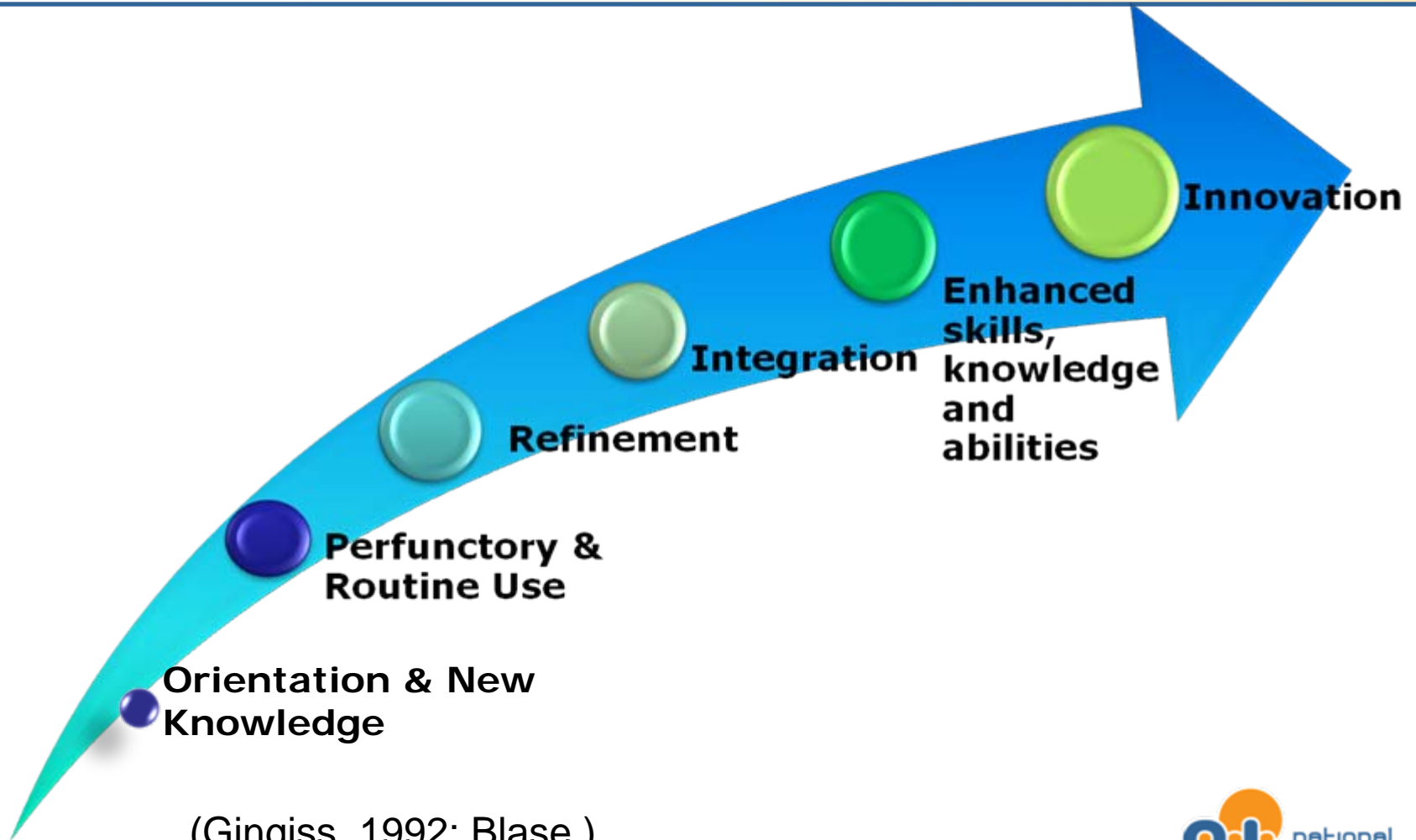
These Necessary Support Conditions Include:

- **Human resource development:** *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
- **Accountability:** *Do we use tools that help us make sure we're doing a good job?*

# Implementation with High Fidelity Requires...



# Knowledge, Skill and Ability Development Process



(Gingiss, 1992; Blase,)

# Training is a Core Component in Implementation

Training in a high-quality wraparound practice model should include the transfer of:

- **Knowledge**

- History, theory, philosophy, and rationales for wraparound as a practice model

- **Skills and Abilities**

- About the components of wraparound and *demonstrating* the practice elements
- Followed by *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)



# Components of Effective Training

- Training is delivered through lecture and discussion for knowledge dissemination and understanding of content.
- Training is most effective when it includes the presentation of information and the participants are given the opportunity for practice around key skills in the training setting (Joyce & Showers, 2002).
- Training combined with coaching create conditions in which quality implementation happens and are important components to achieve positive outcomes (Joyce & Showers, 2002).

(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)

# Components of Effective Coaching

- Coaching needs to be based on the practice model, readily available, and reflective
- Spouse (2001) described four main roles of a coach:
  - Supervision
  - Teaching while engaged in practice activities
  - Assessment and feedback
  - Provision of emotional support

(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)

# Use of Instruments that Provide Data to Guide Coaching

- Wraparound Fidelity Assessment System
  - Community Supports for Wraparound Implementation
  - Wraparound Fidelity Instrument IV
  - Team Observation Measures
  - Document Review Measure
- Caregiver/Youth satisfaction Surveys

# How WFAS Data Can Be Helpful

- Provides standards of quality for wraparound implementation
- Encourages best practices for care coordination & family support
- Encourages families to “be part of the solution” and reinforces family voice
- Directly impacts training and coaching strategies
- Influences procedural change within care management entities



# Data to Guide Training and TA

## Impact of Training and Technical Assistance (IOTTA)

- Standardized survey developed by Portland State RTC and Wraparound Evaluation Research Team
- Participants in training or professional development effort are sent email with link to a web survey on quality of training and impact on their work
- Survey is completed immediately after training and 2 months later

# Innovations Institute Coaching Model: Certification of Wraparound Practitioners

- Certification of Care Coordinators
- Certification of Family Peer-Support Partners
- Certification of Youth Peer-Support Partners
- Certification of Supervisors
- Certification of Coaches

# Steps in Developing a Model for Coaching and Certification

- Regular consultation with national experts
- Facilitation process with national experts in identification of key elements that are unique to wraparound
- Development of a matrix that outlined and defined key elements, skill sets, outcomes, and tools
- Repeated revisions and feedback from consultant group
- Development of a model for training and coaching in wraparound

# Overview of Innovations Model for Wraparound Practitioner Certification

Overarching ecological framework (inclusion of action oriented teams and collaboration in this framework)

Key elements of high quality practice in wraparound include:

- Grounded in a strength-perspective
- Determined by families
- Driven by underlying needs
- Invested in accountability and results

# Innovation Institutes' Model for WA Practitioner Certification Cont'd...

- Key elements were defined
- We went across the 4 phases of WA and identified key activities that should occur in connection with each element
- Connected those activities to essential skill sets
- Walked through training curricula and coaching model to ensure alignment with these elements, activities, and skill sets.
- Process continued for each certification group

# Tools Used in Certification

- Team Observation Measure
- Document Review Measure
- Wraparound Practice Improvement Tool

# Wraparound Practice Improvement Tool

- Designed to support supervisors and coaches in providing feedback to front-line workers.
- Focuses only on Phase 2 and 3 of wraparound (Initial Plan Development and Plan Implementation).
- Broken into 2 checklists each for Phase 2 and 3: the first is designed to monitor how the care coordinator is managing the details generally associated with effective wraparound implementation. The second is designed around the extent to which those elements reflect quality practice.

# Process Used in Training and Coaching

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 all staff to move toward high-fidelity and quality wraparound practice during each phase as outlined below:

## 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.



# Process Used in Training and Coaching

## Phase 2: 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.

# Process Used in Training and Coaching

## Phase 3: 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.

# Process Used in Training and Coaching

## Phase 4: 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.

# Model for Certification Care Coordinator

- Minimum of one year coaching
- Completion of Core Training and Training Units categorized by knowledge, values and skills
- Demonstration of competency in all phases of wraparound
- Completion of 3 Passing Team Observations (1 by Innovations, 2 by supervisor)
- Completion of 3 Passing Document Review Forms (1 by Innovations, 2 by supervisor)
- Annual recertification is required
- All interactions with Innovations staff during coaching will include the direct supervisor of staff and the care coordinator. All staff must demonstrate proficiency in their role and develop an in-depth understanding of quality wraparound practice.
- This process would occur over an 18 - 24 month period
- Considering the testing of a simulated testing model

# Model for Certification: Supervisor

- Minimum of one year coaching and training
  - Same as CCs and in addition:
  - Directive Supervision, Recruitment & Retention within the wraparound process and supervising utilizing the Wraparound Fidelity Assessment System
- Completion of a jointly completed TOM and DRF
- Completion of 2 TOMs and 2 DRFs for their team
- Supervisors must be present at all coaching sessions with Innovations staff. Supervisors will utilize the Wraparound Fidelity Assessment System (WFAS) tools in addition to the Wraparound Practice Improvement Tool (WPIT).
- This process would occur over an 18 – 24 month period

# Model for Certification Caregiver Peer-Support Staff

- Minimum of one year coaching
- Completion of Core Training and Training Units (SOCTI)
  - Same as CCs with the addition of Skills Building for Caregiver Peer Support Partners
- Completion of 3 Caregiver Peer Support Partner TOMs (in a revision process)
- Documentation Reviews (in a revision process)

# Model for Certification: Youth Peer-Support Partner

- Minimum of one year coaching
- Youth Leadership Retreats
- System of Care 101
- Wraparound 101
- Skill building for Youth Support Partners
- 3 TUs in knowledge, skills, and values

# Model for Certification: Coaches/Trainers

- All coaches/trainers must complete the core trainings and participate in the same activities as required by the supervisors.
- They must demonstrate an in-depth understanding of high fidelity and high quality practice in addition to the ability to support organizations, staff, and partner agencies in working in or with a wraparound practice approach including the ability to provide training and coaching.



# Developing Local Capacity for Certification – Wraparound Milwaukee

- Train the trainer model utilizing both outside and local expertise
- Care coordinator supervisors and lead workers trained as coaches
- Job description and policies developed to promote and support role as coaches
- Additional coaches and trainers provided through local consultant contracts

# Basic Tools, Materials and Processes (not an inclusive list)

- Training curriculum written primarily by Pat Miles & John Franz
- Training modules developed and written by Mary Jo Meyers and local experts
- Ten required modules which must be completed within the first 6 months of employment. Followed by monthly training days

# Basic Tools, Materials and Processes (continued)

- Coaching received by supervisors and leads with additional support by Wraparound Milwaukee consultants
- Recertification refresher training must be completed every year (2 day)
- Facilitator Reviews of Team Functioning done on every facilitator quarterly
- Agency performance indicators done twice a year – measures use of natural/informal supports, strengths and community resources, etc.
- Monthly coaching meeting held with all supervisors and leads

# Training Modules (approximately 64 hours)

- Wraparound Philosophy & Process
- Wraparound Milwaukee as a System of Care
- Care Coordination Roles & Responsibilities
- Crisis/Safety Planning
- Working with Youth Who are Considered High Risk
- Documentation Utilizing Wraparound Principles
- Working with the System Partners & Court
- Building Teams and Running Effective Team Meetings
- Utilizing the Provider Network
- Teams and Conflict Resolution
- Transition Planning and Ending Formal Wraparound

# “Tracking Tools”

- Facilitator Reviews done by lead or supervisor
- Plan of Care Audit tool
- “Swift” – Team Review Tool
- Reports from management information that track team make up and changes as well as team meeting time & location
- Agency Performance Grids
- Families United Phone Surveys
- Family and Youth Satisfaction Surveys

# Helpful Hints:

- Families as partners in training as well as participants
- Create opportunities for facilitators to become trainers and coaches
- Set expectations for supervisors and leads to train system partners and providers
- Create meaningful feedback tools
- Imbed philosophy & principles into all policies & procedures
- Make sure agency culture supports and promotes team work – normalize the process
- Ensuring that outside consultants providing training assist in developing a sustainability plan
  - May include identification and development of local trainers and coaches
  - Assistance in developing trainer manuals and ongoing consultation with local experts
  - Shift to booster trainings

# Resources and Websites

- [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://Medschool.umaryland.edu/Innovations>
  - [www.tapartnership.org](http://www.tapartnership.org)
  - [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)
- National Implementation Research Network
  - <http://www.fpg.unc.edu/~nirn/>



- Blase, K. A., Fixsen, D. L., & Phillips, E. L. (1984). Residential treatment for troubled children: Developing service delivery systems. In S. C. Paine, G. T. Bellamy & B. Wilcox (Eds.), *Human services that work: From innovation to standard practice* (pp. 149-165). Baltimore, MD: Paul H. Brookes Publishing.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).
- Gingiss, P. L. (1992). Enhancing program implementation and maintenance through a multiphase approach to peer-based staff development. *Journal of School Health*, 62(5), 161-166.
- Joyce, B., & Showers, B. (2002). *Student Achievement Through Staff Development (3rd ed.)*. Alexandria, A: Association for Supervision and Curriculum Development.
- Kealey, K. A., Peterson, A. V., Jr., Gaul, M. A., & Dinh, K. T. (2000). Teacher Training as a Behavior Change Process: Principles and Results From a Longitudinal Study. *Health Education & Behavior*, 27(1), 64-81.
- Spouse, J. (2001). Bridging theory and practice in the supervisory relationship: a sociocultural perspective. *Journal of Advanced Nursing*, 33(4), 512-522.
- Walker, J. and Bruns, E. (2010). Overview to Wraparound: The Principles, practice model, evidence base and necessary implementation supports. National Wraparound Initiative presentation on March, 2010.



# Presenter Contact Information

## **Wraparound Milwaukee**

Mary Jo Meyers, Deputy Director

[Maryjo.meyers@milwcnty.com](mailto:Maryjo.meyers@milwcnty.com)

## **Innovations Institute, University of Maryland, Baltimore**

Marlene Matarese, Director of Training and Technical Assistance

[Mmatares@psych.umaryland.edu](mailto:Mmatares@psych.umaryland.edu)

Kimberly Estep, Trainer and Coach

[Kestep@psych.umaryland.edu](mailto:Kestep@psych.umaryland.edu)



The **National Wraparound Initiative** is based in Portland, Oregon. For more information, visit our website:

[www.nwi.pdx.edu](http://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.