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WRAPAROUND IMPLEMENTATION AND PRACTICE QUALITY STANDARDS

Wraparound Evaluation and Research Team

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INTRODUCTION

Within the highly complex research base on “what works” in behavioral health services for children, youth, and families, one finding is clear and consistent: Outcomes are highly dependent on program and system factors. How well services facilitate improvements in youth and family functioning, school success, the ability to live and thrive in the community, and the realization of hopes and dreams is highly dependent on how well the programs implementing these services function, and the degree to which the service system as a whole is set up for success.

The “organizational and system context” affects outcomes for youth and families through a variety of pathways. One primary mechanism is through its impact on implementation quality and fidelity. Implementation of a practice model or evidence-based practice is highly dependent on system and program factors, such as adequacy and appropriateness of funding; caseloads; attention to workforce development (such as hiring, training, and developing skills of staff); system policies; and other factors. If such factors are not in alignment—and the strategy or practice model cannot be implemented as intended—outcomes suffer greatly. The impact of system factors on Wraparound implementation has been found in several studies (Bruns, Suter, & Leverentz-Brady, 2008; Bruns, Suter, & Leverentz-Brady, 2006). Even more important, several studies (Browne, Puente-Duran, Shlonsky, Thabane, & Verticchio, 2016; Bruns, Pullmann, Sather, Brinson, & Ramey, 2014) have also shown how poorly supported and implemented Wraparound can yield outcomes that are no better than “services as usual” (see Bruns, 2015, for a full discussion of this research and topic).

Organizational and system context has also been shown to directly affect outcomes. As has been made clear in groundbreaking research by Charles Glisson and his colleagues (2002; 1998; 2005) in behavioral health (as well as many other research teams studying medical services, business, and industry), the climate and culture of child-serving systems and programs directly affects their effectiveness in actually helping youth and families. Leadership, staff morale, supervision quality, and other factors all seem to directly impact the outcomes experienced by clients. The reasons for this direct link to outcomes are not always clear, but likely have to do with how well workers who have difficult and complex jobs (such as Wraparound care coordinators or child welfare case workers) are able to cope with and problem solve in the face of stressful situations. As Glisson and Hemmelgarn (1998, p. 404) put it in their influential paper on this topic, “the levels of conflict, role clarity, job satisfaction, cooperation, and other variables that characterize the climate of work environments [are] powerful determinants of how these workers respond to unexpected problems, the tenacity with which difficult problems are solved, and the affective tone of their work-related interactions with children and families.”

In sum, we must use evidence-supported service models in our systems of care. Examples include evidence-based practices when we provide clinical care and the Wraparound process for providing care coordination with youth with complex needs. However, such models must be delivered with quality and fidelity if they are to produce positive effects. Quality and fidelity, in turn, depend on the degree to which organizational routines and structures support full and robust implementation, the degree to which systems are hospitable to the programs, and the degree to which service providers feel supported to problem solve and “dig in” under stressful working conditions.

THE CURRENT DOCUMENT

How can we best ensure hospitable systems and supportive organizational conditions for Wraparound? Because implementing Wraparound and systems of care is such a complicated endeavor, one mechanism is to provide guidance to child and family advocates and system leaders about what factors need to be attended to across all the levels described above.

Since its inception in 2004, the National Wraparound Initiative (NWI) has provided the field with resources and guidance that facilitate high quality and consistent Wraparound implementation that can also serve as the basis for evaluation and quality improvement. The current resource is the latest in this ever-evolving set of supports for the field of Wraparound and systems of care. It takes prior work by the NWI (described below) to a level of greater specificity, by providing a summary of research-, theory-, and practice-based standards to be attended to across

five implementation-related areas (staff, leadership, organization, accountability, and system) and two output-related areas (fidelity and outcomes).

This work aligns with and builds on prior products from the NWI, such as Walker, Koroloff, & Schutte's Necessary Support Conditions (2003), and the *Implementation Guide to Wraparound*, available on the NWI website (<http://nwi.pdx.edu/Wraparound-implementation-guide/>). However, given the continuing challenge of supporting Wraparound implementation, we have developed this document as a method of translating the guidance provided by prior resources into more concrete statements and measurable indicators of success. We have also expanded the focal areas to reflect the expansion of research and knowledge in both Wraparound and implementation science.

Finally, as discussed in the sections to follow, we have formatted the standards proposed herein to facilitate the NWI's continued production of supportive resources on this topic, including self-assessment tools that can ensure the standards can be used as the basis for evaluation and quality assurance, so Wraparound implementing states and initiatives can keep themselves on track, so that Wraparound can fully live up to its promise for enrolled youth and families.

DEVELOPMENT PROCESS

These Wraparound Implementation and Practice Quality Standards are grounded in a strong foundation of implementation science research and based on the best available research evidence, coupled with consensus from national Wraparound experts. The guidance is in line with National Wraparound Implementation Center (NWIC) training and implementation support materials. The authors undertook the following activities in the process of developing the standards:

- A review of the literature on implementation science and workforce development, relying heavily on a synthesized framework developed by the National Implementation Research Network (NIRN)
- A review of existing Wraparound practice and implementation guidance and support materials, especially those published by the NWI
- A review of existing Wraparound effectiveness research
- A review of existing Wraparound fidelity measurement tools and common outcome measures
- Consultation with leaders of NWI and NWIC, including national Wraparound trainers, system developers, evaluators, and researchers

What emerged from this process were **seven clear areas that need to be attended to while developing and implementing Wraparound services**. These include five implementation-related areas:

Four at the Wraparound provider-level:

1. Competent Staff
2. Effective Leadership
3. Facilitative Organizational Support
4. Utility-focused Accountability Mechanisms

One at the wider-community-level:

5. Hospitable System Conditions

And two output-related areas:

6. Fidelity: High-Quality Wraparound Practice
7. Outcomes: Improved Youth and Family Functioning

While high quality Wraparound services provided to appropriate service recipients (aka, "fidelity") can produce positive outcomes (Bruns, Suter, Force, & Burchard, 2005; Rast, Peterson, Earnest, & Mears, 2003), programs that only focus on fidelity and outcomes miss the opportunity to boost and sustain efforts to improve Wraparound

fidelity by fostering organizational and system conditions known to support the high-quality implementation of Wraparound (Bruns et al., 2006; Efficand, Walton, & McIntyre, 2011; Snyder, Lawrence, & Dodge, 2012). Below we summarize the basis for each of the areas.

ORGANIZATIONAL-LEVEL STANDARDS

The National Implementation Research Network's (NIRN) Implementation Drivers Framework (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005) provides an accessible and concise roadmap for the organizational-level drivers of high-quality implementation of client-service models like Wraparound¹:

1. **Competency Drivers** are mechanisms to develop, improve, and sustain one's ability to implement an intervention as intended in order to benefit youth, families, and communities.
 - a. *Recruitment and Selection of Staff*: specification of required skills and abilities with the pool of candidates; methods for recruiting likely candidates that possess these skills and abilities; protocols for interviewing candidates, and; criteria for selecting practitioners with those skills and abilities.
 - b. *Training*: provide knowledge related to the history, theory, philosophy, and values of the model and organization; introduce the components and rationales of key practices, and; provide opportunities to practice new skills to criterion and receive feedback in a safe and supportive training environment.
 - c. *Coaching*: an effective coach provides "craft" information along with advice, encouragement, and opportunities to practice and use skills specific to the innovation.
 - d. *Performance Assessment (Staff Fidelity)*: designed to assess the use and outcomes of the skills that are reflected in the selection criteria, taught in training, and reinforced and expanded in coaching processes.
2. **Organization Drivers** are mechanisms to create and sustain hospitable organizational and system environments for effective services.
 - a. *Systems Intervention*: strategies for leaders and staff within an organization to work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners.
 - b. *Facilitative Administrative Supports*: careful attention given to policies, procedures, structures, culture, and climate to assure alignment of these aspects of an organization with the needs of practitioners.
 - c. *Decision Support Data Systems*: making use of a variety of measures to assess key aspects of the overall performance of an organization; provide data to support decision making, and; assure continuing implementation of the evidence-based intervention and benefits to children and families over time.
3. The **Leadership Driver** focuses on providing the right leadership strategies for the type of leadership challenges. These leadership challenges often emerge as part of the change management process needed to make decisions, provide guidance, and support organization functioning...Leadership needs change as implementation progresses—"adaptive leadership" styles are needed to "champion change" in the beginning; more technical leadership styles are needed to manage the continuing implementation supports (e.g., selection interviews, performance assessments, system interventions) for effective organizations over the long run.

All of these drivers should be integrated and compensatory to ensure they connect together in a logical and efficient way that allows for a balance between implementation strengths and weaknesses over time. For example, results from staff performance assessments should be fed back to supervisors and coaches to enhance training and

¹ Implementation driver descriptions taken directly from Fixsen, Blase, Naoom, and Duda (2015). See also: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

coaching activities, and information gleaned from decision support data systems should be used to inform targeted system interventions to remove barriers from improved organizational performance.

COMMUNITY AND SYSTEM-LEVEL STANDARDS

Although many of the above issues are controlled by the Wraparound provider organization, given the integrated nature of the Wraparound model, community and system conditions have considerable influence on the program (including staff competency, organizational climate, and leadership), program fidelity, and youth and family outcomes. Fiscal and policy decisions by leaders at multiple levels (including the federal level) can substantively affect the degree to which Wraparound initiatives are run. Providing comprehensive care through the Wraparound process also requires a high degree of collaboration and coordination among child- and family-serving agencies as well as community organizations. These agencies and organizations need to work together to provide access to flexible resources and a well-developed array of services and supports in the community. Walker and her colleagues (2003; 2011) have defined these essential community and system supports for Wraparound, and organized them by six themes, which we have integrated into the standards we set forth in this document:

- *Community partnership:* Representatives of key stakeholder groups, including families, young people, agencies, providers, and community representatives have joined together in a collaborative effort to plan, implement and oversee Wraparound as a community process.
- *Collaborative action:* Stakeholders involved in the Wraparound effort work together to take steps to translate the Wraparound philosophy into concrete policies, practices and achievements that work across systems.
- *Fiscal policies and sustainability:* The community has developed fiscal strategies to support and sustain Wraparound and to better meet the needs of children and youth participating in Wraparound.
- *Access to needed supports and services:* The community has developed mechanisms for ensuring access to the Wraparound process as well as to the services and supports that Wraparound teams need to fully implement their plans.
- *Human resource development and support:* The system supports Wraparound staff and partner agency staff to fully implement the Wraparound model and to provide relevant and transparent information to families and their extended networks about effective participation in Wraparound.
- *Accountability:* The community implements mechanisms to monitor Wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall Wraparound effort.

FIDELITY STANDARDS AND OUTCOMES

As described in the introduction, the purpose of this document is to provide needed clarity on system and organizational standards that are likely to impact quality of Wraparound implementation, and thus meaningfully affect the experience of enrolled youth and families. Because elucidating program and system standards for Wraparound is intended first and foremost to promote fidelity and outcomes, this document also provides indicators of adherence to the Wraparound practice model, as well as the most common outcomes Wraparound initiatives strive to achieve, based on the Wraparound theory of change and the ever-evolving work of the community of practice that is the NWI.

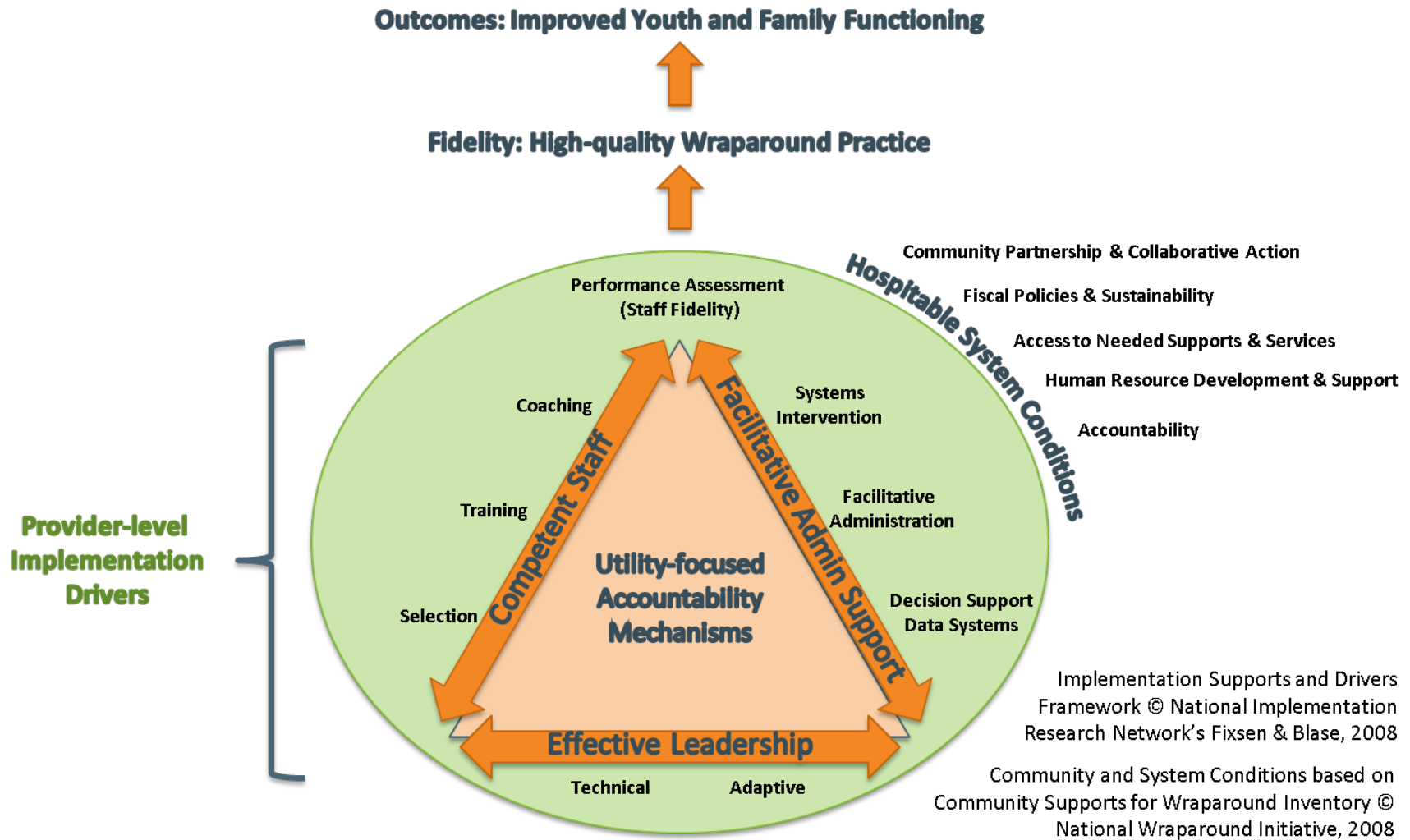
Since 2004, the NWI has aimed to provide clarity on what represents quality and fidelity in Wraparound implementation, building on research on “what works,” as well as the experiences of many Wraparound pioneers and experts that preceded the establishment of the NWI. The fidelity areas listed here are a distillation of many iterations of work to define the Wraparound principles and practice model, and, in turn, measures of implementation quality and fidelity, such as the measures of the Wraparound Fidelity Assessment System (WFAS). More recently, training curricula and coaching tools used by the NWIC, such as the Coaching Measure for Effective Teamwork (COMET) have further distilled the essential process components of Wraparound.

The fidelity standards presented in this document reflect the above efforts, and are aligned with the training and coaching model used by the NWIC. Meanwhile, the core outcome areas presented here reflect Wraparound’s longstanding emphases of (1) ensuring youth are “in school, at home, and out of trouble,” (2) prioritizing youth and families’ perspectives on the degree to which the process is meeting their individualized needs, and (3) providing holistic care that improves the skills and confidence of youth and caregivers alike.

AN IMPLEMENTATION FRAMEWORK FOR WRAPAROUND CARE COORDINATION

Figure 1, below, visually synthesizes the key implementation frameworks that undergird the seven standards areas.

Figure 1: Wraparound Implementation and Practice Quality Standards framework based on NIRN's Implementation Drivers Framework and Walker et al.'s Necessary Support Conditions for Wraparound



Ultimately, the goal of any Initiative should be to meet or surpass all of the standards outlined in this document—so positive outcomes, consistently high fidelity, as well as a strong system support, and well-developed and *balanced* organizational-level implementation drivers. Balanced attention to the core implementation drivers within a hospitable system context should lead to sustainable program fidelity and positive youth and family outcomes.

POTENTIAL USES

The Wraparound Implementation and Practice Quality Standards are intended for use by Wraparound provider organizations and their funders for a variety of uses, not limited to:

- Guiding a self-assessment of Wraparound program quality
- Providing structure to a Wraparound program planning process
- Assisting in choosing data elements to incorporate into a continuous quality improvement program
- Informing performance-based contracting

The standards are based on expert consensus regarding best practice, *not modal program performance*. Therefore, if they are to be used for something more than internal monitoring and quality improvement (such as contracting or outlining binding performance expectations), we strongly recommend collecting representative local data to assess baseline performance before determining local targets and expectations, while also seeking ways to help organization meet the standards contained in this document.

NEXT STEPS

In the coming year the NWI plans to develop self-assessment tools and processes to support the use of the standards in the ways outlined above. This will include online survey tools, meeting scripts, and accompanying resources. Additionally, the NWI and their partners hope to use these quality standards for further research into how organizational and system context impacts youth and family outcomes.

GLOSSARY

It takes an entire community to implement and sustain high-quality Wraparound. While there are myriad successful system structures and terms for participating entities, the standards have to have consistent and clear terminology to distinguish between different groups of community members and professionals. Therefore, the standards use following terms:

Caregiver(s): The person(s) primarily responsible for supervising the youth and meeting their basic needs. Often, but not always is, a biological parent or relative. Typically, the caregiver(s) and youth live in the same residence.

Community support: an organization within the youth's physical or cultural community that provides programming capable of increasing a youth or family member's social ties and/or improving their functioning. Examples include: parks and recreation programs, volunteer mentoring programs, religious services, affinity groups, etc.

Care Coordinator: the professional primarily in charge of facilitating team meetings, coordinating the family's service plan, and generally moving the Wraparound process forward. Other local terms for this position may include a "facilitator" or "intensive case manager."

Formal Services: Services provided by a professional paid to work directly with a youth or family member. Examples include: Wraparound, therapy or counseling, educational services, parent training, probation, medical treatment, etc.

Natural support: an individual within a youth or family's social network that provides consistent and/or meaningful support above and beyond any formal organizational ties and without remuneration. Examples include: relatives, friends, neighbors, clergy, business owners, etc.

Supervisor: the person directly responsible for supervising care coordinators.

Wider organizational leadership: higher-level administrators within a Wraparound provider organization, such as a program or division director, an Executive Director or CEO, etc., who manage and oversee administrative details, such as human resources, strategic decision making, community outreach, etc.; the people that make up the hierarchy above the supervisor.

Wraparound initiative: the collective momentum and activities undertaken by a wide variety of stakeholders to develop, strengthen, and oversee a System of Care and the implementation of the Wraparound model within their community. The work of this entity is often executed within a formal collaborative structure, sometimes called a "Community Team." An Initiative may have multiple Wraparound provider organizations. The Wraparound initiative is the focal point of the standards in the System Support Domain.

Wraparound provider organization: the entity responsible for hiring and overseeing Wraparound care coordinators. A single organization is the focal point of the standards in the Implementation Domain.

Youth and family: the constellation of people, including a youth and their caregiver(s), that present and engage in Wraparound. This could include siblings, extended family members, etc.

Youth: person whose problematic behaviors warranted enrollment in Wraparound; may also be referred to as the child, adolescent, young adult, etc.

IMPLEMENTATION AREA 1: COMPETENT STAFF²

Indicator	Definition
1A Stable Workforce	Care Coordinator turnover is reasonably low (less than 25% a year) and the average tenure of the program's supervisor(s) is 2 or more years or since the program began.
1B Qualified Personnel	Wraparound care coordinators and supervisors have relevant and appropriate experiences and attributes to carry out their job responsibilities. Care Coordinators have prior experience working with youth with complex behavioral health needs, and are strengths-based, flexible, creative, and can ally with youth and their caregivers while building positive relationships that extend beyond families. Supervisors possess strong conflict resolution and facilitation and leadership skills, and have a deep understanding of Wraparound, preferably with prior experience as a care coordinator.
1C Rigorous Hiring Processes	The Wraparound provider organization has high quality written job descriptions and interviewing and hiring protocols for each of the relevant positions. Job descriptions reflect best practices and state of the art knowledge about Wraparound skills and expertise, and have clear expectations for performance. Interview and selection protocols include behavioral questions or direct observation of tasks, and require a writing exercise or sample.
1D Effective Training	Wraparound care coordinators and supervisors are required to attend initial and booster trainings relevant to carrying out their job responsibilities. There is a written training protocol outlining the timing of required trainings, and staff are oriented to the requirements upon hiring. Training attendance is tracked.
1E Initial Apprenticeship	Before taking on a full caseload, care coordinators go through a minimum 30-day "apprenticeship" during which time they shadow a more experienced care coordinator or coach and practice under observation with feedback until they demonstrate enough competence (via objective measures in multiple settings) to practice on their own.
1F Ongoing Skills-based Coaching	Care Coordinators have at least bi-weekly contact with a coach or a supervisor who serves as a coach. Coaching activities are integrated into practice and aimed at improving the staff's skills in working with youth and caregivers. Coaching includes at least quarterly formal assessment of practice in multiple settings via observations, recordings, and/or review of documentation.
1G Meaningful Performance Assessments	Care Coordinators' performance is assessed at least every six months using objective measures (e.g., observations, fidelity measures, etc.) that are tied to their job descriptions and quality indicators. The information is used to shape skill development, such as serving as a basis for certification, and to facilitate coaching. Assessment is viewed by staff as a proactive component of skill development, and not seen as punitive.

² We chose to focus specifically on Wraparound care coordinators and supervisors because they are the minimum personnel necessary to provide Wraparound services. However, we recognize that there may be other individuals in key Wraparound roles (e.g., therapists, behavioral support providers, respite workers, mentors, etc.) within a particular organization or initiative; we encourage users of the Standards to think about what type of workforce development expectations may be relevant to these other professionals.

IMPLEMENTATION AREA 2: EFFECTIVE LEADERSHIP

Indicator	Definition
2A High-quality Leadership	Supervisors and the wider organizational leadership are inspiring, thoughtful, and innovative. They provide well-defined performance goals, while ensuring staff have the tools and flexible policies and procedures to meet these expectations. They recognize staff members' unique contributions and concerns, and proactively monitor performance, resolve problems, and make decisions.
2B Transparent Organizational Practices	There are clear and transparent procedures for decision making within the Wraparound provider organization, and supervisors and the wider organizational leadership routinely involve staff and act to build consensus. Care Coordinators and other organizational personnel are dealt with in a respectful and truthful manner.
2C Strong Wraparound Implementation Leadership	Supervisors and the wider organizational leadership plan for and support the high-quality implementation of Wraparound. They are seen as reliable thought leaders, and effectively address barriers and find solutions as they come up during Wraparound implementation.

IMPLEMENTATION AREA 3: FACILITATIVE ORGANIZATIONAL SUPPORT

Indicator	Definition
3A Manageable Workloads	Care Coordinators have manageable caseloads (e.g., 8-12 families or less, depending on the complexity of their needs). Supervisors supervise 6 or fewer care coordinators and/or other individuals. There is adequate staffing for staff to successfully do their jobs.
3B Adequate Compensation and Resources	Care Coordinators and supervisors are adequately compensated (commensurate to their experience and comparable to local competition), and have the physical resources they need (office space, computers, etc.) to do their jobs.
3C High Morale and Positive Climate	Care Coordinators and supervisors are satisfied with their jobs and are not burnt out or over-stressed. There is a high degree of collective responsibility for program quality and improvement, cohesion among staff members, open communication, and a clear sense of mission and alignment with Wraparound.
3D Fiscally Sustainable	The Wraparound provider organization has a sustainable funding plan for the next 3-5 years. Data demonstrating costs and cost-effectiveness are available and disseminated.
3E Routine Oversight of Key Organizational Operations	<p>"There are individuals responsible for each of the following at the Wraparound provider organization:</p> <ol style="list-style-type: none"> 1) overseeing human resources (staff recruitment, selection, training, coaching, performance assessment, and retention), 2) collecting/compiling, analyzing, and communicating data related to Wraparound fidelity, youth and caregiver satisfaction and outcomes, and service costs, 3) overseeing Wraparound implementation and sustainability, and 4) advocating for necessary system-level change. <p>These people have relevant and appropriate experience and training to carry out their job responsibilities, and adequate time to fulfill them.</p>

IMPLEMENTATION AREA 4: UTILITY-FOCUSED ACCOUNTABILITY MECHANISMS

Indicator	Definition
4A Effective Data Management	<p>The Wraparound provider organization uses a client information database that serves as the youth and family’s primary record; all relevant team members, including those external to the organization, have access to relevant information. The system generates reports that are routinely used to facilitate and monitor effective team process, supervision, and program management.</p>
4B Purposeful Training & Coaching Evaluation	<p>The Wraparound provider organization routinely evaluates trainings, and the information is used to improve training content and policies. In addition, coaching activities are routinely evaluated via a formal assessment of practice using a standardized data collection tool. There is a feedback mechanism to improve staff and coach performance based on the formal assessments. If the training and/or coaching and their evaluations/assessments are done by an external party, data is still reviewed by the Wraparound provider organization to inform decision making.</p>
4C Routine Fidelity Monitoring	<p>The Wraparound provider organization routinely and reliably measures fidelity to the Wraparound model. This information is analyzed and shared with relevant stakeholders (staff, administrators, families, payers, etc.). Even if collected by an external party, fidelity data are clearly built into internal practice routines within the Wraparound provider organization, and there are strong feedback loops that are used to enact program improvements.</p>
4D Routine Outcomes Monitoring	<p>Youth and family satisfaction and outcomes, as well as service costs and savings, are routinely and reliably measured by the Wraparound provider organization. This information is analyzed and shared with relevant stakeholders (staff, administrators, families, payers, etc.). Even if collected by an external party, outcome and cost data are clearly built into internal practice routines within the Wraparound provider organization, and there are strong feedback loops that are used to enact program improvements.</p>

IMPLEMENTATION AREA 5: HOSPITABLE SYSTEM CONDITIONS

Indicator	Definition
5A Appropriate Wraparound Population	Youth eligible for and enrolled in Wraparound are at risk for out-of-home placement or are among those with the most complex needs in the community. For example: 75% of more of the youth engaged in Wraparound were transitioning home from or at imminent risk of an out-of-home placement at the time of referral; 90% of more of the youth engaged in Wraparound have two or more Axis 1 diagnoses, multi-system/agency involvement, multiple actionable items on an assessment such as the CANS, and/or three or more adverse life events or traumas.
5B Empowered Community Leadership and Support	There is community leadership for the Wraparound initiative in the form of a formal collaborative structure that includes empowered leaders from child serving systems and community agencies. Relevant child serving agencies (e.g., mental health, child welfare, juvenile justice, schools, and courts) participate actively and “buy in” to the Wraparound initiative.
5C Active Caregiver and Youth Leadership	Family and youth are influential members of decision-making entities within the Wraparound initiative and take active roles in Wraparound planning, oversight, and evaluation.
5D Implementing a Single Plan of Care	Stakeholders within the Wraparound initiative recognize that a Wraparound plan of care structures and coordinates the work of all partner agencies and providers on behalf of a given youth and family. Staff from agencies in the community respect and work from a single Wraparound plan when working with Wraparound-enrolled youth and families.
5E Collaborative Action	Stakeholders within the Wraparound initiative take specific steps to translate the Wraparound philosophy into concrete policies, practices, and achievements, such as statements of principles and mission, clear population of focus and eligibility requirements, a strategic plan, and Memoranda of Understanding (MOUs). Agency staff are informed of Wraparound principles and practice and participate actively and productively on teams.
5F Sustainable Fiscal Policies	The Wraparound initiative has developed fiscal strategies to meet the needs of children participating in Wraparound and methods to collect and use data on expenditures for Wraparound-eligible children. Funds are available to pay for services and supports and to fully implement strategies needed to meet needs.
5G Adequate and Appropriate Wraparound Access	Wraparound is adequately publicized, available, and accessible so that the youth and families who would benefit are able to participate if they wish. There is a single entry point or other convenient way for high-needs youth to be screened for and referred to Wraparound. The Wraparound initiative or provider organization has written Wraparound eligibility rules that focus on youth with the most complex needs who are at risk for out-of-community placement, regardless of type of system involvement.
5H Robust Array of Supports and Services	Wraparound-enrolled youth and families have access to a full array of services and supports that Wraparound teams need to fully implement their plans and meet the youth's and families' needs, including, but not limited to, intensive in-home services, mentoring, respite, family and youth peer support, and mobile crisis response and stabilization. Evidence-based clinical treatments and therapies for major clinical needs are readily available.
5I System Accountability	The Wraparound initiative has implemented mechanisms to monitor Wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall Wraparound initiative.

FIDELITY: HIGH-QUALITY WRAPAROUND PRACTICE

Indicator	Definition
F1 Timely Engagement and Planning	Youth and families are engaged in Wraparound services within 10 days of a referral and develop their initial Wraparound plan within 30 days of being engaged. Then, teams meet regularly (at least every 30-45 days) to review and modify the plan of care as needed.
F2 Outcomes-based Process	Success of the Wraparound plan—including progress toward meeting needs, strategy implementation, and task completion—is measured objectively, reviewed routinely, and used to inform changes to the plan as needed. Needs statements are linked to measurable outcomes and data from standardized instruments are integrated into the planning process where possible.
F3 Effective Teamwork	Diverse teams consisting of formal and natural supports work together to develop, implement, and monitor individualized service plans that meet the unique needs of the youth and family. All team members take ownership over their assigned tasks and work together to meet the youth's and family's needs.
F4 Use of Natural/Community Supports	Natural supports are integral team members. Involvement in Wraparound strengthens the support received by youth and families from natural and community supports. When possible, strategies in the plan are undertaken by natural supports within the youth's and family's community.
F5 Based on Needs	Services and supports are focused on addressing the high-priority underlying needs of the youth, as well as their family members. Needs statements refer to the underlying reasons why problematic situations or behaviors are occurring, not simply stated as deficits, problematic behaviors, or service needs. The Wraparound process continues until needs are sufficiently met.
F6 Driven by Strengths	Functional strengths of the youth, family, all team members, and the family's community are collectively reviewed and utilized when developing and choosing strategies. Identified strengths are functional in nature, and describe how the individual successfully copes with challenging situations. Team members avoid blaming and remain focused on solutions, rather than dwelling on negative events.
F7 Determined by Families	The youth's and family's culture, capabilities, interests, and skills are elicited, fully understood, and celebrated. They are viewed as critical to a successful Wraparound process and are the basis for decision making and creative problem solving. The youth's and family's perspective is prioritized in developing and modifying the mix of strategies and supports to assure the best fit with their preferences.
F8 Planned for Transitions and Follow-Up	Transitions are planned for in advance and celebrated with full youth and family participation. Transitions only happen when the youth and family have sufficiently met their needs, not due to an adverse event or an administrative requirement. In addition, the Wraparound provider organization follows up with youth and families 3-6 months after transition to ensure improvements have been maintained and that the youth is stable and the family is adequately supported.

OUTCOMES: IMPROVED YOUTH AND FAMILY FUNCTIONING

Indicator	Definition
O1 Satisfied Youth and Families	Youth and families are satisfied with their Wraparound experience and their progress while engaged in the process.
O2 Improved School Functioning	Youth experience improved educational and vocational functioning as a result of their involvement in Wraparound. They have more consistent attendance and are performing at or above grade level and/or are developing needed vocational experience.
O3 Improved Functioning in the Community	Youth experience improved functioning in the community as a result of their involvement in Wraparound. Youth have not experienced or have reduced the frequency of ER visits and police contact, and they are participating in community activities.
O4 Improved Interpersonal Functioning	Youth experience improved interpersonal functioning as a result of their involvement in Wraparound. There is less stress and strain at home attributed to them and they are able to develop or maintain positive family relationships and friendships.
O5 Increased Caregiver Confidence	Families have access to effective, needed services. Caregivers feel increased confidence in their ability to manage future problems; they know how to find and access services and effectively address crises.
O6 Stable and Least Restrictive Living Environment	Youth are stably cared for in the community. Youth have not had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home) and/or have not moved between residential settings.
O7 Positive Exit from Wraparound	Youth and families exit Wraparound based on stabilization and adequate progress toward meeting needs, not due to an adverse event.

REFERENCES

- Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D. (2016). A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services. *Research on Social Work Practice, 26*(2), 168-179. doi: 10.1177/1049731514549630
- Bruns, E. J. (2015). Wraparound is worth doing well: An evidence-based statement. In E. J. Bruns & J. S. Walker (Eds.), *The Resource Guide to Wraparound*. Portland, OR: National Wraparound Initiative.
- Bruns, E. J., Pullmann, M. D., Sather, A., Brinson, R. D., & Ramey, M. (2014). Effectiveness of Wraparound versus case management for children and adolescents: Results of a randomized study. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(3), 309-322.
- Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. (2008). Is it Wraparound yet? Setting quality standards for implementation of the Wraparound process. *The Journal of Behavioral Health Services & Research, 35*(3), 240-252.
- Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. M. (2006). Relations between program and system variables and fidelity to the Wraparound process for children and families. *Psychiatric Services, 57*(11), 1586-1593.
- Bruns, E. J., Suter, J. S., Force, M. D., & Burchard, J. D. (2005). Fidelity to the Wraparound process and its association with child and family outcomes. *Journal of Child and Family Studies, 14*, 521-534.
- Effland, V. S., Walton, B. A., & McIntyre, J. S. (2011). Connecting the dots: Stages of implementation, Wraparound fidelity and youth outcomes. *Journal of Child and Family Studies, 20*(6), 736-746. doi: 10.1007/s10826-011-9541-5
- Fixsen, D. L., Blase, K. A., Naoom, S. F., & Duda, M. (2015). *Implementation Drivers: Assessing Best Practices*. Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill.
- 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.
- Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review, 5*(4), 233-253.
- Glisson, C., & Hemmelgarn, A. L. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect, 22*(5), 401-421.
- Glisson, C., & Schoenwald, S. (2005). The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments. *Mental Health Services Research, 7*(4), 243-259.
- Rast, J., Peterson, C., Earnest, L., & Mears, S. L. (2003). *Service process as a determinant of treatment effect--the importance of fidelity*. Paper presented at the The 16th annual research conference proceedings, a system of care for children's mental health: Expanding the research base, Tampa, FL.
- Snyder, E. H., Lawrence, C. N., & Dodge, K. A. (2012). The impact of system of care support in adherence to Wraparound principles in Child and Family Teams in child welfare in North Carolina. *Children and Youth Services Review, 34*(4), 639-647. doi: 10.1016/j.childyouth.2011.12.010
- Walker, J. S., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative individualized service support planning: Necessary conditions*. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.
- Walker, J. S., & Sanders, B. (2011). The Community Supports for Wraparound Inventory: An assessment of the implementation context for Wraparound. *Journal of Child and Family Studies, 20*(6), 747-757. doi: 10.1007/s10826-010-9432-1