



Webinar Starting Soon!

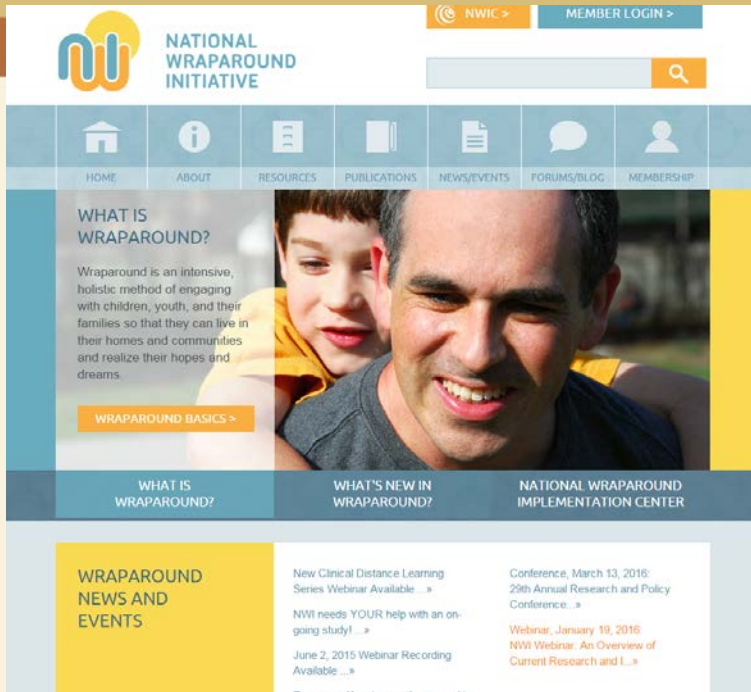
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This webinar and the PowerPoint will be available on the NWI website at <http://nwi.pdx.edu/previous-nwi-webinars>.

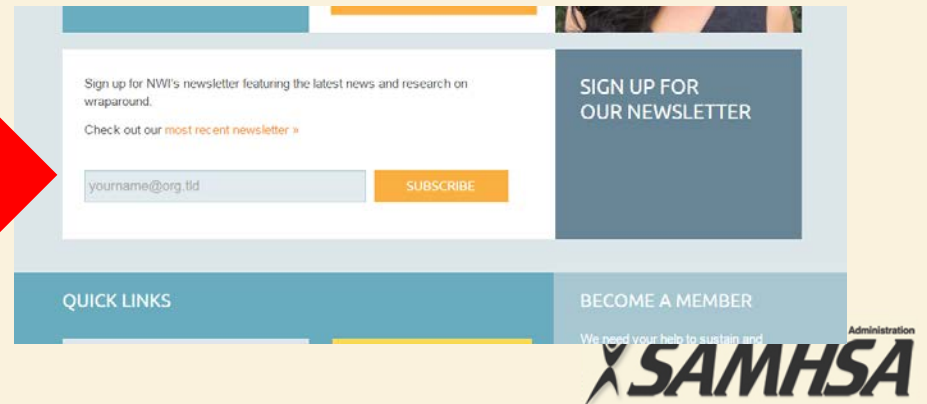
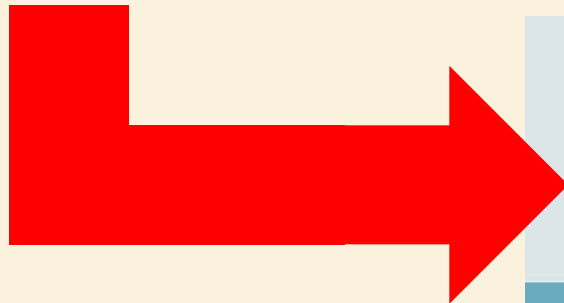


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- nwi.pdx.edu

(Scroll down...)



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective

People Recover



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An Overview of Current Research-Based Innovations in Wraparound

Eric J. Bruns and Janet S. Walker
Co-Directors, National Wraparound Initiative

*National TA Network / NWI Webinar Series
January 19, 2016*



Today's Presenters



Janet Walker
Co-Director

Janet Walker, Ph.D., is Research Associate Professor in the School of Social Work and the Regional Research Institute at Portland State University. She is the Director of the [Research and Training Center on Pathways to Positive Futures](#) and was formerly the Director of Research at the Research and Training Center on Family Support and Children's Mental Health. Her research focuses on exploring how individuals and organizations acquire capacity to implement and sustain high quality practice in human service settings, describing key implementation factors that affect the ability of organizations and individuals to provide high quality services and treatment, and developing and evaluating interventions to increase the extent to which youth with emotional or mental health difficulties are meaningfully involved in care and treatment planning. Dr. Walker's research and related activities are guided by a commitment to collaborating with stakeholders, particularly including young people who have received services and supports intended to meet their mental health and related needs, and the families of these young people.



Eric Bruns
Co-Director

Eric J. Bruns, Ph.D., is a clinical psychologist and Associate Professor in the Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine. Dr. Bruns' research and other professional activities focus on public child-serving systems, and how to maximize their positive effects on youth with behavioral health needs and their families. He is nationally known for his research and development work on integrated care coordination for youth with complex mental health needs via the wraparound process. With Janet Walker, Ph.D., he co-directs the National Wraparound Initiative, and has served as lead developer of a suite of fidelity measures for wraparound, now disseminated by the [UW Wraparound Evaluation and Research Team](#). Dr. Bruns is also part of the leadership team for the [Washington State Children's Evidence Based Practices Institute](#) and serves as Associate Director of the [UW School Mental Health Assessment, Research, and Training \(SMART\) Center](#). He has served as Principal Investigator for over 10 federally funded studies of community and school mental health services and authored over 70 refereed journal articles and book chapters.



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Today's Webinar

- Context: The importance of wraparound quality, fidelity, and implementation support
- Innovations in Wraparound: Reshaping service delivery for youth with complex needs
- Next steps: How you can learn more
- Questions, answers, and comments



NWIC

National Wraparound
Implementation Center

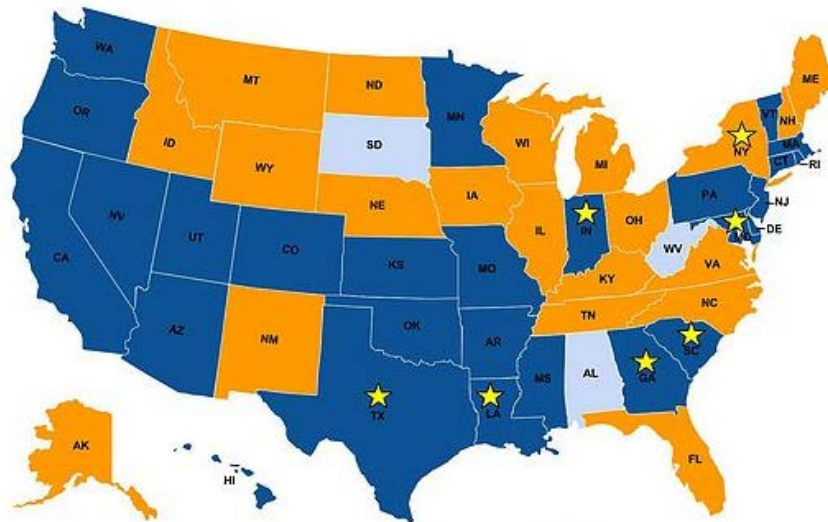
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ABOUT NWIC

WHAT WE DO

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Wraparound Implementation in the U.S.



Legend: ★ Workforce support from NWIC ■ Statewide ■ One or more sites or jurisdictions

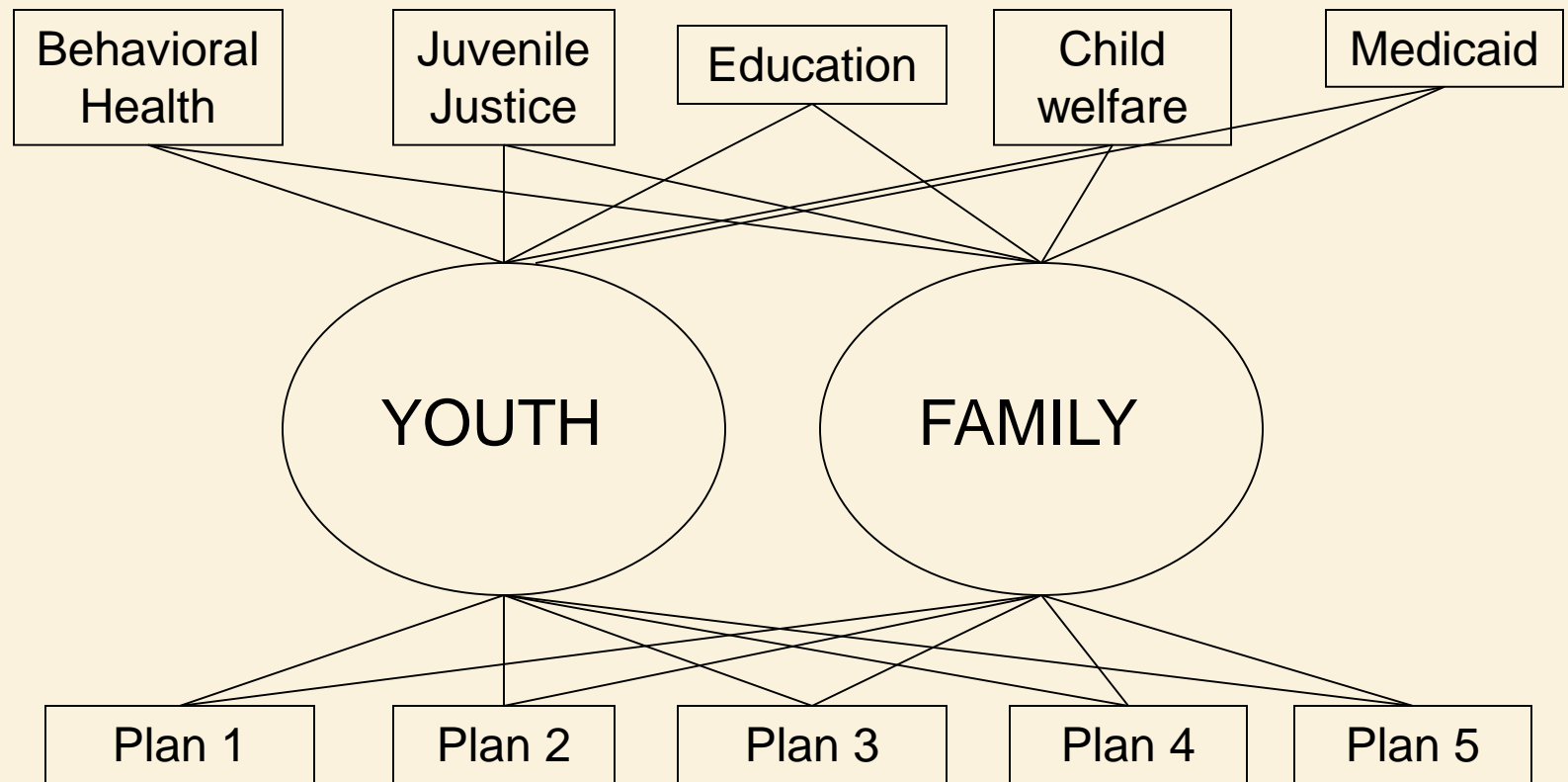


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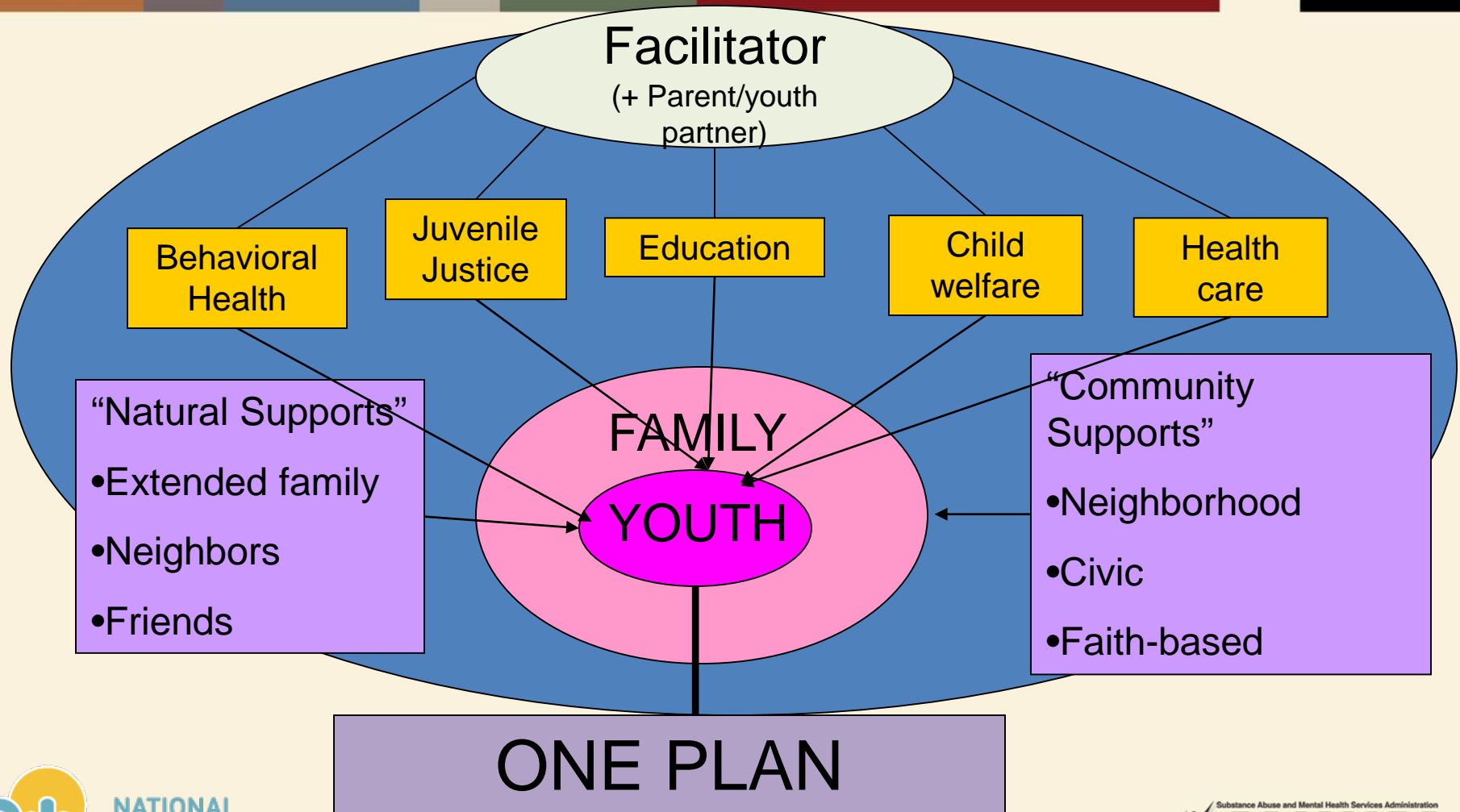
July 14-15, 2015



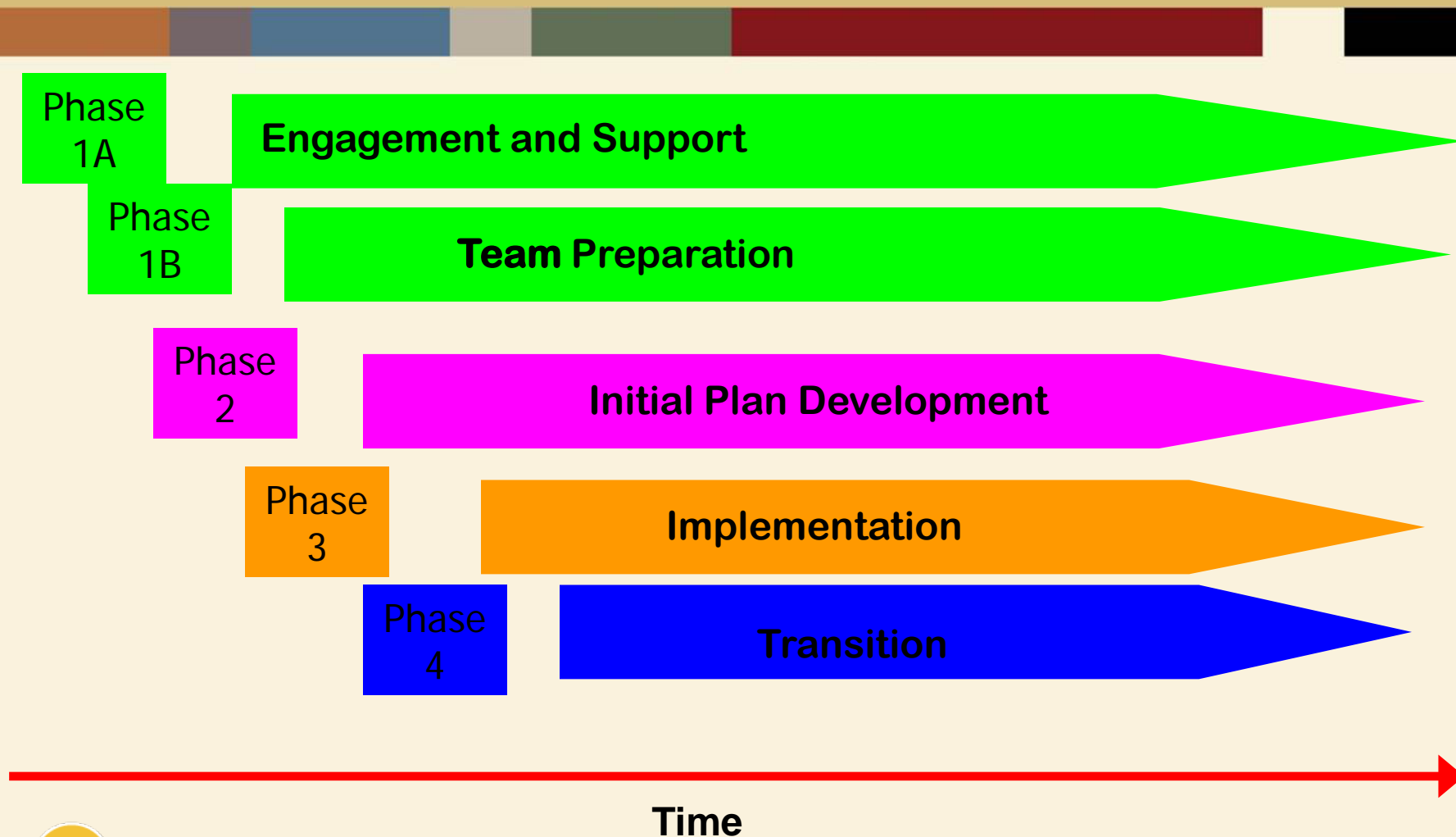
Traditional services rely on professionals and result in multiple plans



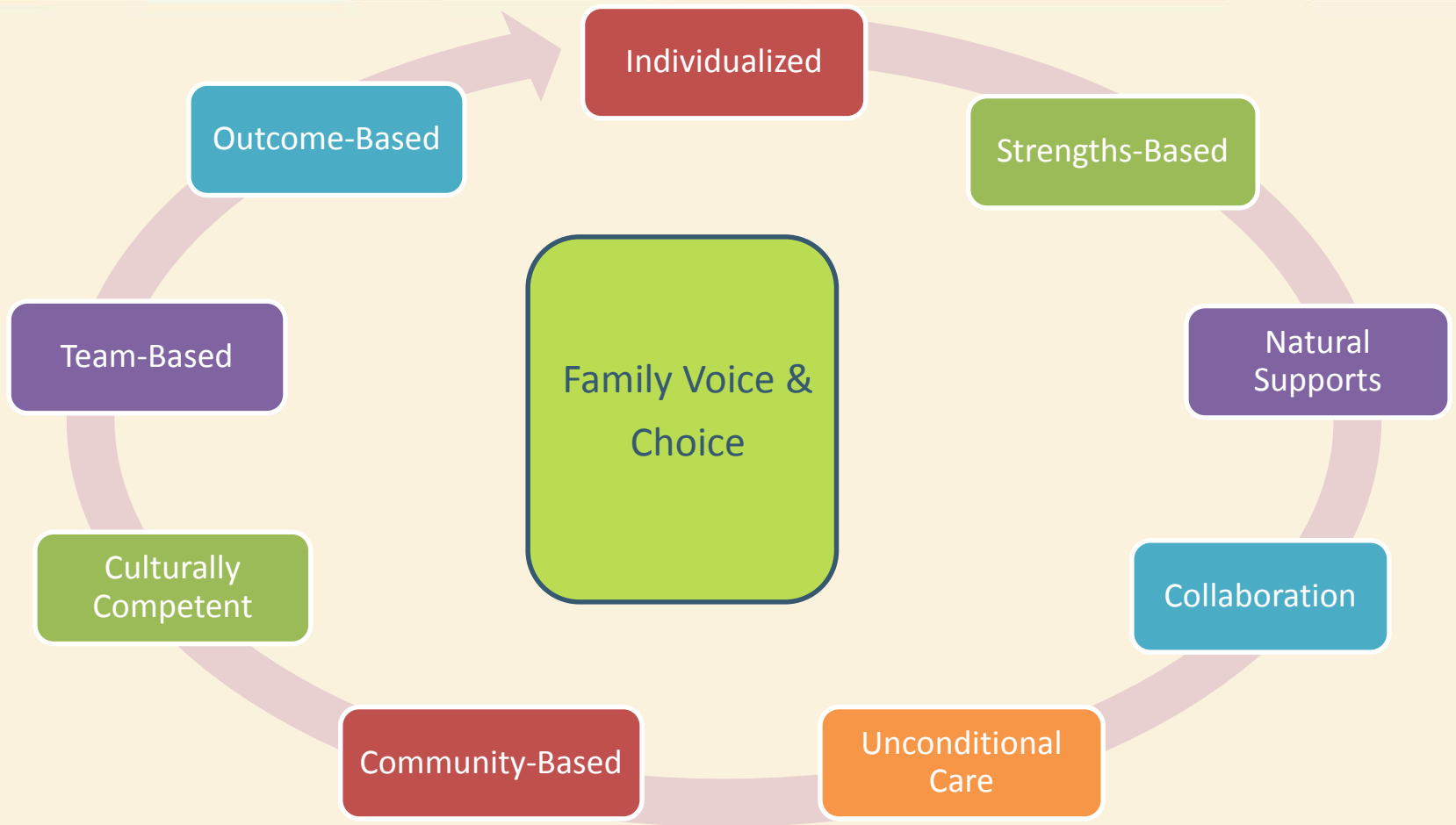
In Wraparound integrated care models, a facilitator coordinates the work so there is one effective plan



The Four Phases of Wraparound



Principles of Wraparound



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Wraparound Research Base

13 Published Controlled Studies of Wraparound

Study	System	Control Group Design	Comparison Tx	N
1. Hyde et al. (1996)*	Mental health	Non-equivalent	Traditional Resid./comm. services	69
2. Clark et al. (1998)*	Child welfare	Randomized	Child welfare services as usual	132
3. Evans et al. (1998)*	Mental health	Randomized	Traditional CW/MH services	42
4. Bickman et al. (2003)*	Mental health	Non-equivalent	Mental health services as usual	111
5. Carney et al. (2003)*	Juvenile justice	Randomized	Conventional JJ services	141
6. Pullman et al. (2006)*	Juvenile justice	Historical	Traditional mental health services	204
7. Rast et al. (2007)*	Child welfare	Matched	Traditional CW/MH services	67
8. Stambaugh et al (2007)	Mental health	Non-equivalent	Multisystemic Therapy (MST)	320
9. Rauso et al. (2009)	Child welfare	Matched	Residential services	210
10. Mears et al. (2009)	MH/Child welfare	Matched	Traditional child welfare services	121
11. Grimes et al. (2011)	Mental health	Matched	Usual care	211
12. Bruns et al. (2014)	Child welfare	Randomized	Intensive Case Management	93
13. Jeong et al. (2014)	Juvenile justice	Non-equivalent	Other court-ordered programs	228

Outcomes of wraparound

(13 controlled, published studies to date)

- Better functioning and mental health outcomes
- Reduced recidivism and better juvenile justice outcomes
- Improved school success
- Child welfare case closures and permanency
- Lower costs and fewer residential/inpt. stays
 - Wraparound Milwaukee
 - MHSPY in Massachusetts
 - CMS PRTF Waiver evaluation
 - L.A. County
 - NJ, Maine, more...



However.... outcomes depend on implementation

At a **practice level**, Wraparound teams often fail to:

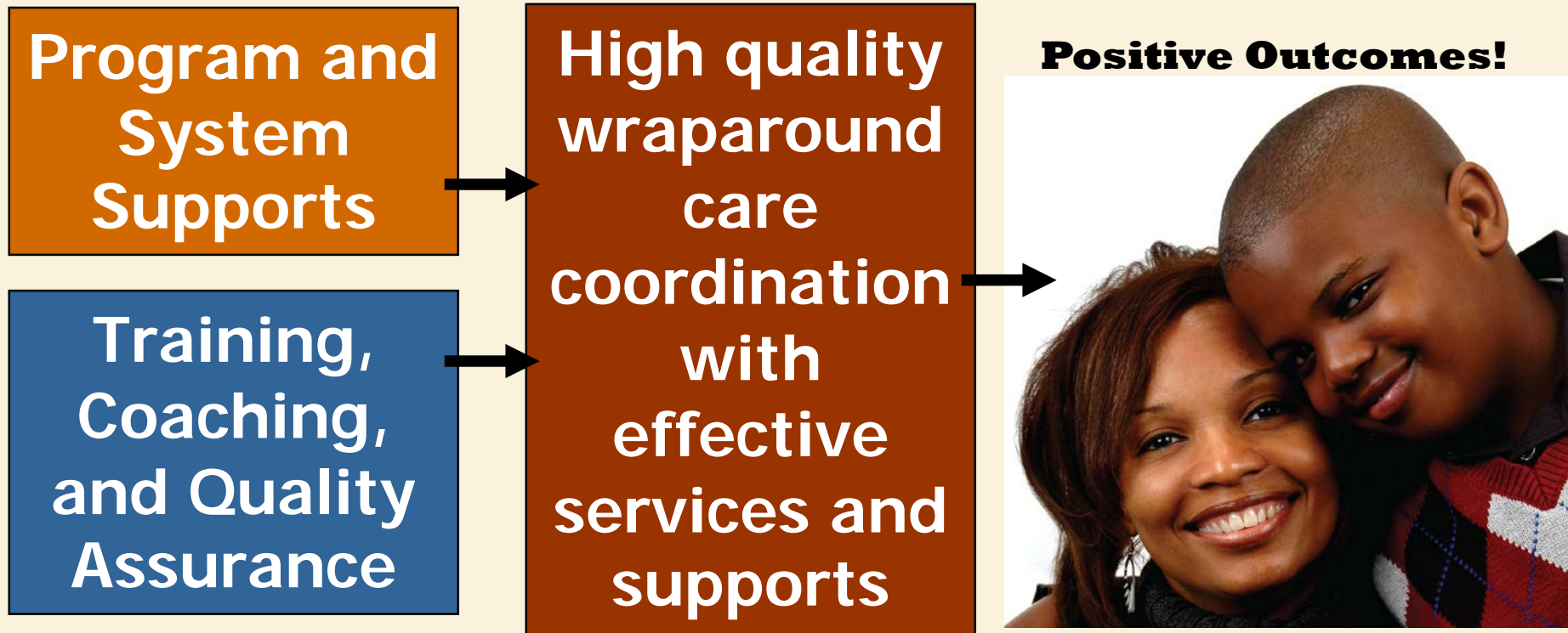
- Engage key individuals in the Wraparound team
- Connect youth in community activities and things they do well; activities to help develop friendships
- Use family/community strengths
- Incorporate natural supports, such as extended family members and community members
- Use evidence-based clinical strategies to meet needs
- Continuously assess progress, satisfaction, and outcomes

However.... outcomes depend on implementation

At a **system and program level**, Wraparound initiatives often fail to:

- Build broad, diverse community coalitions to support and oversee the program and its implementation
- Invest in ongoing skill development for workers in key wraparound roles
- Invest in and organize a comprehensive array of community-based services and supports
- Ensure services are based on research for “what works”
- Provide effective data-informed supervision
- Build and use data systems that can provide needed information and continual quality improvement

What Leads To Positive Outcomes?



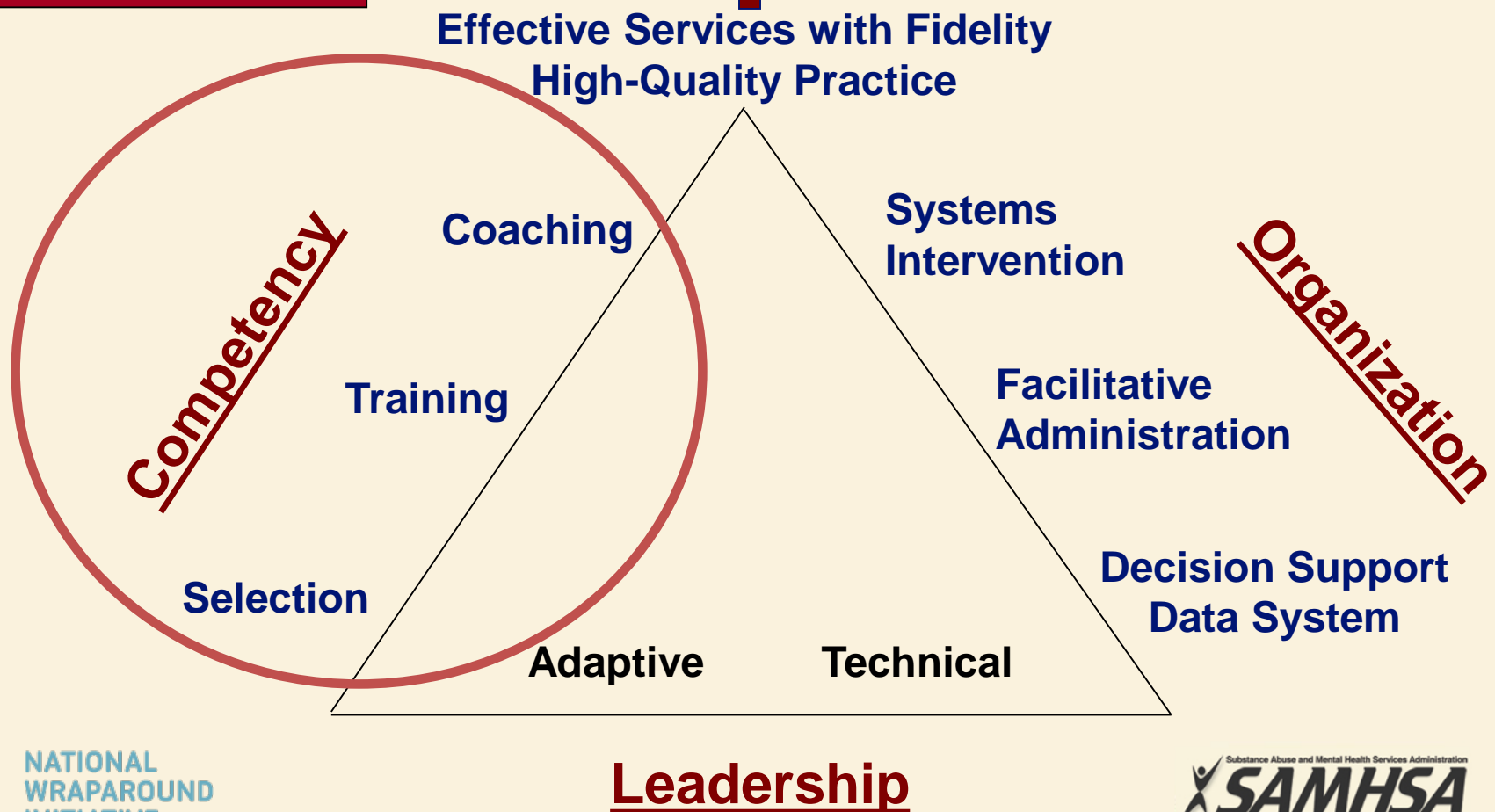
Supporting high-quality wraparound: What are states and programs doing?

1. Investing in comprehensive **workforce development**
 - Staff selection, training, coaching, supervision, monitoring
2. Providing care via **care management entities (CMEs)** as true loci of accountability
3. Thoughtfully implementing **evidence-informed clinical care** that work in wraparound-based systems of care
4. Investing in **CQI and data systems** that provide real-time decision support at multiple levels
 - Wrap Team, Supervisor, Manager, System Chiefs
5. Investing in **parents and youth**
 - Family and youth led organizations
 - Peer-to-peer support

Positive Child and Family Outcomes



Implementation Drivers



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© Fixsen & Blase, 2008

Leadership





Innovations in Wraparound, number 1

COMPREHENSIVE, EFFECTIVE WORKFORCE DEVELOPMENT

Training, Coaching and Supervision for Wraparound Facilitators:

Guidelines from the National
Wraparound Initiative



Training from orientation to competence

This document addresses three phases in the professional development of wraparound facilitators. The first section describes the initial training and orientation that facilitators need to receive before they start to work with families. The second section describes the "apprentice" period, during which they work in tandem with an experienced facilitator—their "coach"—as they gradually develop the ability to work independently with families. The third section describes the ongoing coaching and supervision process that should be provided to ensure that facilitators are continually developing their skills and increasing their expertise. (See diagram on next page.)

In each of the phases, the learning experience is characterized by a "tell, show, practice, feedback" process. First, facilitator trainees are given clear information not just about what good practice looks like, but also how and why good practice promotes wraparound outcomes. Trainees also have the opportunity to see good practice performed, either live or via video, in real or simulated situations. Finally, trainees have the opportunity to practice, and are given reliable feedback about their practice. As trainees become more proficient, the focus of training and coaching shifts gradually from *imitation* of skillful performance to *production* of skillful performance. This shift comes about as trainees gain a deepening understanding not just of *how* to optimize their performance in response to specific situations, but also of *why* these optimizations should help contribute to desired wraparound outcomes.

The organization employing the wraparound facilitators should maintain systematic and consistent documentation that provides information about how the trainee is progressing. This documentation includes information about the various elements of training that a trainee has received, as well as information about the evolving quality of the trainee's practice. This should include information based on observation of the trainee, as well as information based on review of the documents (e.g., wraparound plan, strengths/needs assessment) that the trainee creates in the course of working with families. The type of information being gathered may vary depending on the phase of training. Trainees and coaches should have access to this documentation and trainees should know about the criteria against which their performance is being evaluated.

At all times, training and coaching are to be provided in a way that models and reinforces the wraparound principles. This means, for example, that genuine, strengths-based respect for families and youth is demonstrated at all times, regardless of whether they are present or not. The wraparound principles also govern interactions between trainers and trainees, and among trainees. Training and coaching thus reflect and reinforce wraparound's stress on collaboration and individualization, and wraparound's respect for the variety of backgrounds and assets that different people bring to the work.

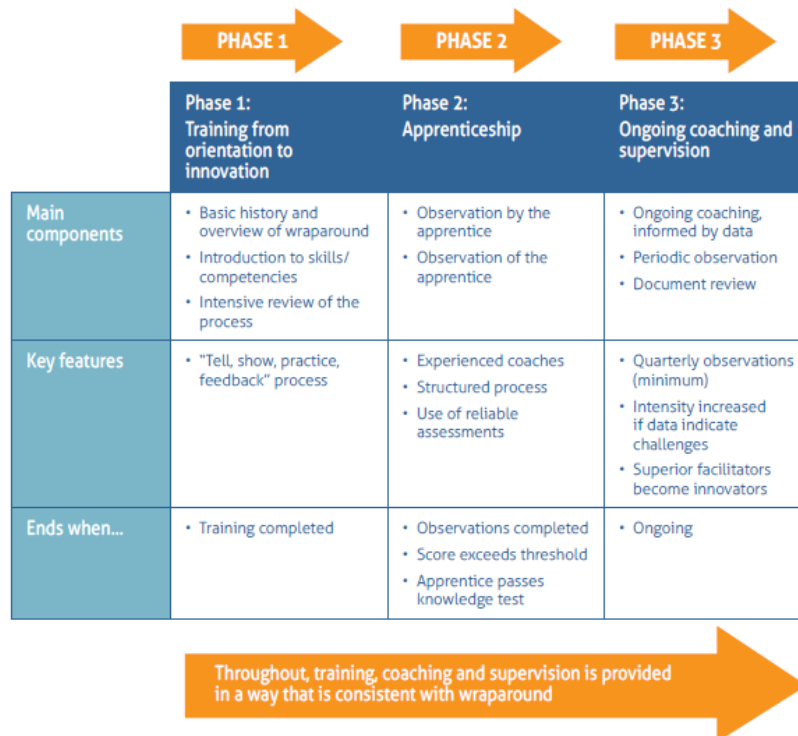
The descriptions are intended to represent the minimum that is expected, and to provide standards that not only promote high-quality, model-adherent wraparound, but also are

replicable. These standards can be—and indeed, are—currently achieved in real-world wraparound settings.

This document focuses only on training specific to wraparound facilitation. New employees in wraparound typically need additional training as well, in topics such as systems partners and mandates, program eligibility; intake procedures, assessment, documentation and

authorization, mandatory reporting, and so on. Additionally, facilitators who work in wraparound typically have the opportunity to participate in ongoing advanced trainings on a diverse set of topics from resolving conflict to trauma-informed approaches to developing natural supports and community resources. However, the focus here is only on the core of wraparound-specific and facilitation-specific training.

Figure 1. Training from orientation to innovation



Training and workforce support, from orientation to innovation

	PHASE 1	PHASE 2	PHASE 3
	Phase 1: Orientation	Phase 2: Apprenticeship	Phase 3: Ongoing coaching and supervision
Main components	<ul style="list-style-type: none"> • Basic history and overview of wraparound • Introduction to skills/competencies • Intensive review of the process 	<ul style="list-style-type: none"> • Observation by the apprentice • Observation of the apprentice 	<ul style="list-style-type: none"> • Ongoing coaching, informed by data • Periodic observation • Document review
Key features	<ul style="list-style-type: none"> • "Tell, show, practice, feedback" process 	<ul style="list-style-type: none"> • Experienced coaches • Structured process • Use of reliable assessments 	<ul style="list-style-type: none"> • Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	<ul style="list-style-type: none"> • Training completed 	<ul style="list-style-type: none"> • Observations completed • Score exceeds threshold • Apprentice passes knowledge test 	<ul style="list-style-type: none"> • Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Round 1 - Video A (scored by Kim Estep)



Strengths +

- ☐ 0
- ☐ 1
- ☐ 2

Strengths -

- ☒ 0
- ☐ 1
- ☐ 2

Family/Youth Driven +

- ☒ 0
- ☐ 1
- ☐ 2

Family/Youth Driven -

- ☒ 0
- ☐ 1
- ☐ 2

Teamwork Process +

- ☐ 0
- ☒ 1
- ☐ 2

He lead with ground rules to set the stage for teamwork - Estep, Kim

Save & Continue to Next Segment

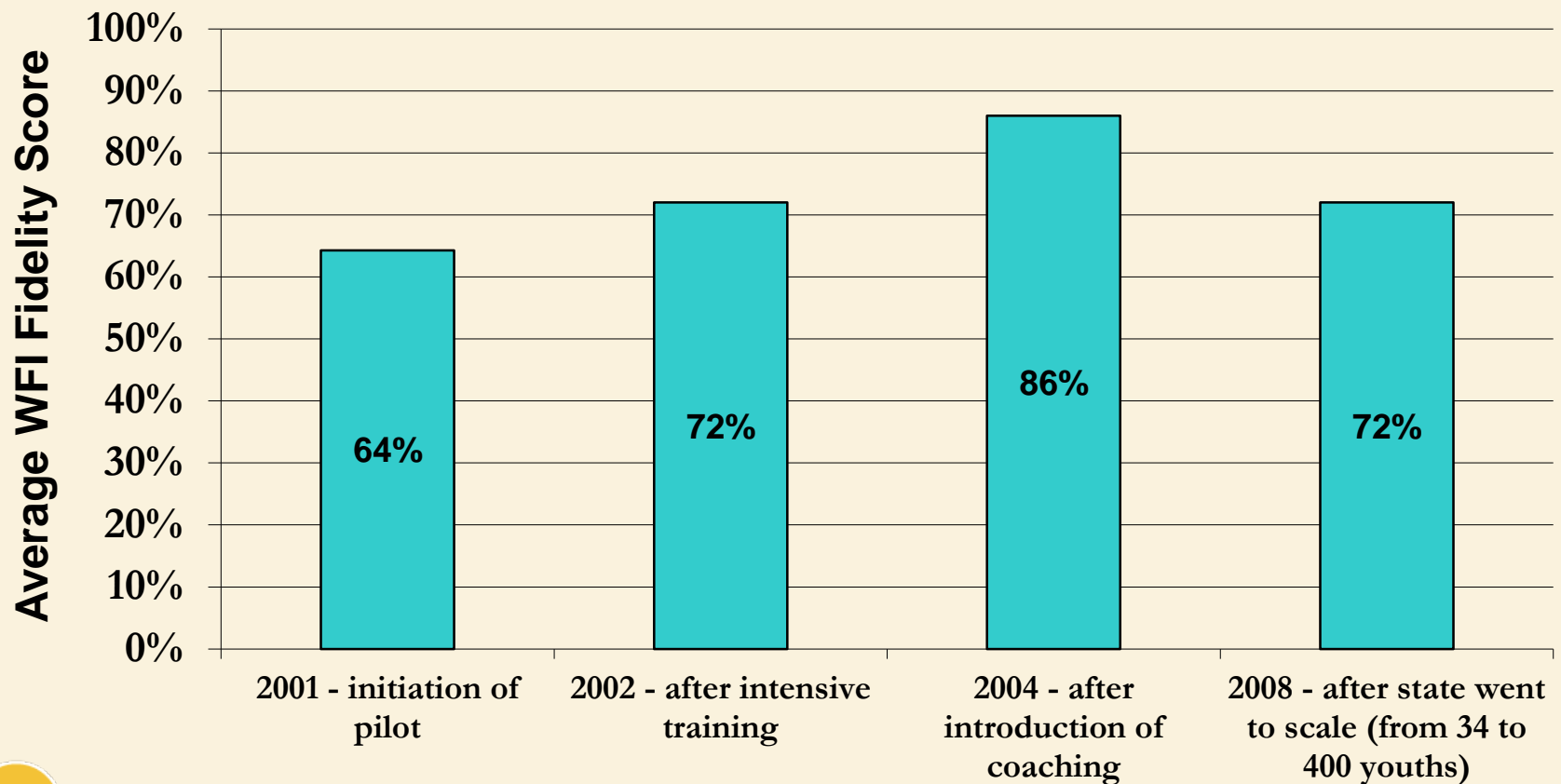
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[Toggle Choice Labels](#) [Compare](#)

Learn more at vcponline.com

Caregiver WFI Fidelity over time

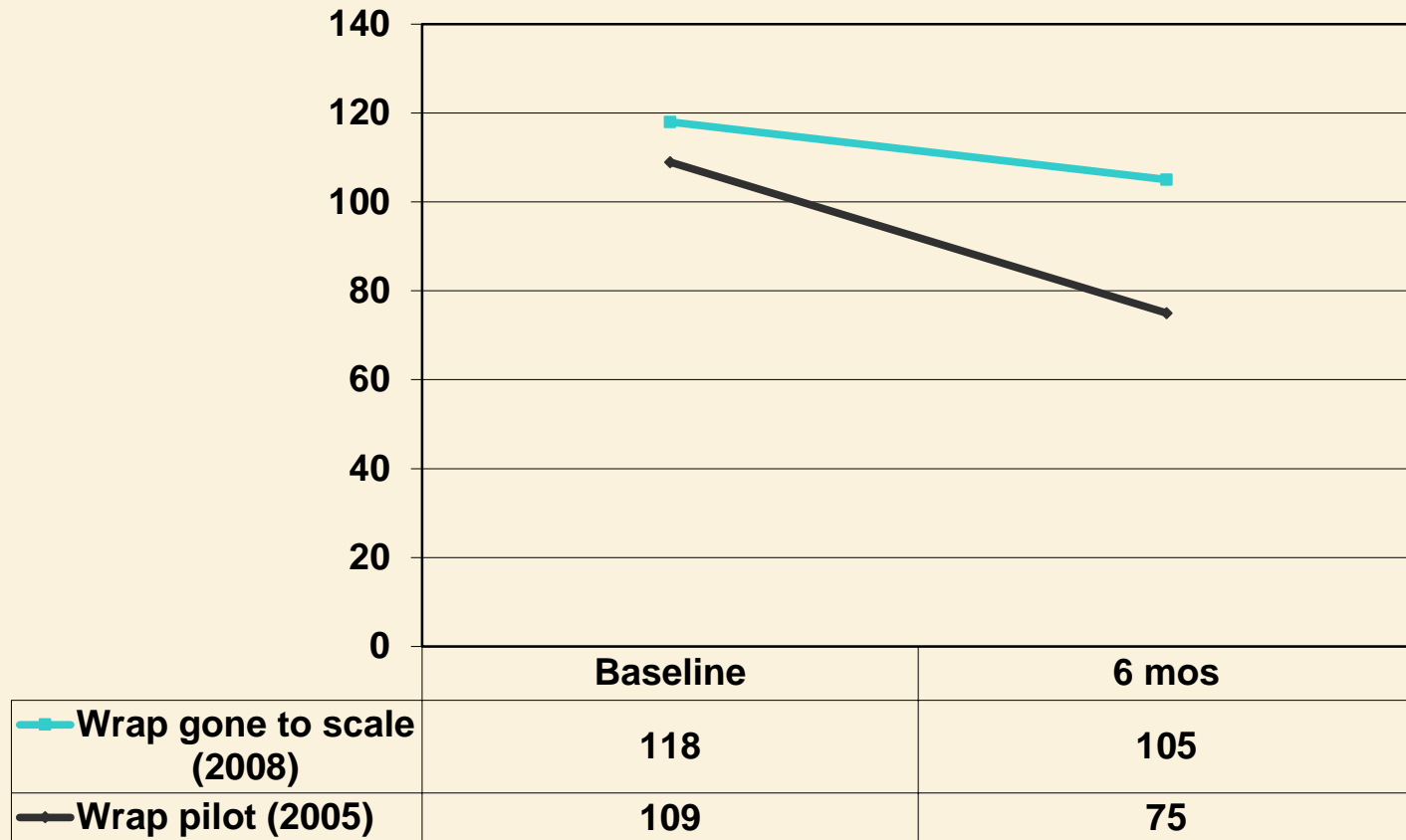


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What happened to the outcomes?

Average functional impairment score from the CAFAS



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Bruns, Pullmann, Sather, Brinson, &
Ramey, 2014



Wraparound is a complex intervention that is focused on improving the well-being of children and youth with the highest levels of mental health and related needs, and their families. Wraparound engages the young people and their family members—together with friends, extended family, other supporters and service providers—in a collaborative planning process aimed at improving outcomes. In order to be successful in this complex work, Wraparound practitioners need to acquire a variety of skills and competencies, including those for working in a strengths-based and empowerment-oriented manner with the young people and their families; building collaborative relationships between and among family members and their service and support providers; and guiding their collaborative efforts to create, monitor and carry out a Wraparound team plan.

A well-functioning Wraparound program draws on specially trained staff in a variety of roles. Key staff roles for Wraparound include practitioners—Wraparound facilitators/care coordinators, and family and youth peer partners—as well as staff who provide training, coaching and supervision for Wraparound practitioners. A successful workforce development approach includes strategies to ensure that the Wraparound program has sustainable capacity to:

1. Provide initial training to practitioners so that they are oriented to Wraparound theory, principles and practice, introduced to the skills and competencies required for high quality practice, and given the opportunity to observe and practice the skills.
2. Provide ongoing coaching, training and supervision to ensure that practitioners are progressing toward or maintaining a high level of competence in their roles and that they are providing high-fidelity Wraparound. Assessment of practitioners' competence should be based on reliable feedback from validated measures.
3. Provide specialized training and ongoing support and assessment to ensure that supervisors and coaches/trainers are also progressing toward or maintaining a high level of competence in their roles.

A robust workforce development strategy also includes specialized training for other people whose roles intersect with or support Wraparound, for example, administrators in Wraparound programs, administrators in collaborating child- and family-serving systems, clinicians who work with Wraparound teams, and people who provide mentoring, behavior support or skills training to youth in Wraparound.

Core Resources Related to Workforce Development

The National Wraparound Initiative (NWI) and the National Wraparound Implementation Center (NWIC), as well as the partners in the Technical Assistance Network for Children's Behavioral Health, have produced a number of resources that provide information and guidance around workforce development for Wraparound. The "core" resources are primarily overviews, key considerations, and information about planning for workforce development.

- [Phases and Activities of the Wraparound Process](#) and [Ten Principles of Wraparound](#)—The NWI's consensus documents on the elements that are required for high-fidelity Wraparound
- [The NWI's overview of human resources development and support](#)
- [The Wraparound Implementation Guide](#), particularly [Theme 5: Human Resources Development and Support](#)
- The consensus document created by the NWI and its advisors: [Training, Coaching and Supervision for Wraparound Facilitators: Guidelines from the National Wraparound Initiative](#)
- Information from the NWI on [assessing Wraparound practice fidelity](#)
- [Supporting Workforce Development: Lessons Learned from Wraparound Milwaukee](#)—from the [NWI Resource Guide for Wraparound](#)
- [National Wraparound Local Coaching Candidate Certification Guide](#), NWIC
- [Staff Training and Coaching Process Flowchart](#), NWIC
 - o Additional information on [NWIC's approach to workforce development](#).

Webinars

- Webinars from NWI/NWIC are available in the [NWI's archive](#) (to locate these webinar recordings and other resources, access the [archive](#) and scroll down to find the webinar by date – more recent webinars will appear at the top of the list):
 - o Staff Recruitment and Retention or Replacement – 05/19/2015
 - [Slides](#)
 - o New Directions in Wraparound Accountability and Quality Assurance – 11/18/2014
 - [Slides](#)
 - o Guidelines for Training, Coaching, and Supervision of Wraparound Facilitators – 02/11/2014
 - [Slides](#)
 - o Improving Practice through Directive Supervision – 04/13/2011
 - [Slides](#)

Other Resources

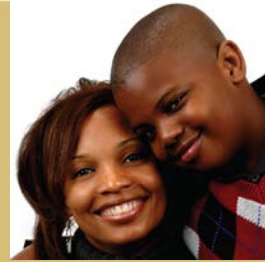
- Other, more focused resources related to specific roles for Wraparound can be found in the [Implementation Guide To Wraparound in Chapter 4](#) and [Chapter 5](#) (scroll down to part C)
- [A brief overview of the National Wraparound Implementation Center \(NWIC\)](#)
- Numerous additional resources can be accessed through the National Wraparound Initiative (NWI) [Publications and Tools Search](#)
 - o Search using the expanding menus under "Human Resources Development", or
 - o Use the box to enter search terms. Be sure to press the "clear" button between searches.



Innovations in Wraparound, number 2

SYSTEM REFORM VIA USE OF CARE MANAGEMENT ENTITIES (CME)

Positive Child and Family Outcomes



Implementation Drivers



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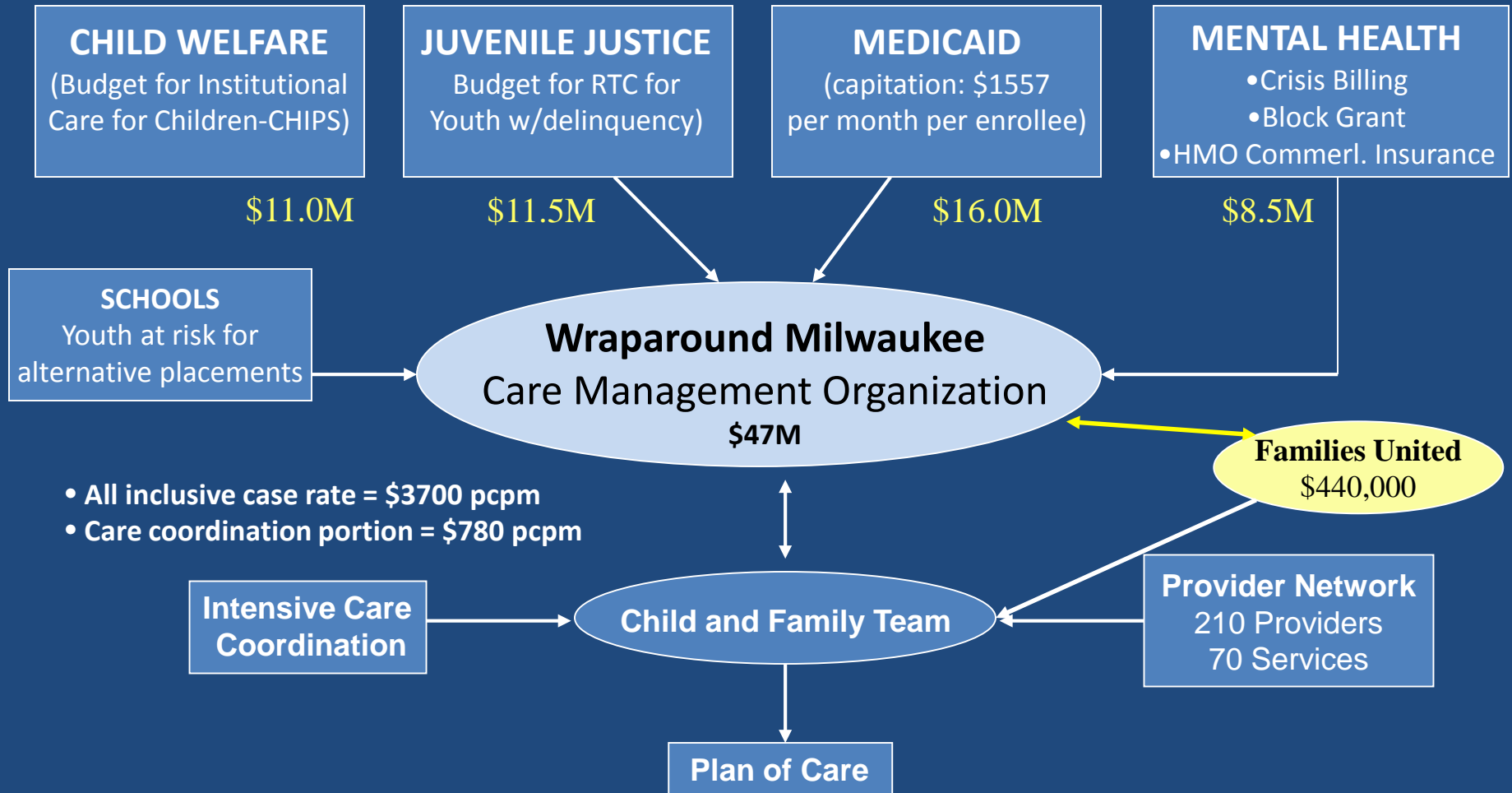
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Care Management Entities + High Quality Wraparound Teams

- Combine resources from public systems responsible for serving youth with complex needs into a single entity that serves as a more effective “locus of accountability” and coordination
- Redirect dollars from high cost/poor outcome services (e.g., residential, detention, group homes)
- Promote diversification/“re-engineering” of residential treatment centers
- Invest savings per youth served in home and community-based service capacity

Care Management Entity Example: Wraparound Milwaukee



Care Management Entity Functions

At the Service Level:

- Child and family team facilitation using high quality Wraparound practice model
- Screening, assessment, clinical oversight
- Intensive care coordination
- Care monitoring and review
- Peer support partners
- Access to mobile crisis supports

Care Management Entity Functions

At the Administrative Level:

- Information management – real time data; web-based IT
- Provider network recruitment and management (including natural supports)
- Utilization management
- Continuous quality improvement; outcomes monitoring
- Training, coaching and workforce development

Care Management Entities: A Primer

Funder: Centers for Medicare & Medicaid Services

Author: Center for Health Care Strategies

May 12, 2010 | Webinar



The Center for Health Care Strategies (CHCS) is the primary technical assistance provider and coordinating entity for the three states — Maryland, Georgia, and Wyoming — awarded a CHIPRA Quality Demonstration grant by the Centers for Medicare and Medicaid Services (CMS) in February 2010. The states will implement or expand the use of a Care Management Entity (CME) model to coordinate the services and supports needed by children and youth with serious behavioral health challenges involved in multiple systems and their families. The CME serves as the locus of accountability for these youth and families and is responsible for managing their care and outcomes across systems.

This webinar — first in the series — described the core functions and expected outcomes of the CME model, as well as:

- Discussed populations for which the model is being used;
- Provided examples of implementation variations across the country; and
- Briefly introduced the CHCS quality framework that will guide implementation of the states' CME objectives within the CHIPRA-funded project.

Related Resources

[Fact Sheet](#)

Care Management Entities: A Primer MARCH 2011

[Webinar](#)

CHIPRA Quality Demonstration Webinars MAY 2010

[DOWNLOAD PRESENTATION »](#)

Watch this Event

You may be prompted to install Webex software.

RELATED TOPICS

- [Care Management Entities](#)
- [Children](#)

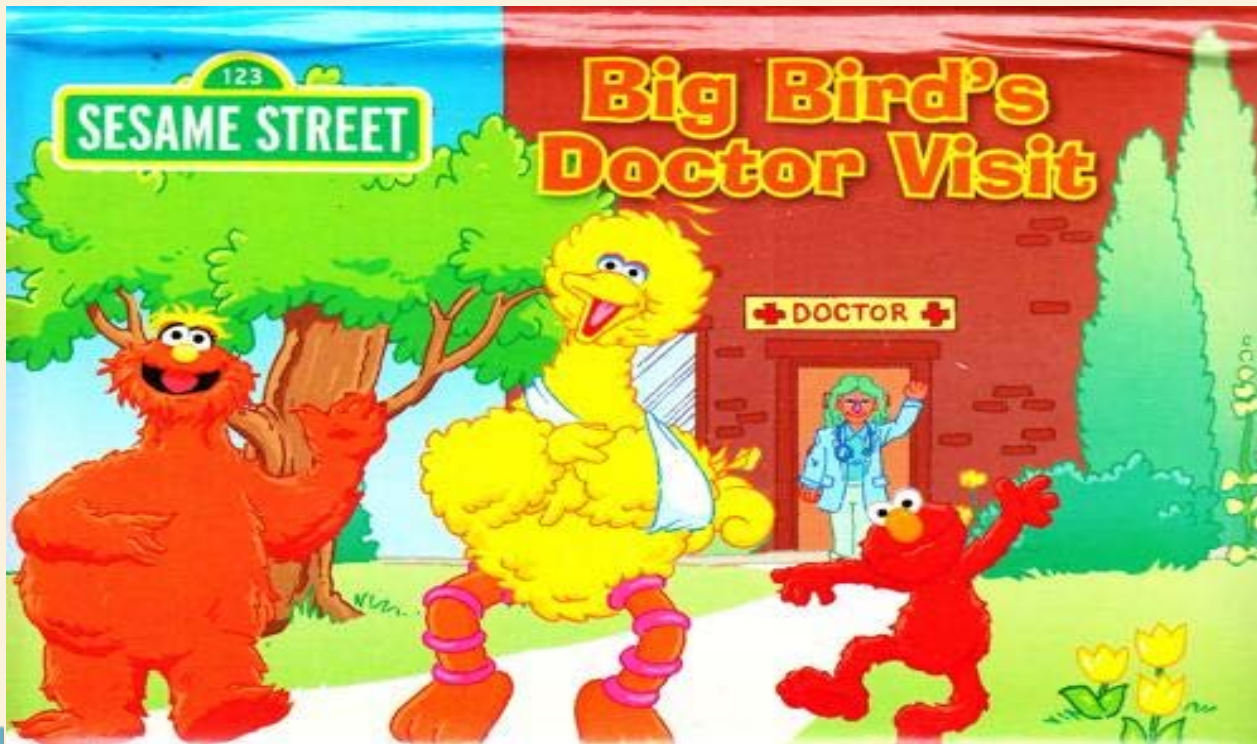


Innovations in Wraparound, number 3

THOUGHTFUL INVESTMENT IN EVIDENCE-BASED CLINICAL CARE

Evidence-Based Clinical Practices

Youth & families should expect evidence informed behavioral health services... just as they expect proven practices when visiting their doctor



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System-level options for applying EBPs to wraparound populations

- System leaders and community team analyze local EBP availability, and invest strategically to fill gaps
- Invest in intensive, community-based EBPs that can meet youth and family needs
 - MST
 - FFT
 - Triple-P
 - Specific office-based models, e.g., TFCBT, AF-CBT
- System leaders and community team regularly review data on needs and outcomes of youth and families to direct investment in the service array

Provider options for applying EBPs to wraparound populations

- Train clinicians in the SOC on relevant manualized EBPs
- Train clinicians on modularized EBP approaches
 - To flexibly meet the needs of youth and families engaged in team-based wraparound care coordination
- Train and supervise care coordinators to understand how to build plans of care that include EBPs
 - While also adhering to wraparound model and a strength and need orientation
- Train and supervise family and youth support partners to understand how to be effective care extenders for EBP elements that are in plans of care

Upcoming Resources from the TA Network

- Clinical Distance Learning Series (CDLS)
 - Infographics and TA Tools
 - Upcoming webinar on Evidence-Informed Practice in SOC
- Additional resources
 - Examples of multi-agency systems of care sites
 - Examples of evidence-based practices and research-informed programs
 - Outcomes achieved and impacts from implementation of evidence-based practices in states
 - EBPs in systems of care misconceptions and facts
 - Frameworks and funding for effective services
 - Summary of where to find listings of evidence-based practices by age and condition

Sample Resource: EBP Inventories [from *Evidence-Informed Practice in Systems of Care*]

Resource & Website	Advantages	Disadvantages
SAMHSA's National Registry of Evidence-based programs and practices www.nrepp.samhsa.gov/	Comprehensive list of interventions; Many research references; Standardized ratings across multiple programs	Included programs do not always meet EBP or RBP criteria
Blueprints for Healthy Youth Development www.blueprintsprograms.com/	More highly rigorous inclusion criteria; Includes some information on cost-benefit	Limited number of programs with smaller number of focus areas
Washington State Institute for Public Policy http://wsipp.wa.gov	Clear definitional criteria; Interventions listed along public system domains (e.g. child welfare, juvenile justice, mental health)	Website is difficult to navigate; No information about implementation or readiness for dissemination
California Evidence-Based Clearinghouse for Child Welfare www.cebc4cw.org/	Available information on a variety of topics related to EBP; Clear inclusion criteria; Provides scientific ratings to enable comparisons across programs; Contains ample information to facilitate early implementation planning	Programs evaluated through a child welfare lens

Other EBP Resources on NWI website

- Access to Supports and Services, in the Wraparound Implementation Guide
- Cultural and Linguistic Competence HUB
Resource: Cultural Adaptation [TA Network, 2015]
- **Webinars**
 - Implementing Evidence Based Practice within Wraparound and Systems of Care [NWI, January 2015]
 - Coordinating Evidence Based Practices with Wraparound Using the Managing and Adapting Practice (MAP) System [NWI, May 2013]



Innovations in Wraparound, number 4

ACCOUNTABILITY AND DATA SYSTEMS

Accountability in Wraparound

From Implementation Guide to Wraparound

- Establish clear outcomes and indicators early in implementation
- Define process elements
- Gather satisfaction, progress, and perceptions data directly from youth & families
- Monitor services and costs

— Miles, Brown, and NWI Advisory Group, 2011

Measurement and data options

- Take advantage of administrative data
 - Residential, service, costs, school/justice outcomes
- Use reliable, valid, wrap-aligned measures
 - Outcomes, quality, satisfaction, fidelity
- Consider individualized (but validated) outcomes measures
 - E.g., Top Problems Checklist
- Use data at multiple levels
- Consider wraparound-specific electronic health record systems

Wraparound Fidelity Assessment System

www.wrapinfo.org

- Wraparound Fidelity Index, v. 4

WFI-4



- Wraparound Fidelity Index, short form

WFI-EZ



- Team Observation Measure

TOM



- Community Supports for Wraparound Inventory

CSWI



- Document Review Measure

DRM



Wraparound Structured Assessment and Review (WrapSTAR)

- A systematic process for collecting and synthesizing a wide variety of information to create a comprehensive snapshot of how Wraparound is working within a community or agency
- Provides an external, objective assessment above and beyond routine quality assurance
- Goal is to inform quality improvement and sustainability efforts

WrapSTAR evaluates organizational functioning in four domains

- Fidelity
- Outcomes
- Implementation
- System Support

Electronic Health Records that align with the Wraparound Practice Model

- FidelityEHR (formerly TMS-WrapLogic) is a comprehensive, web-based behavioral health information system
 - Serves as an Electronic Behavioral Health Record, and Measurement Feedback System
 - Designed to assist the Wraparound Process and other types of integrated, team-based service approaches



NWI Resources on Accountability and Data Systems

- Tools of the Wraparound Fidelity Assessment System:
 - www.wrapinfo.org
- Accountability Across Systems, in the *Implementation Guide to Wraparound*
- Webinars
 - Accountability and Quality Assurance in Wraparound
 - New Directions in Wraparound Accountability and CQI
- “TA Tidbits” on evaluation and measure selection



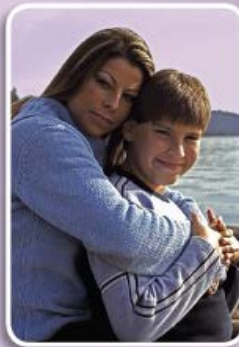
Innovations in Wraparound, number 5

FAMILY AND YOUTH PEER SUPPORT AND ENGAGEMENT

Peer support and Wraparound

- Family peer support appears to promote engagement in Wraparound
 - Evidence is relatively weak
 - No evidence for improved outcomes in Wrap
- No studies addressing this with youth/young adults
- Knowledge about peer support generally lags
- Researchers note that roles are not well defined

The Application of the Ten Principles of the Wraparound Process to the Role of Family Partners on Wraparound Teams



National Wraparound Initiative

how family partners contribute to the phases and activities of the wraparound process



national
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initiative

Training and workforce support, from orientation to innovation

	PHASE 1	PHASE 2	PHASE 3
	Phase 1: Orientation	Phase 2: Apprenticeship	Phase 3: Ongoing coaching and supervision
Main components	<ul style="list-style-type: none"> • Basic history and overview of wraparound • Introduction to skills/competencies • Intensive review of the process 	<ul style="list-style-type: none"> • Observation by the apprentice • Observation of the apprentice 	<ul style="list-style-type: none"> • Ongoing coaching, informed by data • Periodic observation • Document review
Key features	<ul style="list-style-type: none"> • "Tell, show, practice, feedback" process 	<ul style="list-style-type: none"> • Experienced coaches • Structured process • Use of reliable assessments 	<ul style="list-style-type: none"> • Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	<ul style="list-style-type: none"> • Training completed 	<ul style="list-style-type: none"> • Observations completed • Score exceeds threshold • Apprentice passes knowledge test 	<ul style="list-style-type: none"> • Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound

“During Meetings I Can’t Stand It When....”

A Guide for Facilitators and Team Members

The Achieve My Plan (AMP!) youth advisory group compiled a list of things that commonly happen in team-based planning meetings* that can be frustrating for young people. Here are some suggestions and strategies that meeting facilitators and team members can use to address these issues and promote meaningful youth participation in planning meetings.

**Note: A team based-planning meeting can be any meeting where a team of professionals and family members meet with a youth to make plans for their future. This can include Wraparound team meetings, Individualized Education Plan meetings, etc.*

When a youth says...

No one asks me what I think about things and decisions about my life are made without my input.

Try This: Meet with the young person prior to the team meeting to review the agenda. This provides an opportunity for the youth to prepare for the discussion and practice giving and receiving feedback.



When a youth says...

We don’t talk about the things I want to talk about. The plan is supposed to be about me, but none of it is really about the things I think are most important.

Try This: Adjust the team meeting agenda to incorporate at least two topics the young person wants to discuss with the team. This provides an opportunity to create space for youth voice and increases a young person’s engagement in their team meetings.



When a youth says...

People talk about me like I am not there or they focus on my problems and what I did wrong.

Try This: Develop ground rules that allow members to raise concerns in a manner that fosters an open dialogue with the person they are speaking to. Some examples are: Speak directly to the person you are speaking to or about; Focus on strengths and solutions; Assign a person to remind the team about the ground rules and interrupt behavior when the rules are not being followed. These strategies will foster opportunities for youth to engage in the discussion, share their thoughts, and ask questions without feeling judged.



AMP Randomized Study

	Youth	Family	Professional	Video
Youth participates more and more productively	Not assessed	Not assessed	Not assessed	**
Youth takes initiative in planning	**	*	**	**
Youth and team collaborate	**	*	*	**
Meeting overall	**	*		Not assessed
Team is productive	*	*		Not assessed

AMP: Satisfaction Data

First meeting post-AMP, team members other than the young person



- Much better than usual
- Better than usual
- Worse than usual
- Much worse than usual



Research-Based Innovations in Wraparound: Resource Sheet 5

Peer Support and Other Strategies for Engaging and Supporting Families and Youth in Wraparound

There is no question that families who participate in Wraparound typically feel more engaged and more satisfied when they also receive peer support from a family partner. Emerging research suggests that this is also true for youth and young adults in Wraparound. Peer work in wraparound is challenging work, as it requires the peer support provider to use a variety of skills. Peer providers need to be able not only to work in a strengths-based and empowerment-oriented manner with family members and/or young people, but they also need to actively promote youth- and family-driven collaboration in all aspects of Wraparound teamwork. Peer providers thus need training, coaching and supervision of the same quality and intensity as that provided for other key providers in Wraparound. Details about what this entails can be found in the NWI's [consensus statement on training, coaching and supervision](#), and in the resources described in Resource Sheet 1. At the same time, the peer support role is qualitatively different from other provider roles, and requires training, supervision and organizational support that is role specific.

Of course, engaging families and youth in Wraparound should not be solely the responsibility of the peer support providers. (And regrettably, many Wraparound programs do not have family and youth/young adult peer support available to all—or even any—participants.) Engaging youth and young adults in a meaningful way in Wraparound has proven to be a particular challenge, even when peer support is available. Skillful Wraparound practice involves the intentional and ongoing use of tools and strategies to promote engagement.

Resources Related to Engagement and Peer Support for Families and Youth

The National Wraparound Initiative ([NWI](#)) and its members and member organizations, the Center for Health Care Strategies (CHCS), the Research and Training Center for Pathways to Positive Futures ([Pathways RTC](#)), and their partners in the Technical Assistance Network have produced a number of resources that provide information that focus on various aspects of implementation of family and youth peer support in Wraparound. These organizations have also developed information about strategies to increase youth engagement and participation in Wraparound.

Implementing Peer Support in Wraparound—Core Resources

Family Peer Support

- [Qualifications for Wraparound Family Partners: A Statement from the National Wraparound Initiative \(NWI 2013\)](#)
- [Application of the Ten Principles of the Wraparound Process to the Role of Family Support Partners on Wraparound Teams \(NWI 2007\)](#)
- [How Family Partners Contribute to the Phases and Activities of the Wraparound Process \(NWI 2010\)](#)
- [Strategies to Assist Parent Peer Support Implementation in the Wraparound Workforce \(NWI/TA Network, 2015\)](#)
- [A Dozen Mistakes in Using Family Partners in Wraparound \(NWI 2008\)](#)

Youth Peer Support

- [Implementing the Peer Support Specialist Role: Youth Peer Support in Wraparound \(Pathways RTC 2013\)](#)
- [Defining, Supporting and Sustaining the Youth Peer Support Specialist Role \(Pathways RTC 2013\)](#)
- [Youth Advocates: What They Do and Why Your Wraparound Program Should Hire One \(NWI 2008\)](#)

Webinars (to locate these webinar recordings and other resources, access the [archive](#) and scroll down to find the webinar by date – more recent webinars will appear at the top of the list):

- [Engaging and Involving Youth in Wraparound \(NWI 2011\)](#)
 - [Slides](#)
- [Family Partners in Wraparound: Who are they and what do they do? \(NWI 2010\)](#)
 - [Slides](#)

Summaries of Evidence—Peer Support

- [Youth and Young Adult Peer Support: What Research Tells Us About its Effectiveness in Mental Health Services \(Pathways RTC 2015\)](#)
- [Family and Youth Peer Support Literature Review \(CHCS 2013\)](#)

Financial Considerations—Peer Support

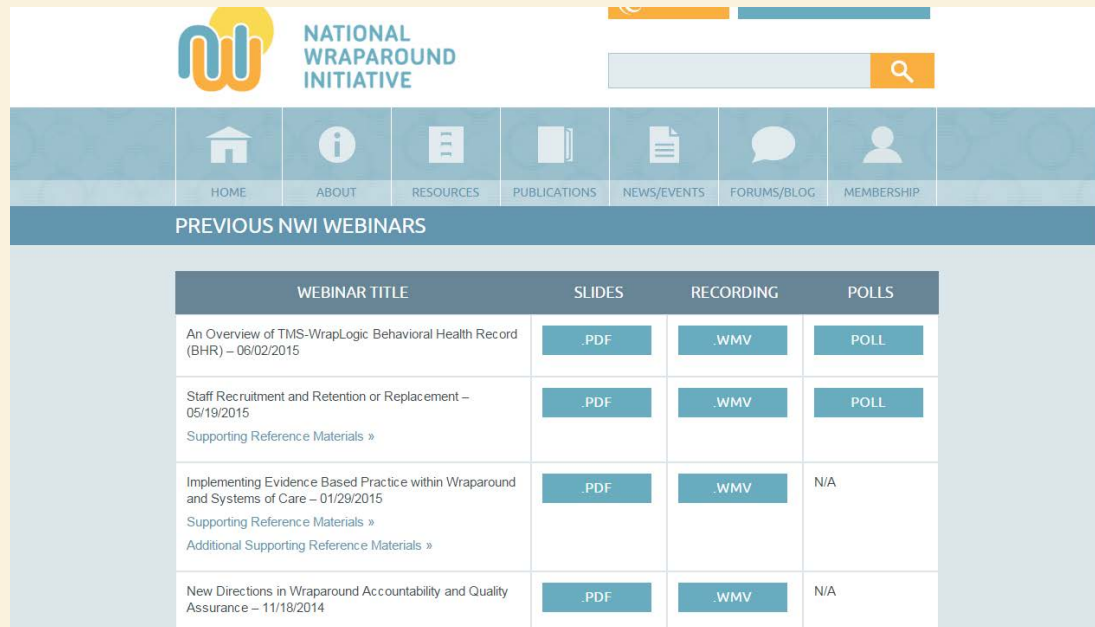
- [Becoming a Medicaid Provider of Family and Youth Peer Support: Considerations for Family Run Organizations \(CHCS, 2014\)](#)
- [Medicaid Financing for Family and Youth Peer Support: A Scan of State Programs \(CHCS 2012\)](#)

Supporting youth and young adult engagement in Wraparound

- [Youth Participation in Wraparound Team Planning: Why and How \(NWI 2008\)](#)
- [The Wraparound Process User's Guide: A Handbook for Families \(NWI 2009\) \(Guide in Spanish \(NWI 2010\)\)](#)
- [Tips for Team Meetings: A Guide for Youth \(Pathways RTC 2013\)](#)
- ["During Meetings I Can't Stand It When": A Guide for Facilitators and Team Members \(Pathways RTC 2013\)](#)
- [Best Practices for Increasing Meaningful Youth Participation in Collaborative Team Planning \(Pathways RTC 2007\)](#)
- Numerous additional resources can be accessed through the [NWI's resource library by searching for "engagement."](#)

Q & A / Thank you!

Today's slides and resources will be available from:



The screenshot shows the National Wraparound Initiative website. At the top is the logo and a search bar. Below is a navigation menu with icons for Home, About, Resources, Publications, News/Events, Forums/Blog, and Membership. The main content area is titled 'PREVIOUS NWI WEBINARS' and contains a table with four columns: Webinar Title, Slides, Recording, and Polls. The table lists four webinars with links to PDF slides and WMV recordings, and indicates whether a poll was available.

WEBINAR TITLE	SLIDES	RECORDING	POLLS
An Overview of TMS-WrapLogic Behavioral Health Record (BHR) – 06/02/2015	.PDF	.WMV	POLL
Staff Recruitment and Retention or Replacement – 05/19/2015 Supporting Reference Materials »	.PDF	.WMV	POLL
Implementing Evidence Based Practice within Wraparound and Systems of Care – 01/29/2015 Supporting Reference Materials » Additional Supporting Reference Materials »	.PDF	.WMV	N/A
New Directions in Wraparound Accountability and Quality Assurance – 11/18/2014	.PDF	.WMV	N/A

<http://nwi.pdx.edu/previous-nwi-webinars/>