



Institute 4:  
**Seeing Wraparound Practice  
through the Lens of  
Implementation Science**

**2012 System of Care Training Institutes  
Orlando Florida  
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# Learning Objectives for this session

- Learn about core theories and concepts of implementation science.
- Understand how implementation science is applied to successful implementation of systems of care and the wraparound practice model.
- Use the lens of implementation science to learn of specific strategies to address the major implementation issues often associated with implementing wraparound
- Identify and address implementation barriers and implementation support needs in your own local or state system of care.



# Overview of Agenda

- Seeing Wraparound through the lens of Implementation science
- Implementation drivers and wraparound strategies:
  - State Supports
  - System Supports
- Game Show!
- BREAK
- More implementation drivers
  - Organizational Supports
  - Staff competence
  - Data systems
- Your agency or system of care



# A very brief history...

During the 70s and 80s, wraparound emerged from efforts to “do whatever it takes” to keep children successfully in the community

Provide comprehensive community supports rather than institutionalization

Help family and child get their unique needs met

By 1998, concerns that “wraparound” was not well specified led to original statement of 10 principles/value base

# How does wraparound work?

## A Starting point

### Wraparound Principles:

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



**Positive Outcomes!**



# So how do you go to scale with miracles?

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

- Some programs described as “wraparound” were clearly not working in ways that reflected the principles
- Individual systems and programs had to reinvent the miracle
- It was hard to share materials across programs
- Hard to build evidence of effectiveness

# The Implementation Gap!

**It is one thing to say with the prophet Amos, “Let justice roll down like mighty waters,” and quite another to work out the irrigation system.**

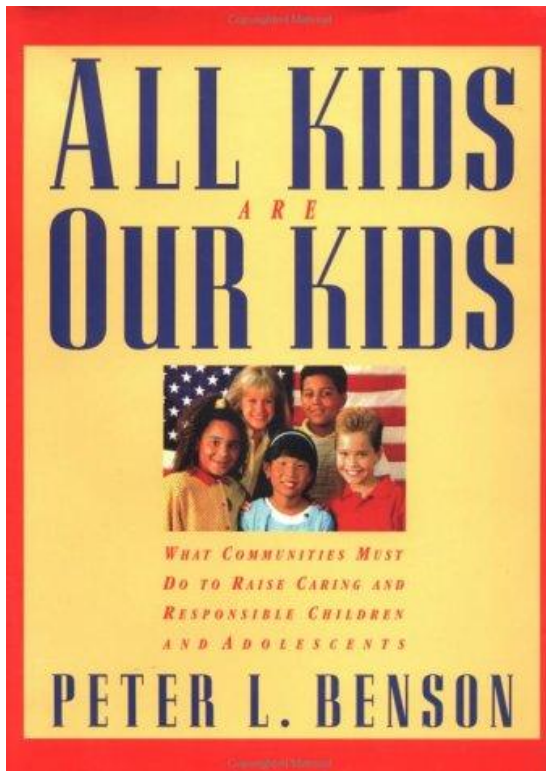
**~ William Sloane Coffin  
Social activist and clergyman**

**As quoted by Karen Blase, National  
Implementation Research Network (NIRN)**





# The Implementation Gap!



**It's one thing to say "All kids are our kids" and quite another to get 8 million children and youths the support they need to live and thrive in their homes and communities**



# The Implementation Gap

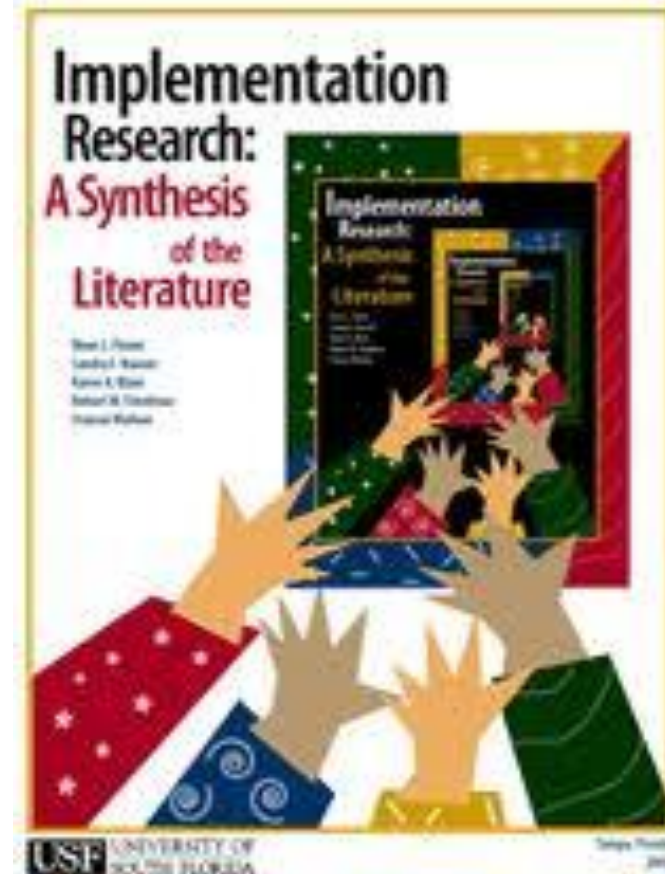
- There are not clear pathways to implementation
- What is adopted often is not used with fidelity and good effect
- What is implemented disappears over time and with staff turnover

■ Blase, 2008

# What is Implementation?

[www.NIRN.fpg.edu](http://www.NIRN.fpg.edu)

- A *specified set of activities* designed to put into practice a policy, activity, or program of known dimensions.
- Implementation processes are purposeful and defined in sufficient detail such that independent observers can detect the presence and strength of these “specified activities”



# The Implementation Gap

Effective  
Intervention

X

Ineffective or  
Insufficient  
Implementation

=

**Inconsistent;**  
**Not Sustainable;**  
**Poor Outcomes**

Bertram, Blasé, & Fixsen, 2012

# What do we need to pay attention to?

- The Intervention
- Implementation Drivers
- Implementation Stages
- Implementation Teams
- Improvement Cycles

■ Blase, 2008

# The intervention

- **Model definition**
  - Who should be engaged and how in what activities and phases of service delivery
- **Target population characteristics**
  - Behavioral, cultural, socio-economic, and other factors that suggest a good match with the practice model
- **Theory base and theory of change**
- **Alternative models**
  - A rationale for why the service organization therefore rejects using other practice models



# Wraparound: The Principles

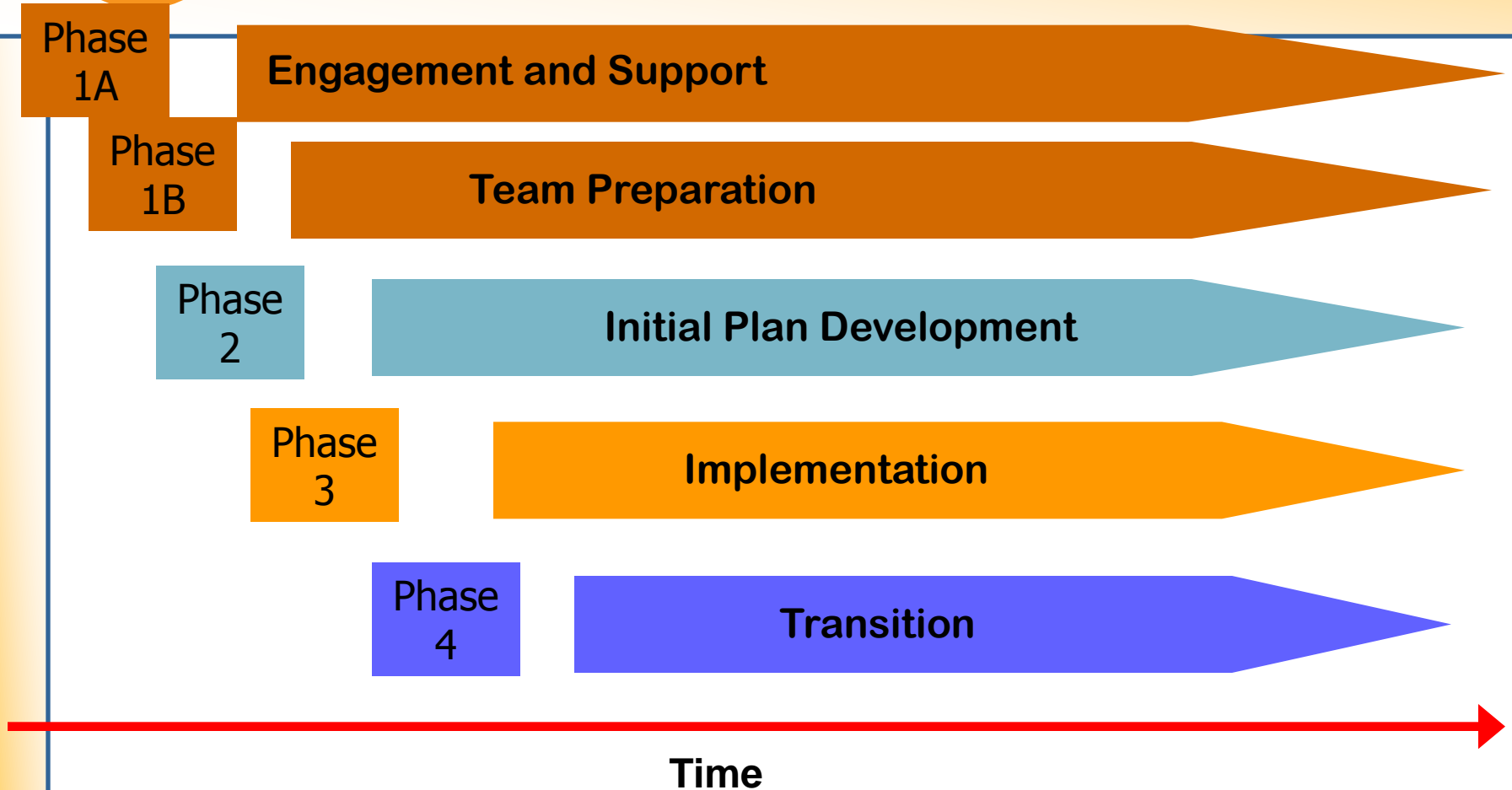
1. Family voice and choice
2. Team based
3. Natural supports
4. Collaboration
5. Community-based
6. Culturally competent
7. Individualized
8. Strengths based
9. Unconditional (and/or "Persistent")
10. Outcome-based

Key resource: Ten principles of the Wraparound process

[www.nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-\(10-principles-of-wrap\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-(10-principles-of-wrap).pdf)

Additional resources on principles: [www.nwi.pdx.edu/NWI-book/pgChapter2.shtml](http://www.nwi.pdx.edu/NWI-book/pgChapter2.shtml)

# The Four Phases of Wraparound



Key Resource: Phases and Activities of Wraparound: [http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-\(phases-and-activities\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-(phases-and-activities).pdf)



# The Activities of Wraparound: Phase 1

## Phase One: Engagement and Team Preparation

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

Key Resource: Phases and Activities of Wraparound: [http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-\(phases-and-activities\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-(phases-and-activities).pdf)

# The Activities of Wraparound: Phase 2

## Phase Two: Initial Plan Development

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

Key Resource: Phases and Activities of Wraparound: [http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-\(phases-and-activities\).pdf](http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-(phases-and-activities).pdf)



*"The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation."*

## the national wraparound initiative

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



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

The NWI is membership supported. You can **join the NWI** to help continue this important work!!

### wraparound resources

The always-useful **Resource Guide to Wraparound**

**NEW! NWI webinar slides and recordings**

**NEW! Summary of evidence for wraparound**

### upcoming trainings & events

NWI presents at California Wraparound Institute - **June 7, 2010**

Webinar: Accountability and Quality Assurance in Wraparound - **June 15, 2010**

### top news & new research

KBCS radio featured a **story** on Washington State and the National Wraparound Initiative as the second feature of a two part series "Cruel Choices."

Wraparound Milwaukee in 2009 Visionaries **video**

### members & affiliates section

NWI members and affiliates can log in **here** to access job postings, bulletin boards, the NWI blog, members and providers directories, "beta" versions of new resources, archived materials, and more...



national wraparound initiative



home about NWI resources news & events wrap USA join NWI! members

wraparound basics

sitemap

Search

"The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation."

the national wraparound

In 2004, state researchers, collaboratively compiled special issues about how wraparound works and communities through work that emp...

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

The NWI is membership supported. You...

- theory of change
ten principles
phases and activities
implementation guide
user's guide
manual de usuario
family partner/principles
family partner/activities
nwi impact
evidence base
bibliography
wraparound research
implementation overview
webinars
johnny chaos comix



...ice
...e this important work!!

wraparound resources

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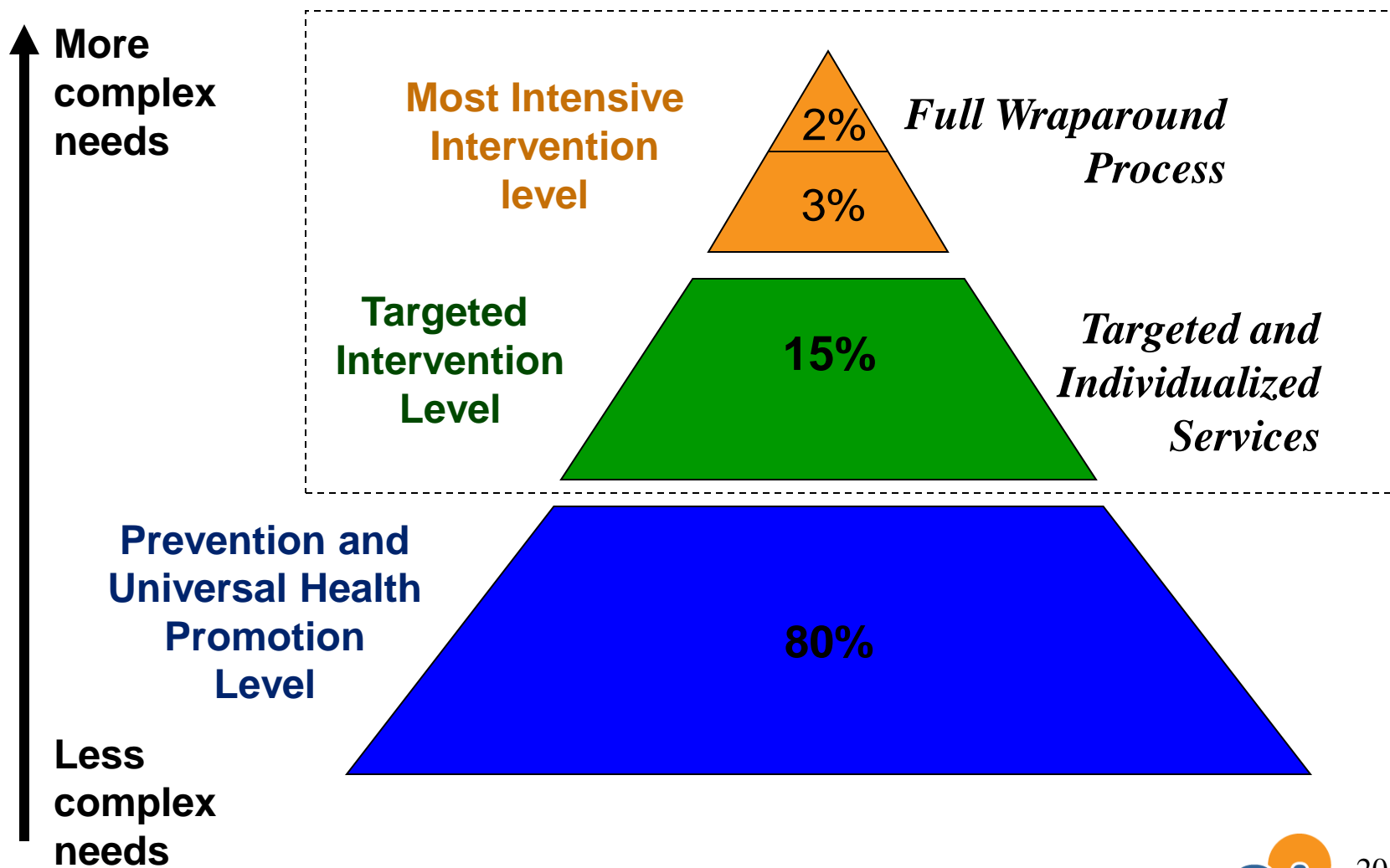
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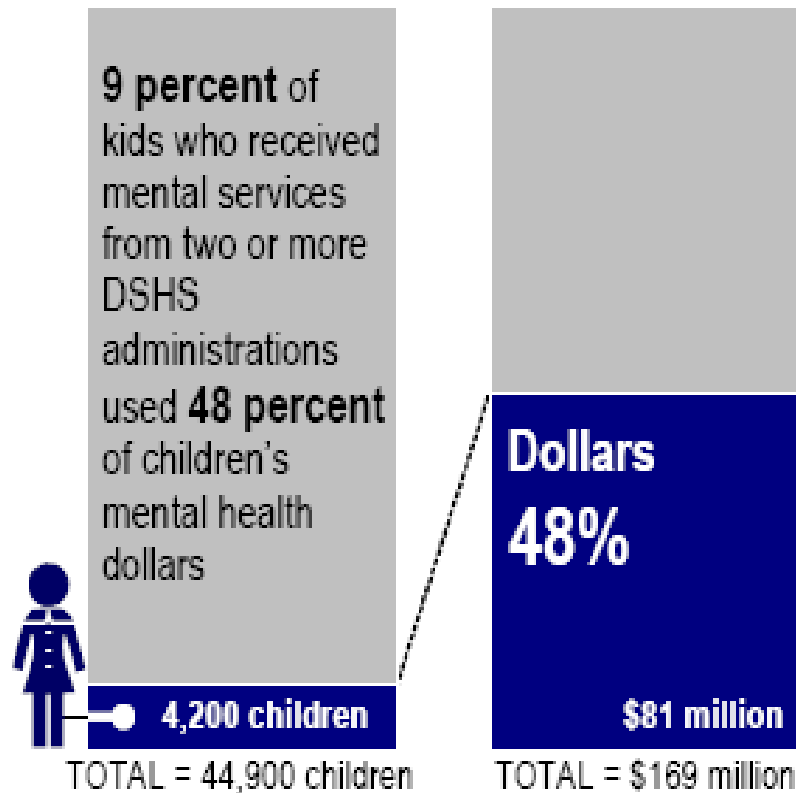
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# Population of focus: Youths with most complex needs

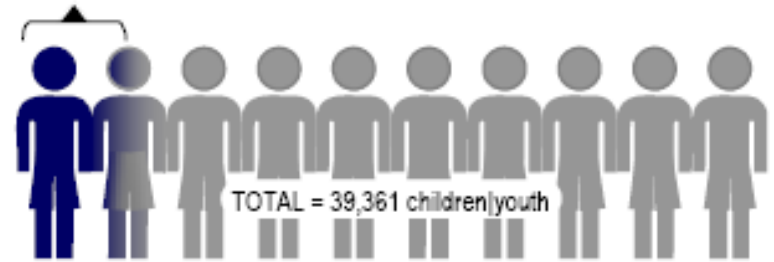


# Population of focus: Youth involved in multiple systems or at risk of placement



## How many treated or placed away from home at some point in 2003?

Of those using mental health services from one DSHS program, **14 percent**.



Of those using mental health services from more than one DSHS program, **68 percent**



# Overview of Wraparound Theory of Change

Intermediate  
outcomes

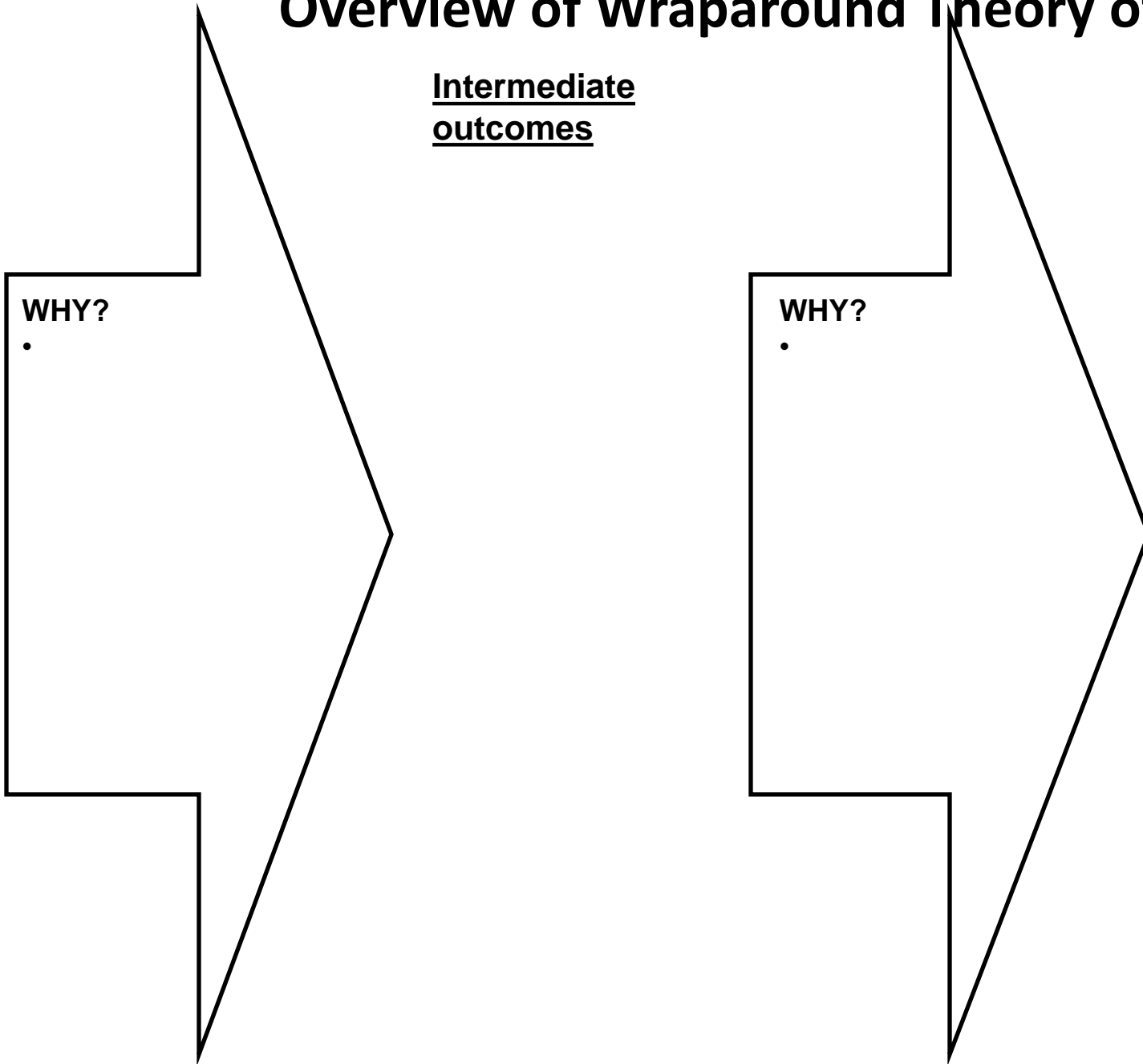
Longer-term  
outcomes

WHY?

•

WHY?

•

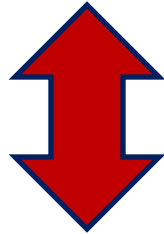




# Overview of Wraparound Theory of Change

## Intermediate outcomes

**Participation in wraparound builds family assets and optimism**



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

## Longer-term outcomes

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

# Overview of Wraparound Theory of Change

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Quality of Life

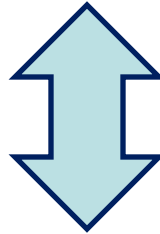
## **Why?**

- Engaged family
- Creative problem solving
- Team members optimistic and committed
- Working from shared views/assumptions
- Focused on important needs
- Natural supports involved

# Overview of Wraparound Theory of Change

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Social Support, Community Integration  
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Functioning  
Quality of Life

### WHAT?

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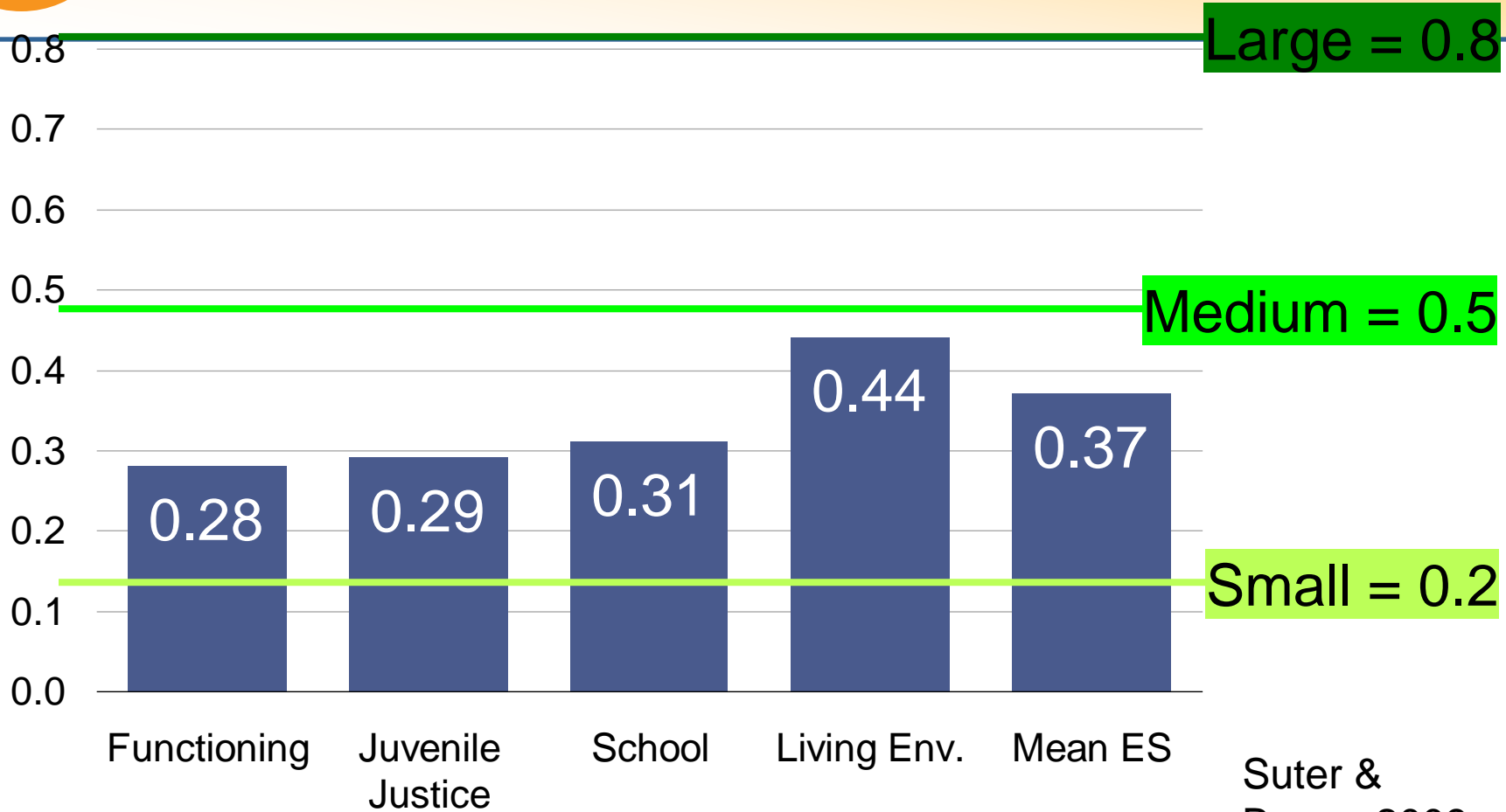
### WHY?

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

# Basic research supports the theory!

- Using a team approach
- Developing social support
- Developing self-efficacy
- Full determination and engagement of families

# Nine controlled studies. Significant effects on all outcomes studied



Suter & Bruns, 2009

N Studies	6	3	3	3	7
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# However.... outcomes depend on implementation

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Studies indicate that Wraparound teams often fail to:

- Incorporate full complement of key individuals on the Wraparound team;
- Engage youth in community activities, things they do well, or activities to help develop friendships;
- Use family/community strengths to plan/implement services;
- Engage natural supports, such as extended family members and community members;
- Use flexible funds to help implement strategies
- Consistently assess outcomes and satisfaction.

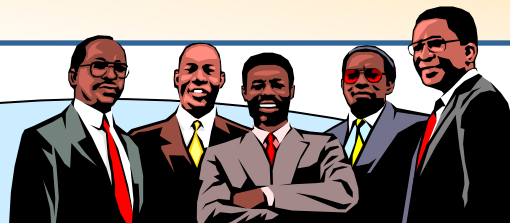
# The Implementation Gap!

- Diffusion/dissemination of stories or information by itself does not lead to successful implementation
- Training alone, no matter how well done, does not lead to successful implementation
- Policies and funding alone do not lead to successful implementation

■ Blase, 2008



# What does the Wraparound literature say?



Hospitable System \*Funding, Policies



Supportive Organizations

\* Training, supervision, interagency coordination and collaboration

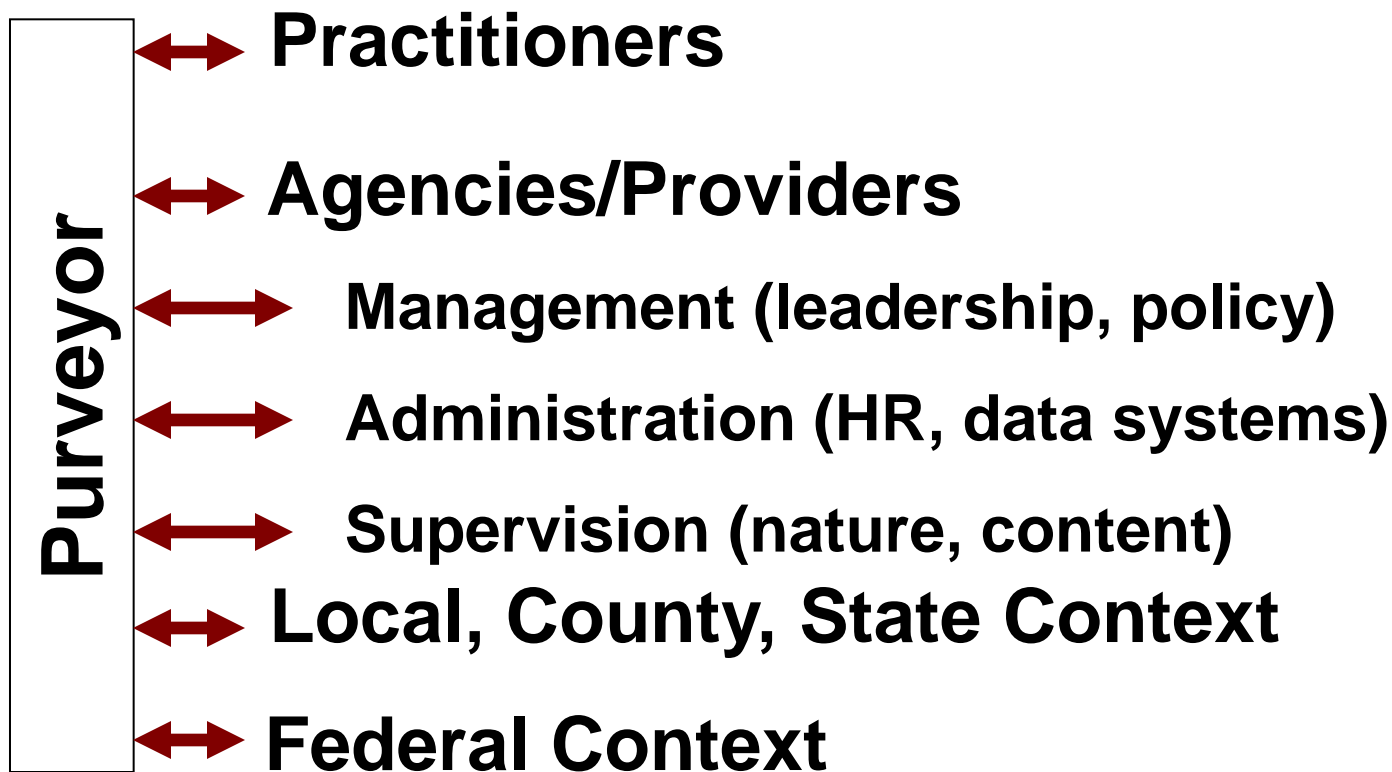
Effective Team  
\* Process + Principles + Skills



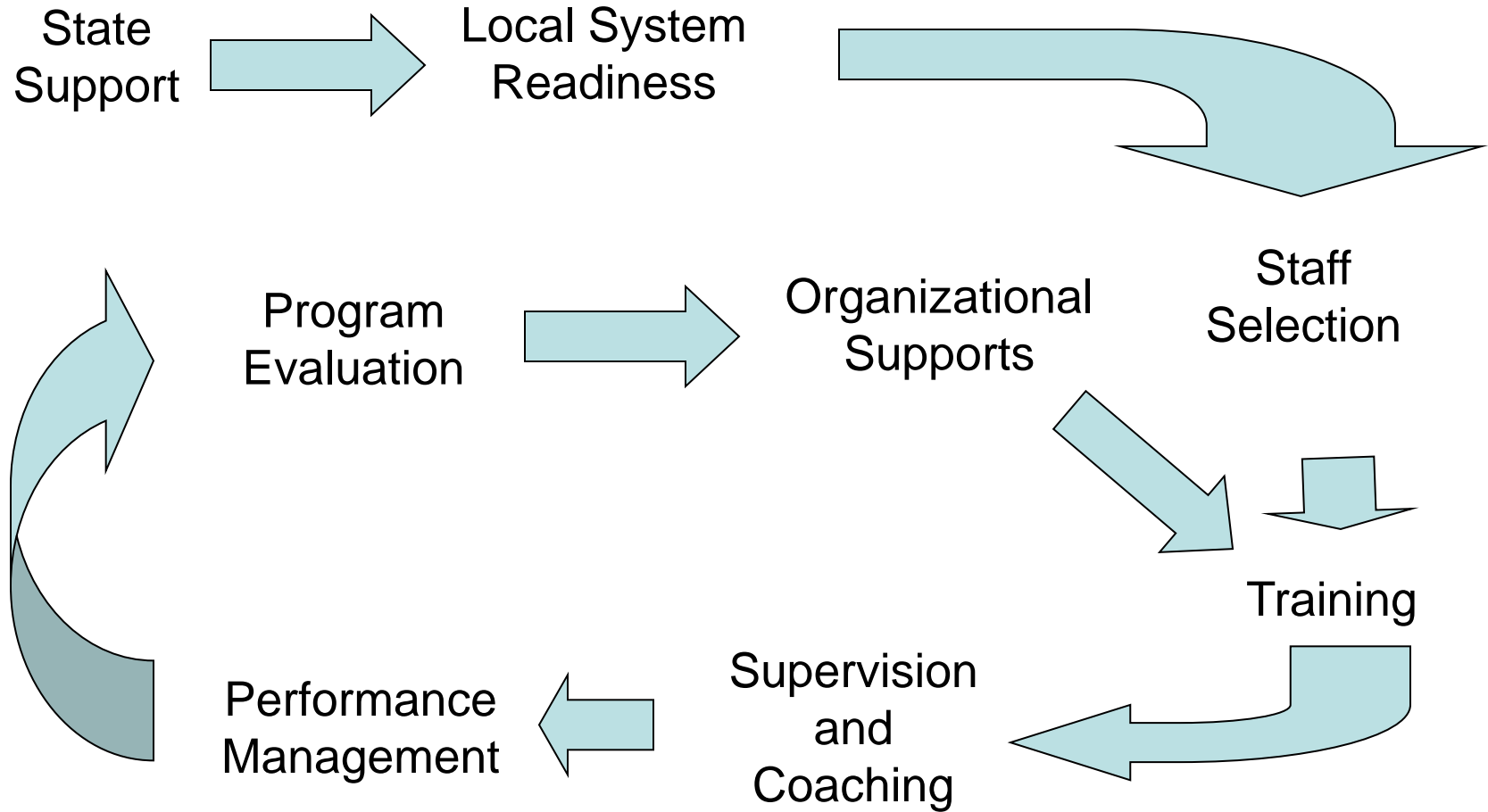


# What does Implementation Science Say?

## Simultaneous, Multi-Level Interventions



# Implementation Drivers



From Fixsen et al (2005)

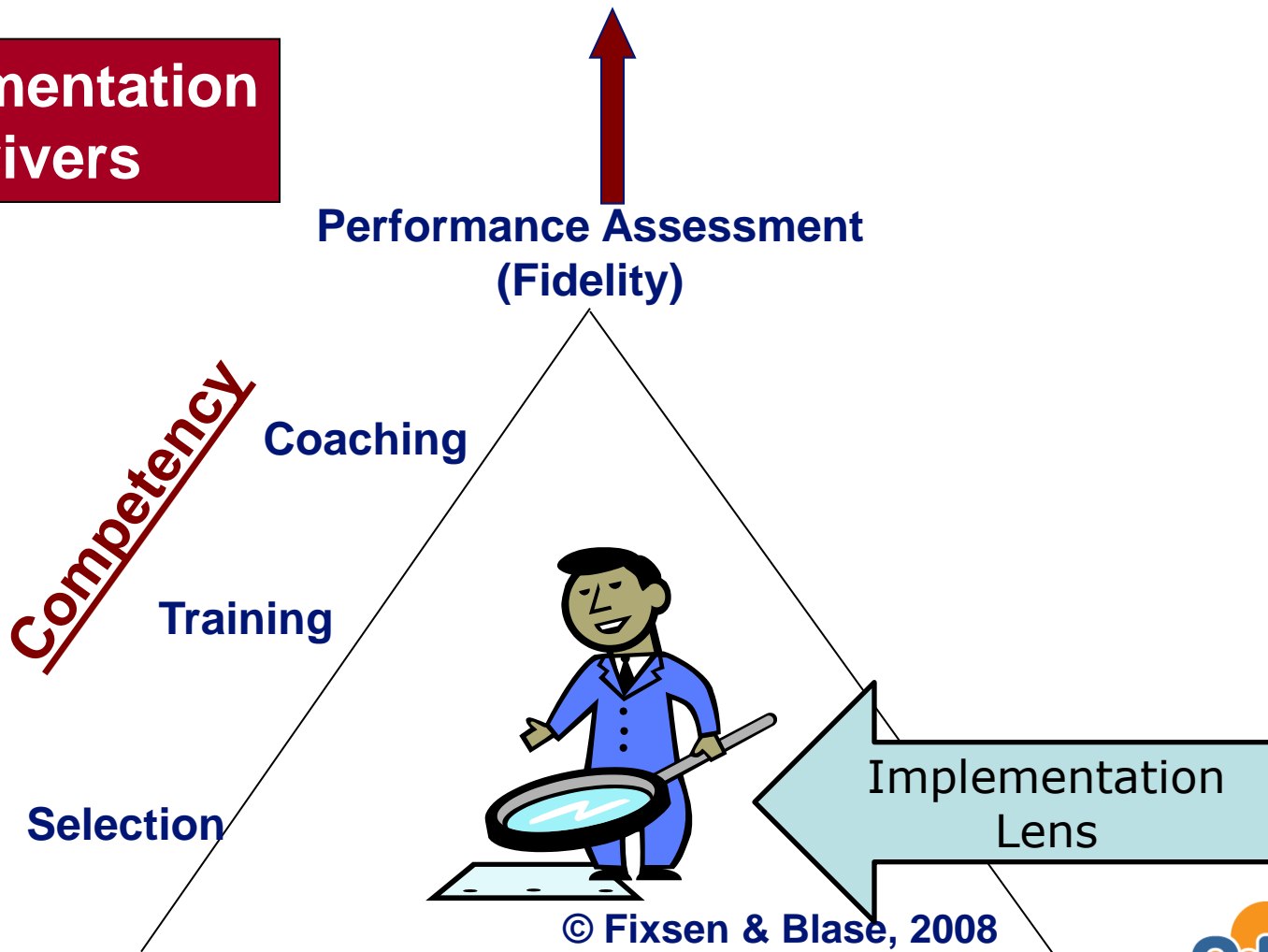
# Implementation = Focus on three things

- Staff competence
- System and organizational support
- Leadership





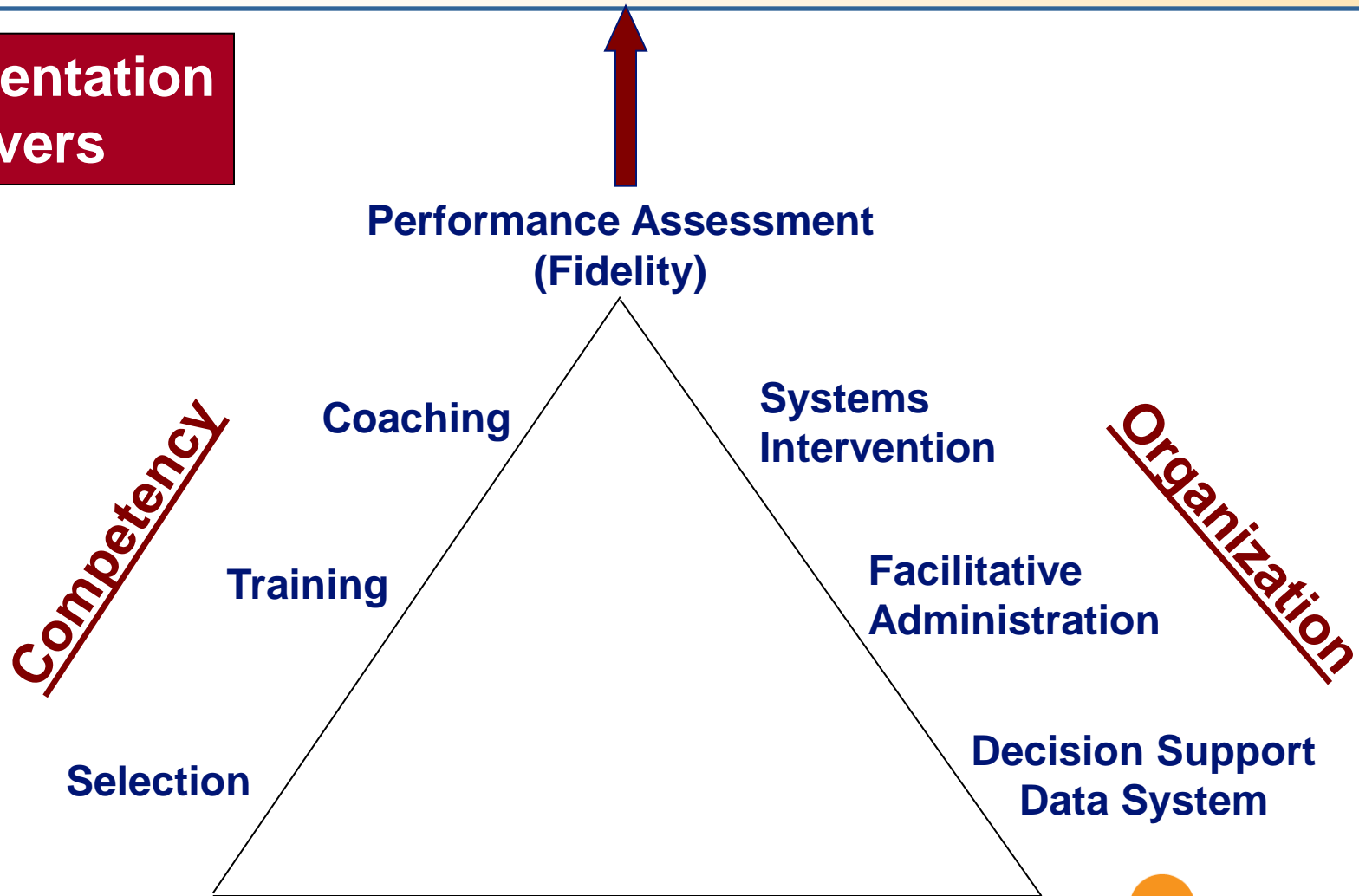
# Implementation Drivers



© Fixsen & Blase, 2008



# Implementation Drivers



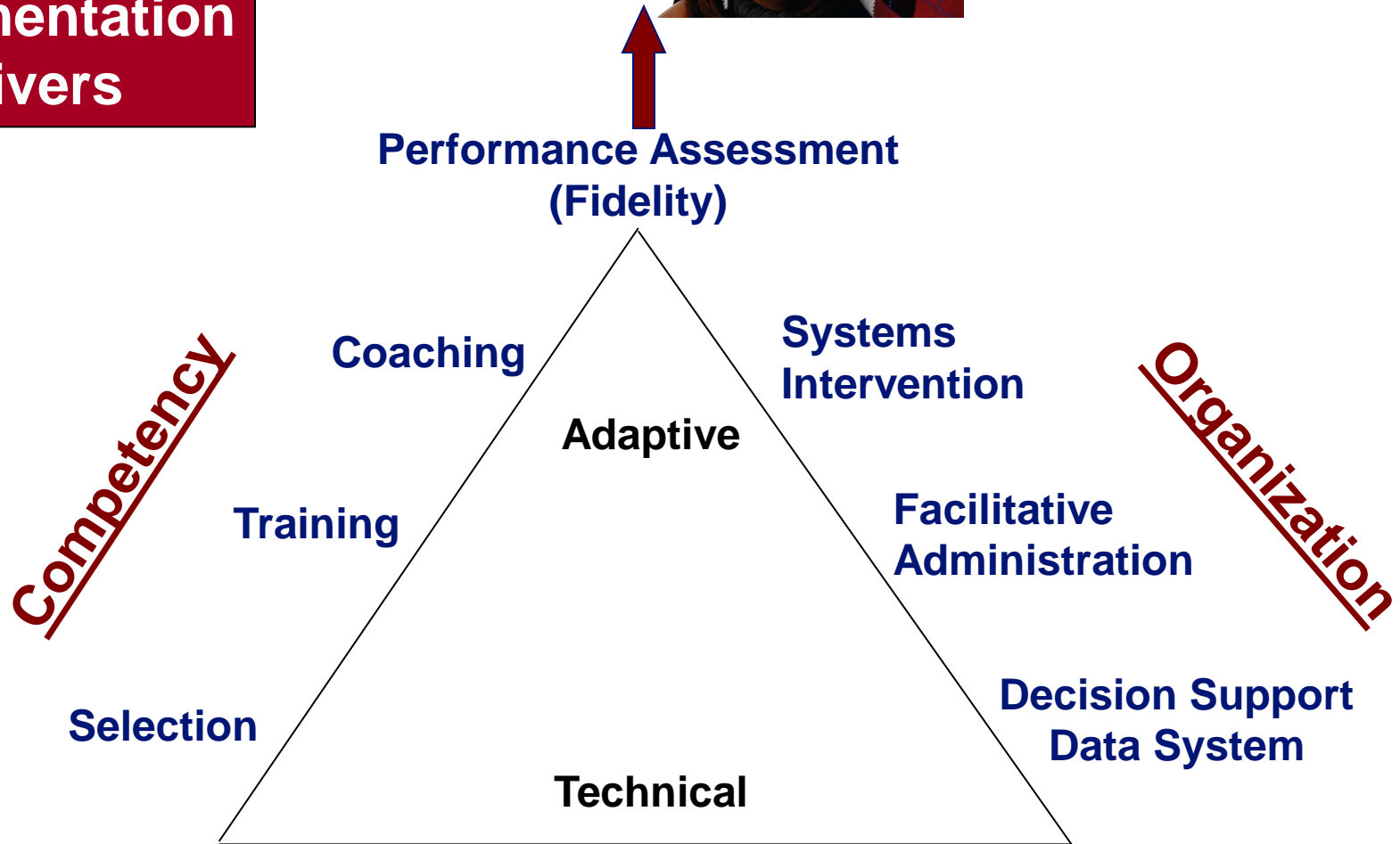
© Fixsen & Blase, 2008



# Child and Family Benefits



## Implementation Drivers



## Leadership

© Fixsen & Blase, 2008





# *Putting it all Together:* **Implementation Drivers for Wraparound Initiatives**

- Leadership
- The state and system context
- Systems interventions
  - Community partnership
  - Financing models
  - Structures
  - Human resource strategy
  - Service array
  - Accountability structures
- Organizational and administrative supports
  - Values orientation
  - Supervision
  - IT systems
- Staff competence
  - Selection
  - Preservice training
  - Coaching
  - Staff evaluation
  - Monitoring and evaluation

# Implementation Drivers for Wraparound Initiatives

We have to figure out how to not be this guy.

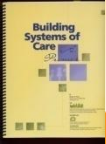


# Implementation Drivers for Wraparound Initiatives





# STATE AND SYSTEM CONTEXT



# The Total Population of Children, Youth and Families Who Depend on Public Systems

**Children/youth/families eligible for Medicaid.**

**Families who are not poor or uninsured but who exhaust their private insurance, often because they have a child with a serious emotional/behavioral challenge.**

**Families who are not poor or uninsured and who may not yet have exhausted their private insurance but who need a particular type of service not available through their private insurer and only available from the public sector.**

**Children/youth/families eligible for the State Children's Health Insurance Program (SCHIP)**

**Children/youth/families eligible for Tribal Authority funding.**

**Poor and uninsured children/youth/families who do not qualify for Medicaid or SCHIP.**



# Mean Health Expenditures for Children in Medicaid Using Behavioral Health Care\*, 2005

	All Children Using Behavioral Health Care	TANF	Foster Care	SSI/Disabled **	Top 10% Most Expensive Children Using Behavioral Health Care***
Physical Health Services	\$3,652	\$2,053	\$4,036	\$7,895	\$20,121
Behavioral Health Services	\$4,868	\$3,028	\$8,094	\$7,264	\$28,669
Total Health Services	\$8,520	\$5,081	\$12,130	\$15,123	\$48,790

\* Includes children using behavioral health services who are not enrolled in a comprehensive HMO, n = 1,213,201

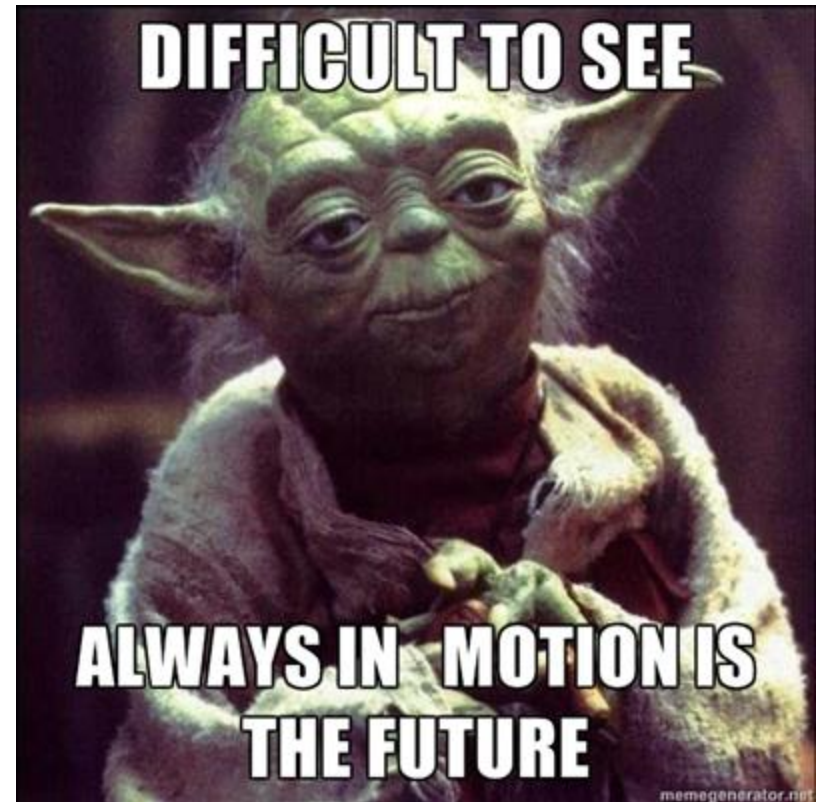
\*\* Includes all children determined to be disabled by SSI or state criteria (all disabilities, including mental health disabilities)

\*\*\*Represents the top 10% of child behavioral health users with the highest mean expenditures, n = 121,323

Source: Children's Faces (2005 Medicaid Data), provided by Sheila Pires and the Center for Health Care Strategies

# Interventions?

- Laws Change
- Policies Change
- Economic Drivers
- Advocacy
- Leadership



# Effective System-Building Process

“To be effective, any design process must intentionally be, from the beginning, a redesign process.”

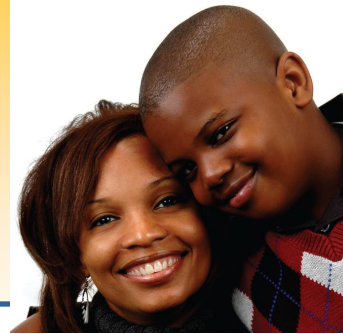




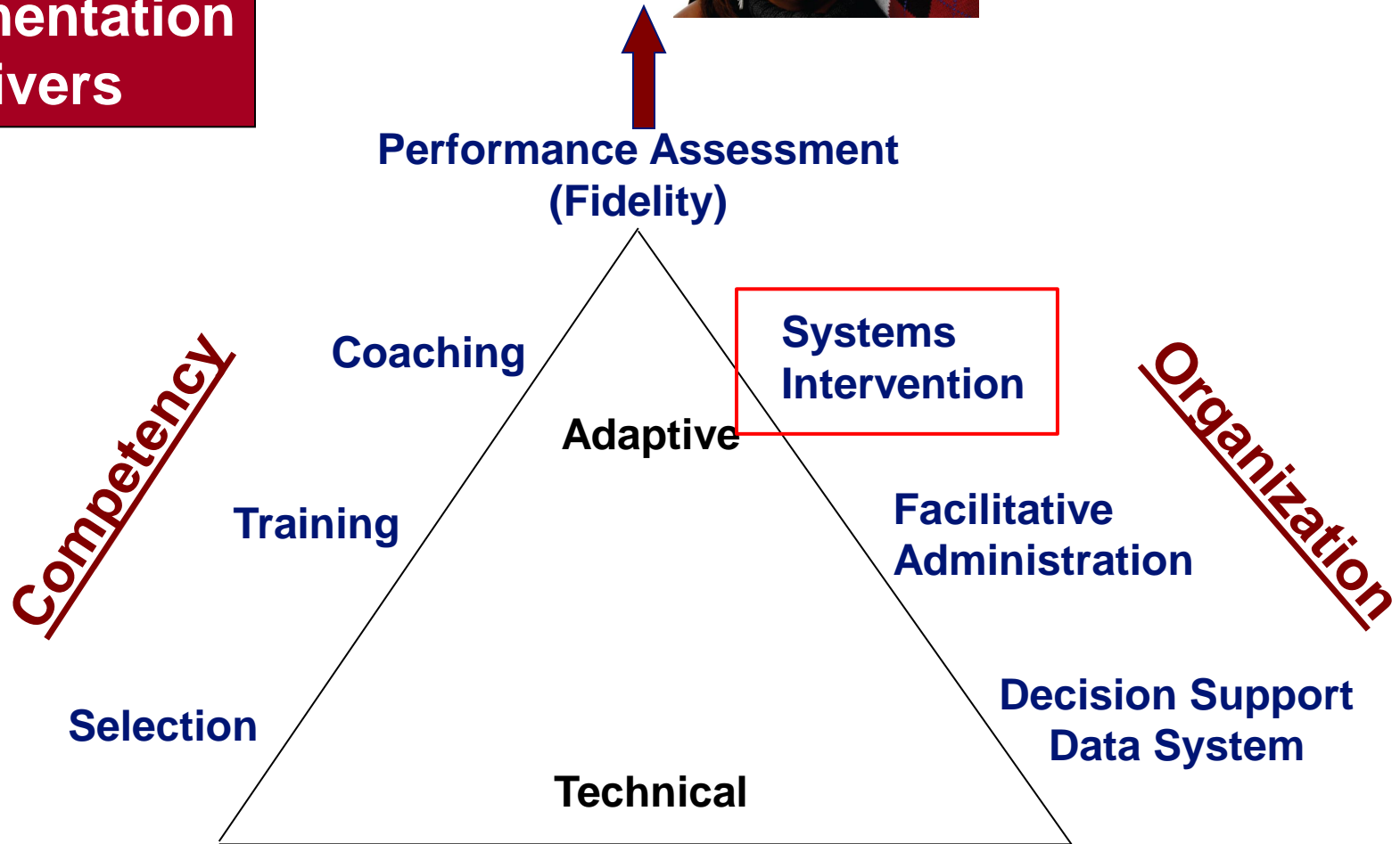
# SYSTEM INTERVENTIONS



# Child and Family Benefits



## Implementation Drivers



## Leadership

© Fixsen & Blase, 2008



# Strategies

- Community Partnerships:
  - Children's Cabinets
- Human Resource:
  - Centers of Excellence
  - Certifications
  - Partnerships with higher education
- Service Array:
  - MAP, Promising Practices, and EBP's
- Accountability

# Role of Structure

“Structure affects practice and outcomes.”

Pires (2002, p.17).

- Systems Functions
  - Screening, Assessment, Evaluation & Authorization
  - Care Coordination
  - Continuous Quality Improvement, Evaluation, & Outcomes, and Information Management
  - Family/Youth Partnership
  - Outreach and referral, including access to services
  - Provider network management
  - Utilization Management
  - Utilization Review
  - Governance
- Must be organized at governing, systems/policy, and service delivery levels

# What are Care Management Entities?

- An **organizational entity** – such as a non profit organization or public agency - that serves as the “locus of accountability” for defined populations of youth with complex challenges and their families who are involved in multiple systems
- **Accountable** for improving the quality, outcomes and cost of care for populations historically experiencing high-costs and/or poor outcomes

# Care Management Entity Goals

To Improve:

- Clinical and functional outcomes
- System-level outcomes (e.g., reduction in use of out-of-home placements and lengths of stay)
- Cost of care
- Community safety (e.g., reduction in recidivism rates or offense patterns)
- Child safety and permanency
- Educational outcomes (e.g., improved school attendance, reduction in school suspensions)
- Family and youth experience with care
- Other systems' experience with care

NOTE: The goals are not accomplished by the CME alone—they are **population level goals** that are supported by the work of the CME.

Page 15 of 10 Human Services Collaborative

*If you have answered the questions:*  
**Financing For Whom?  
Financing for What?**

I.E.,

- ✓ Identified your population(s) of focus
- ✓ Agreed on underlying values and intended outcomes
- ✓ Identified services/supports and practice model to achieve outcomes
- ✓ Identified how services/supports will be organized (so that all key stakeholders can draw the system design)
- ✓ Identified the administrative/system infrastructure needed to support the delivery system
- ✓ Costed out your system of care

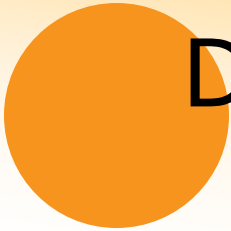
**Then You Are Ready To  
Talk About Financing!**

# Essential Considerations and Steps to Effective Financing Strategies

- Understand that any budget process is a political process that will require partnerships with leaders both within and around public systems (never underestimate the power of an advocacy base).
- Consider and build in transition costs.
- Invest in required infrastructure- data collection and analysis, fidelity monitoring, training and technical assistance.
- Enlist the assistance of technical experts – actuaries, economists, budget officers.
- Consider the potential role of private investments to fill in gaps.

Adapted from Evidence-to-Success Financing Workgroup, Paying for Outcomes, Baltimore, MD June 2011





# Don't forget to be strategic and opportunistic!

- Think about the potential for your systems structures to benefit from larger systems changes, such as health reform or behavioral health integration efforts
- *For example:* CMEs have the potential to serve as health homes! They provide:
  - Comprehensive care management
  - Care coordination and health/mental health promotion
  - Transition care across multiple settings
  - Individual and family support services
  - Linkage to social supports and community resources
  - Focus on improving the quality and cost of care for populations with co-occurring chronic conditions and serious behavioral health challenges



Capitalizing on a need to achieve change

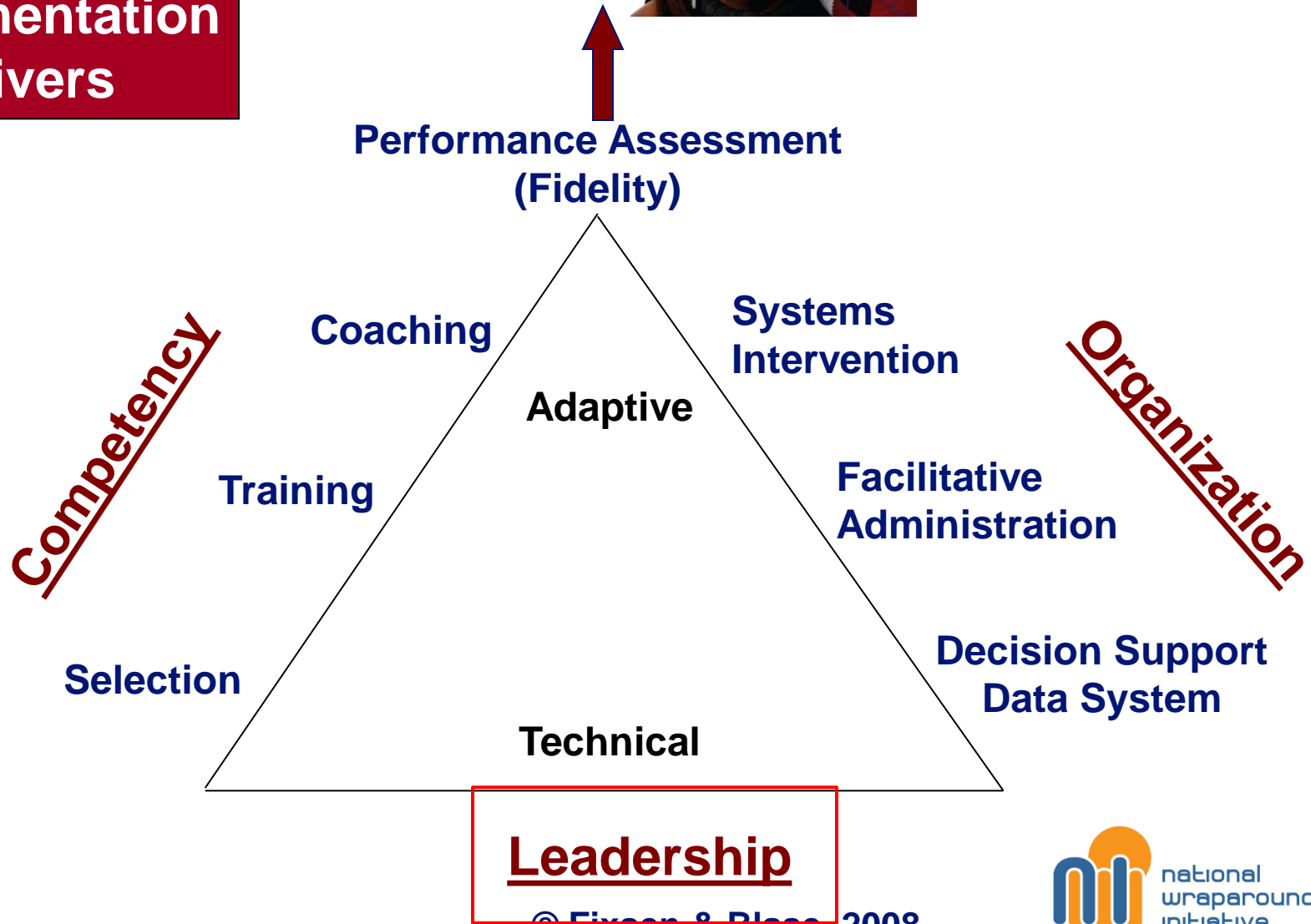
# **THE LEADERSHIP FACTOR**




# Child and Family Benefits



## Implementation Drivers





“Successful implementers carefully monitor the entire change processes, regulating and controlling social and political issues as they arise.

Neufeld and Roper 2003

# Leadership

The 5 Cs of Core Leadership:

**Constituency** (representativeness)

**Credibility**

**Capacity**

**Commitment**

**Consistency**

# Leadership

## Technical Work

- Perspectives are aligned
- Definition of the problem is clear
- Solution and implementation of the problem is clear
- Primary locus of responsibility for—organizing—the work is the leader

Adapted from Heifetz, Ron, Leadership without Easy Answers, 1996

# Leadership

## Adaptive Work

- Legitimate, yet competing, perspectives emerge
- Definition of the problem is unclear
- Solution and implementation is unclear and requires learning
- Primary locus of responsibility is not the leader

Adapted from Heifetz, Ron, Leadership without Easy Answers, 1996

# Building Systems of Care = Strategically Managing Complex Change







*"This is an initiative that must continue. I believe that the impact of NWI has only just begun to spread, and stopping now would severely hamper the progress that has been made."*

*—NWI Impact Survey Respondent*

### imp

This section provides a basic overview of wraparound implementation, and to introduce you to the resources that are offered in this "Implementation Support" section of the NWI website. The resources addressed are:

1. **implementation support**
2. consultants
3. **What if we need more help?**

### 1. What are the main things to pl

Every community implements wraparound differently. However, each community also ne



- implementation overall
- community partnership
- collaborative action
- finance/sustainability
- supports/services
- human resource support
- accountability
- state support

### entation?

### ation?

own unique local conditions. implementation tasks in various areas, setting goals, funding the wraparound team, hiring and training staff, tracking

outcomes, and so on. There are no rules about where a community or initiative must start in terms of building wraparound infrastructure; however, research and experience tells us that it is critically important that a core set of supports gets put in place.

This "Implementation Support" resource is structured around six implementation areas or "themes" that have been identified in research

# Types of program and system support for Wraparound

1. **Community partnership:** *Do we have collaboration across our key systems and stakeholders?*
2. **Collaborative action:** *Do the stakeholders take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements?*
3. **Fiscal policies:** *Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?*
4. **Service array:** *Do teams have access to the services and supports they need to meet families' needs?*
5. **Human resource development:** *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
6. **Accountability:** ***Do we use tools that help us make sure we're doing a good job?***

Key resource: Resource Guide section, 20 chapters:

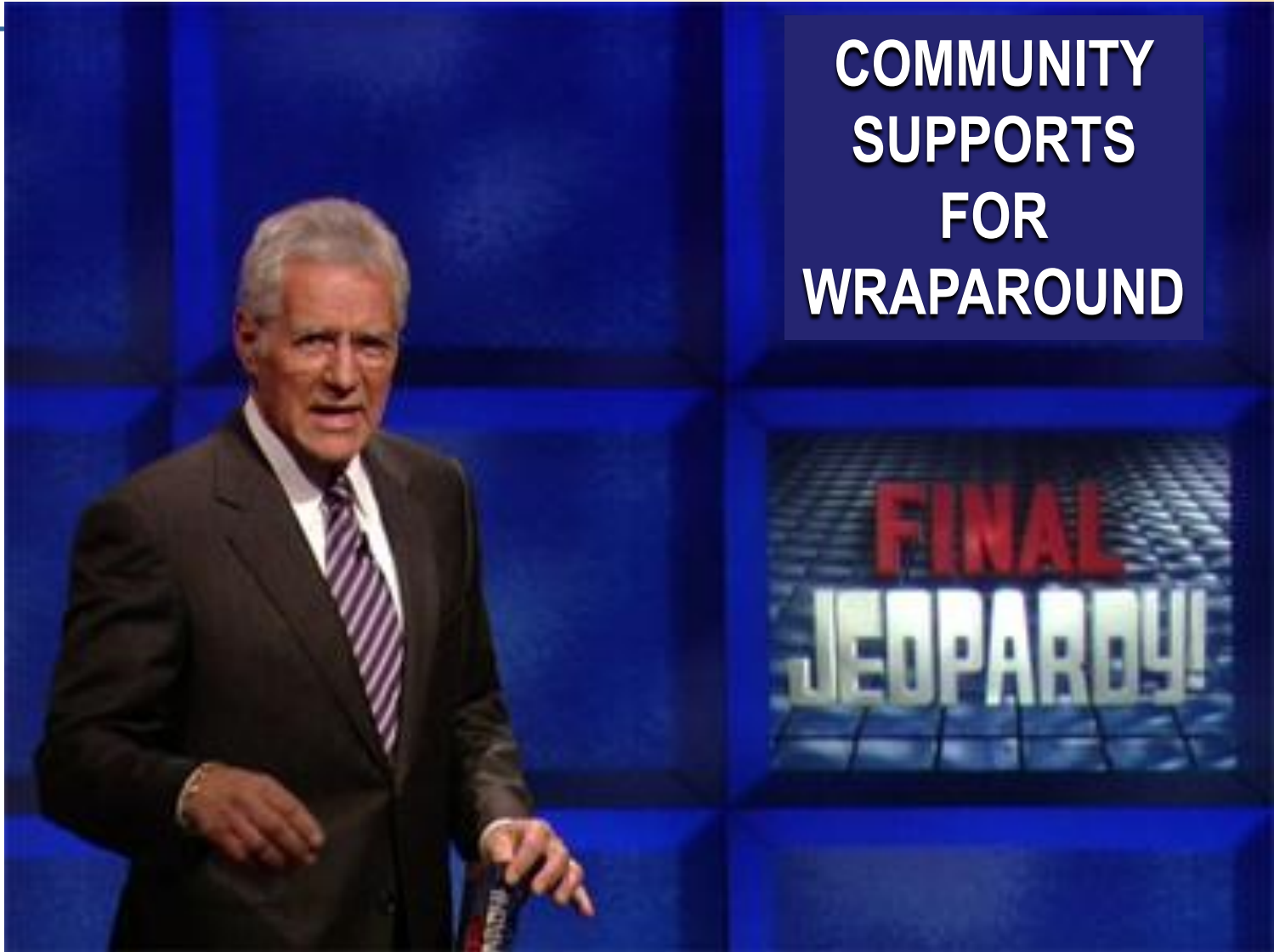
[www.nwi.pdx.edu/NWI-book/pgChapter5.shtml](http://www.nwi.pdx.edu/NWI-book/pgChapter5.shtml)

Overview of implementation support:

<http://www.nwi.pdx.edu/overall.shtml>

# Community Supports for Wraparound Inventory

- The 42 items are grouped within 6 themes:
  1. Community partnership
  2. Collaborative action
  3. Fiscal policies and sustainability
  4. Service array
  5. Human resource development, and
  6. Accountability
- Respondents complete the 42 items by rating the development of supports in their community or program on a 5 point scale
  - 0 = “least developed” and 4 = “fully developed”





# BREAK!





national  
wraparound  
initiative

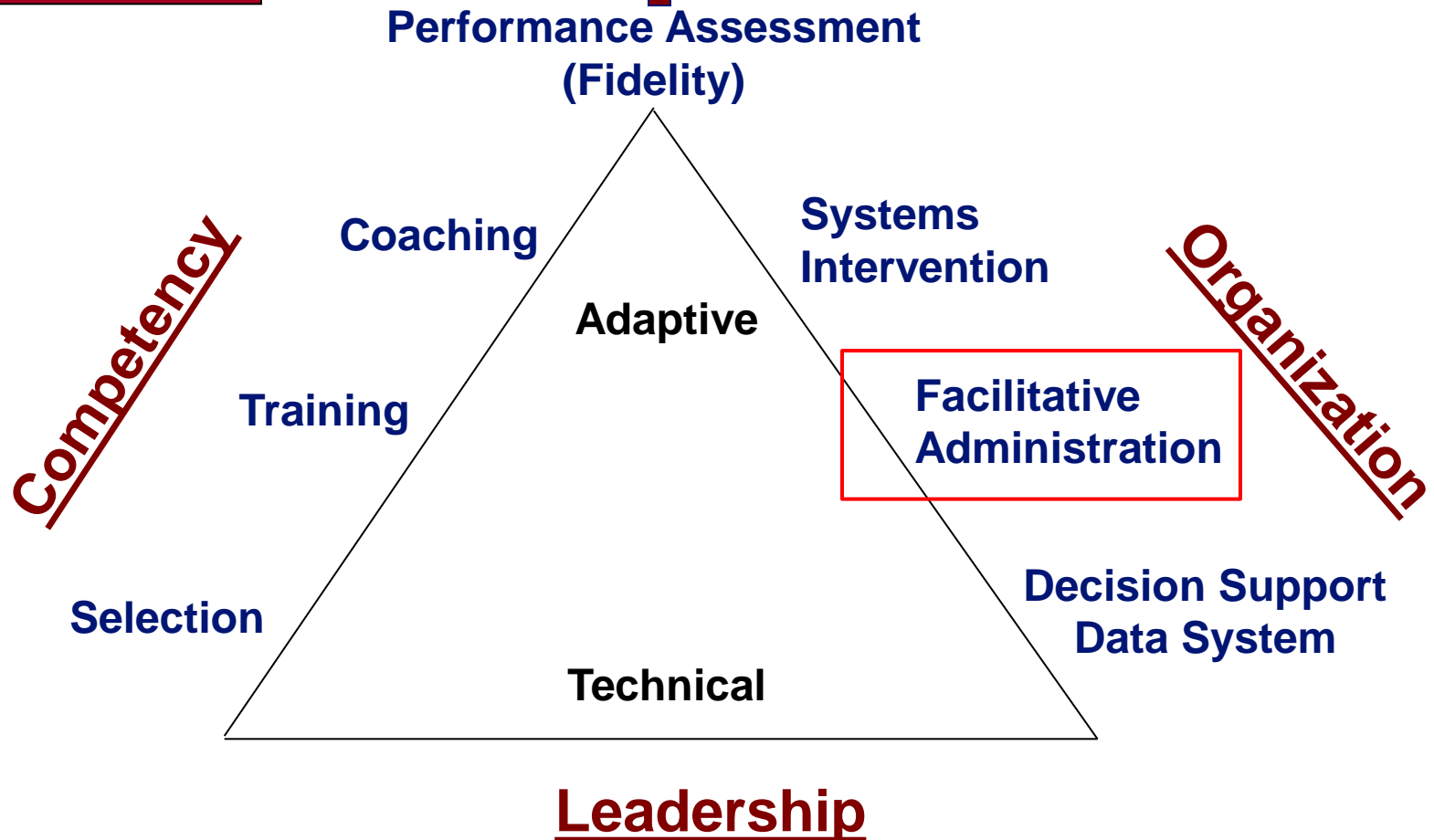


# ORGANIZATIONAL AND ADMINISTRATIVE SUPPORTS





## Implementation Drivers





## Care Coordination Agency

- Agency Director
- Clinical Director
- Finance/Business Manager
- IT (contracted or internal)
- Community Resource Specialist/Provider Network
- Supervisor staffing should include 5-7 care coordinators who each work with 8-10 families
- Regular weekly meetings that follow a structured process
- Regular access to supervisors

## Family Support Organization

- Agency or Program Director
- Finance/HR Manager
- IT (contracted or internal)
- Supervisor staffing should include 5-7 Parent Partners who each work with 8-10 families
- Structured supervision, group supervision, clinical oversight (if billing Medicaid)
- Supervisor is accessible and visible
- Accommodation/accountability
- Self Care component



# Administrative Supports

How do you utilize your administrative supports?

- **Utilizing administrative staff effectively**
  - Answer and direct phone calls, agency website, social media network, calendar and scheduling, space, supplies
  - Mailing POCs or other documents
  - Documentation, quarterly reports, etc
- **Training and support for administrative staff**
  - Included in training- agency mission, values base
  - Proficient in youth-guided and family-driven values and know when to escalate access to help
  - Remember...they are often one of the first contacts with families

# Climate, Culture and Values

- **Improve the climate and culture**
  - Support, support, support
  - Connectedness and Collaboration
  - Valuing staff
    - Fun & Celebrations
    - Being part of decision-making around agency policies
    - Implement staff suggestions
  - Fostering positivity, encouragement, openness, honesty, trust and flexibility
- **Maintain a Values Orientation**
  - What are your organizational deal breakers—No-tolerance policy
  - Family driven, culturally and linguistically competent, community-based

# Good Supervisors Create Environments Where Staff Know...

- Know what is expected of them
- Have supplies and equipment to do their job effectively
- Receive recognition each week for work well done
- Have a supervisor who cares and pays attention
- Receives encouragement to contribute and advance
- Can identify a person at work who is a support
- Feel the mission of the organization makes them feel like their jobs are important and they are making a difference
- See others around them as committed and doing a good job
- Feel they are learning new things and getting better
- Have the opportunity to do their job well.



Tracking, monitoring, and communicating

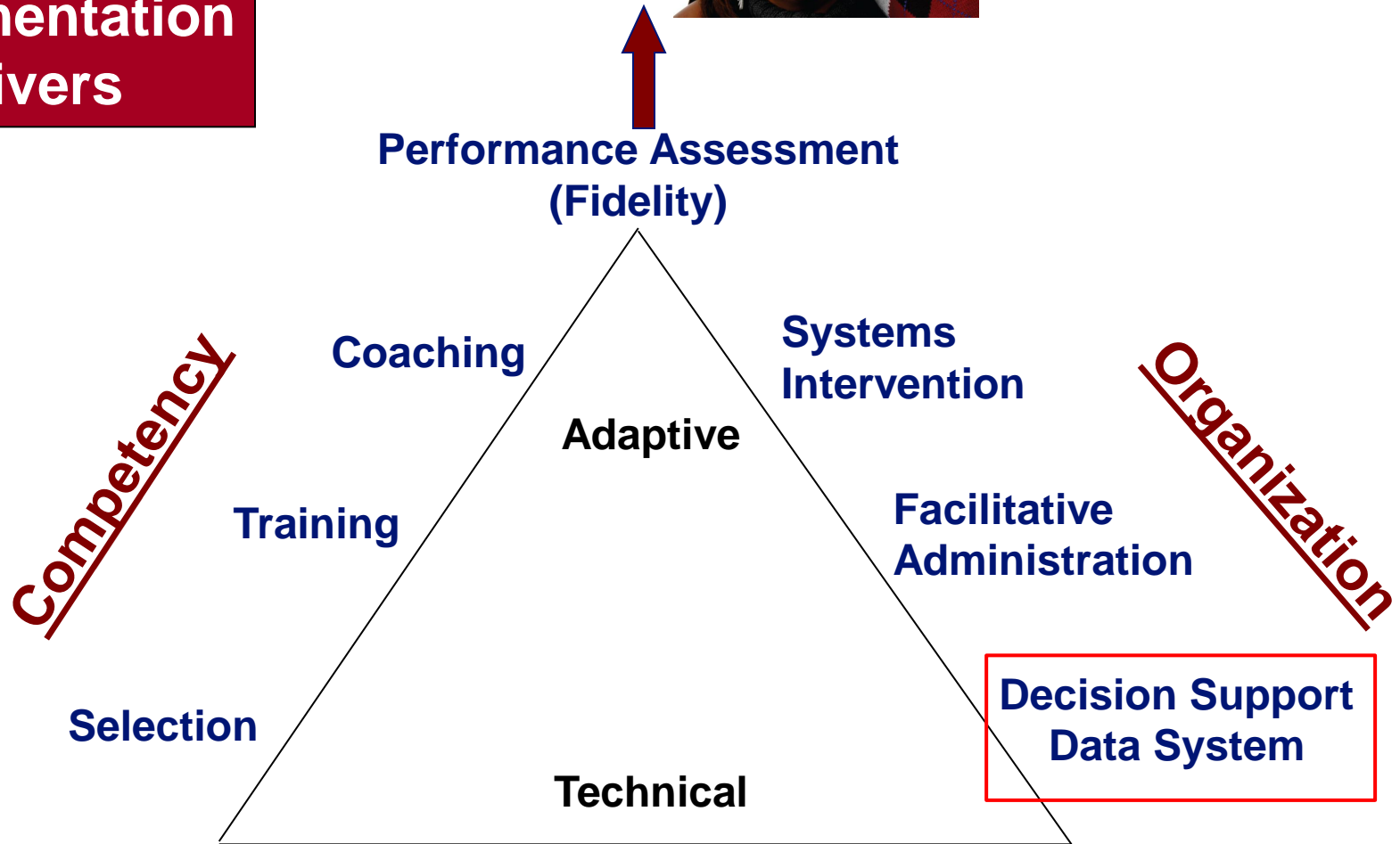
# **DATA SYSTEMS AND DECISION SUPPORT**



# Child and Family Benefits



## Implementation Drivers



## Leadership

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# Information Technology: A Key Administrative Support

## IT Systems need to be able to achieve three core functions

- **Tracking:** Who is providing what to whom at what cost?
- **Measuring and Assessing:** What effect is what we are doing having—on children, on families, on staff, on providers, on other child-serving systems, on taxpayers?
- **Communicating:** Packaging and providing information to different audiences (e.g., to wraparound teams, service providers, legislators, families, case managers, administrators, the general public).

- Pires, 2002

# Wraparound Team Monitoring System (Wrap-TMS)


- A web-based data collection, management and feedback system
- Designed to assist the Wraparound Process and other types of integrated, team-based service approaches.
- Provides a repository of key information on individuals in care (e.g., children, youth, and families)
- At a team/individual level: Facilitates communication and sharing of information between team members, and tracking of progress toward priority needs and goals
- At higher management levels: Supports supervision, evaluation of staff performance, and monitoring of implementation, outcomes, service use, and costs

# How Wrap-TMS works

- Users log on through a single point-of-entry ([www.wrap-tms.org](http://www.wrap-tms.org))
- Each user has a unique “configuration” that is custom-designed to accommodate the needs of a single initiative or ‘System of Care’
- WrapTMS manages an array of data elements critical to integrated, team-based care, such as plans of care, crisis plans, progress notes, priority goals and progress toward them, satisfaction, wraparound fidelity, and several core outcomes.
- Standardized measures can be custom built into an initiative’s configuration (e.g., CANS, CAFAS, CASII, PHQ-9)
- Users are presented with a real-time display of current cases, reminders, and configurable “dashboard” reports
- Information access is permission-driven and can be accessed from any computer with Internet access.



# Enroll Youth



Admin Change Password User Settings Log Out

## Team Monitoring Made Simple

11/17/2011  
9:42:39 PM

- HOME
- ENROLLMENT
- ASSESSMENTS
- SERVICES
- REPORTS
- DATA
- ADMIN

Youth	Family	Assessments	Services	Reports	Team
* First Name:	<input type="text" value="Thomas"/>	Middle Initial:	<input type="text" value="m"/>	* Case Number:	<input type="text" value="767546"/>
* Last Name:	<input type="text" value="George"/>	Entered By:	<input type="text" value="[staff Name]"/>		
* Gender:	<input type="text" value="Male"/>	Entered on:	<input type="text" value="11/11/2011"/>		
* Ethnicity:	<input type="text" value="African-American"/>	* Hispanic?	<input checked="" type="checkbox"/>		
* Date of Birth:	<input type="text" value="11/1/2011"/>	Age:	<input type="text" value="0"/>		
* Medicaid Number:	<input type="text" value="99998"/>				
Streets1:	<input type="text" value="street1"/>				
Streets2:	<input type="text" value="street1"/>				
City:	<input type="text" value="city"/>	State:	<input type="text" value="jhh"/>	Zip:	<input type="text" value="900909"/>
* Enrolled in School?	<input type="checkbox"/>	Grade:	<input type="text"/>	Enrolled Date	<input type="text" value="11/11/2011"/>
Legal Guardian:	<input type="text" value="[Legal Guardian]"/>				
Primary Caregiver:	<input type="text" value="gg"/>				
Custody Status:					
Enrollment Status:	<input type="text" value="Pending"/>				
Facilitator:	<input type="text" value="[Facilitator]"/>				

# Dashboards - Youth

**TMS**  
Team Monitoring Made Simple

Admin Change Password User Settings Log Out

## Team Monitoring Made Simple

Youth Family Assessments Services Reports Team

Last Name:  Case Number:

11/17/2011 10:01:21 PM

HOME  
ENROLLMENT  
ASSESSMENTS  
SERVICES  
REPORTS  
DATA  
ADMIN

### Youth Needs Progress

Rating

Weeks In Care

Need 1  
Need 2  
Need 3  
Need 4

Weeks In Care	Need 1	Need 2	Need 3	Need 4
0	0	0	4	0
2	2	2	4	0
4	4	6	4	0
6	6	6	4	2
8	8	6	4	4
10	8	8	6	6
12	8	8	8	6
14	8	8	8	8
16	8	8	8	8
18	8	8	8	8
20	8	8	8	8
22	8	8	8	8

(details/modify)

Need 1: Youth needs to learn the difference between blowing off steam and hurting others.  
Final Progress Rating: 8

Need 2: Youth needs to be reassured that he deserves to be protected.  
Final Progress Rating: 9

Need 3: Mother needs to learn how to forgive herself and others for the past.  
Current Progress Rating: 8

### Youth Connections

Baseline Current

Friends  
School/Work  
Family  
Community

(details/modify)

**Youth-Specific Dashboards**

**Dashboard Details**

# Home Page – Dashboards - Supervisors

**TMS**  
Team Monitoring Made Simple

Admin | Change Password | User Settings | Log Out

**Team Monitoring Made Simple**

11/17/2011 9:39:33 PM

HOME  
ENROLLMENT  
ASSESSMENTS  
SERVICES  
REPORTS  
DATA  
ADMIN

### Staff Youth In Care

Number

Month 2012

Mary Johnson  
Susan Smith  
Tom Jones

Month	Mary Johnson	Susan Smith	Tom Jones
J	0	5	8
F	5	10	5
M	8	15	10
A	10	18	12
M	12	17	10
J	15	15	8
J	10	12	10
A	8	10	12
S	10	12	10
O	12	15	10
N	10	12	10
D	12	15	10

(modify)

### My Current Youth Placement

In-Patient/Residential: 1  
Group Home: 2  
Foster Home: 4  
Family: 3  
Independent Living: 2

Current Youth In Care: 12  
Last Updated on: 05/06/2012 (modify)

### My Current Family Satisfaction

Very Dissatisfied: 1  
Dissatisfied: 2  
Satisfied: 4  
Very Satisfied: 3  
Missing/Not Given: 2

Current Youth In Care: 12  
Last Updated on: 03/18/2012 (modify)

### My Reminders

Safety Assessment Due: [Youth Case Identifier]  
Team Meeting: [Date] : [Youth Case Identifier]  
Safety Assessment Due: [Youth Case Identifier]  
New Case Assignments: 3  
New Messages: 4  
More ↓ (modify)

Supervisor Dashboard

User-Specific Reminders

# TMS Youth Space

The screenshot displays the TMS Youth Space interface. At the top right, there are links for Admin, Change Password, User Settings, and Log Out. The main header reads "Team Monitoring Made Simple". Below this is a navigation bar with tabs for Youth, Family, Assessments, Services, Reports, and Team. The current user profile is for Sarah Blick, a 14-year-old female enrolled for 14 weeks. The date and time shown are 11/17/2011 at 10:01:21 PM. A sidebar on the left contains menu items: HOME, ENROLLMENT, ASSESSMENTS, SERVICES, REPORTS, DATA, and ADMIN. The main content area is titled "All About ME" and features a profile picture of Sarah Blick. Below the picture is a link to "Add/Edit my profile picture". The profile includes the following information:

- My Favorite Color: Blue
- My Favorite Class: Art
- My Favorite Teacher: Mrs. Gunderson
- In 5 years I want to be: In College
- In 10 years I want to be: A Veterinarian

My Interests and Activities: I like to draw and paint. My favorite is water-color painting. I own a cat named Fluffy and she likes to sit on my lap all the time. My best friend is Elizabeth, but I call her 'Lizzie' and we like to hang-out at the mall and go window shopping.

If I could have lunch with any person, living or dead, it would be: Justin Bieber. I just think he is so cute and talented.

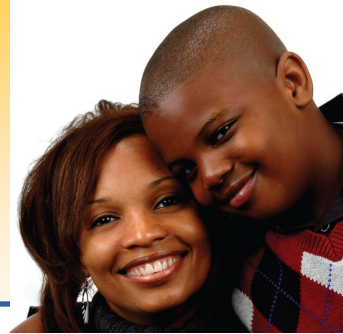


STAFF COMPETENCY

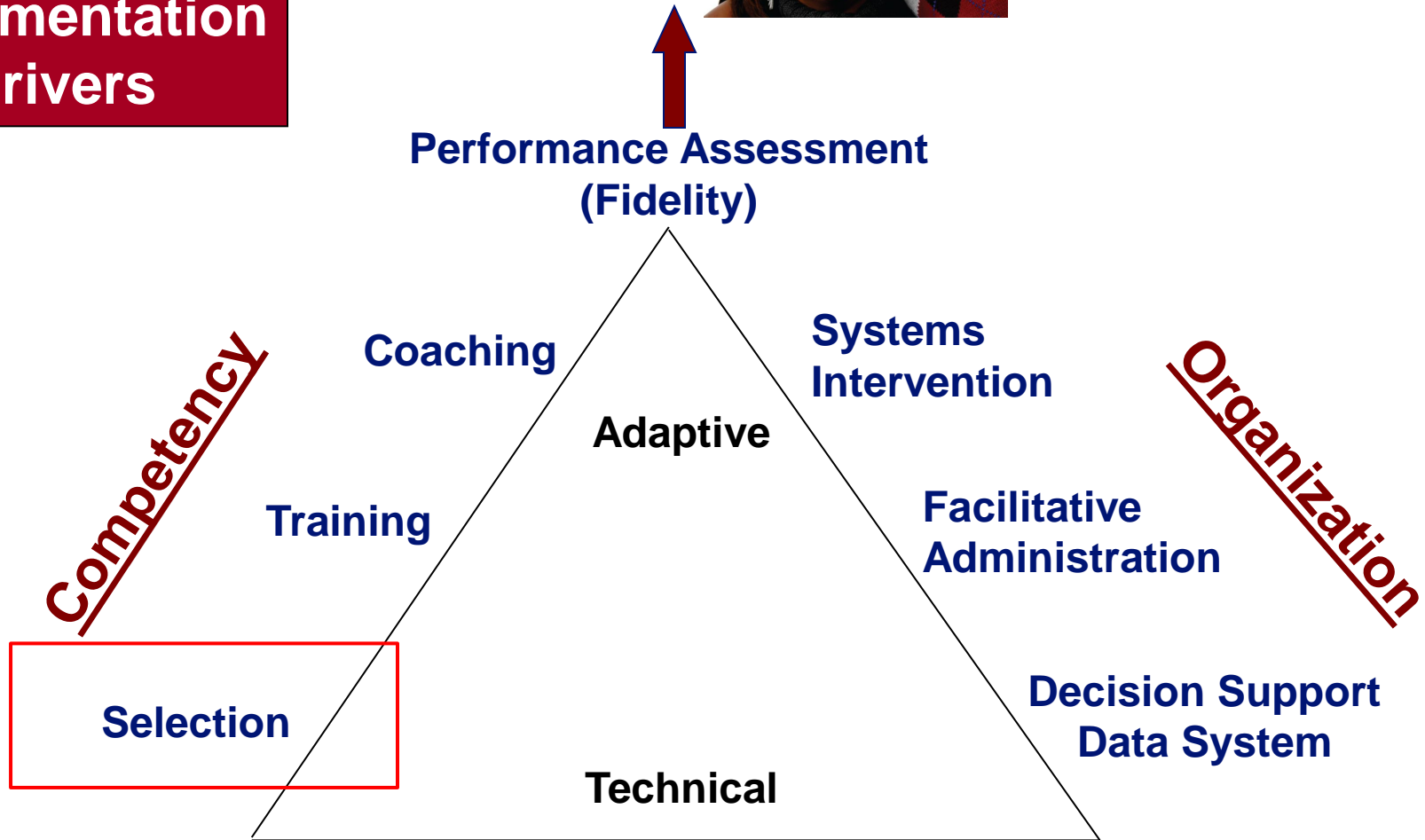
# STAFF SELECTION



# Child and Family Benefits



## Implementation Drivers



## Leadership

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# Staff Selection—Pre-interview

## Care Coordinators:

- Starts with the position posting
  - Where you advertise
  - Job description
- Reviewing Resumes
  - Know what to look for
    - Work with people, system experience, creativity and/or excitement in a cover letter, goals/objectives, living abroad or experience with diverse cultures, organizational skills, writing abilities, sometimes the unusual on a resume

# Staff Selection—Pre-interview

## Parent Partners:

- Post position-word of mouth most effective
  - Need to access parents with lived experience
  - Best resource is families being served
  - Role description and clear expectations explained
- Resume helpful but conversation and role play better
  - Looking for:
    - Parent of a child with emotional or behavioral challenges with systems experience
    - Ability to empathize with others
    - Problem solving skills
    - Communication and listening skills
    - Culturally competent



# Staff Selection—The Interview

## Care Coordinator:

- Ask behavioral questions
- You can teach process, you may not be able to teach values and perspectives
- Mock CFT with instructions
- Writing sample (based on this example take 5 minutes and write a progress note)
- Mini-training
- Meet with other care coordinators (an honest “day in the life”)
- Interview with a parent or youth

# Sample Interview Questions

- We believe that all bad behavior comes as a result of unmet need. I'm going to read you a brief scenario. When Johnny, a 12 year old boy, is scheduled to go to therapy sessions he and his mom get in arguments, which end with Johnny hitting his mother. What do you think his unmet need is and which strategies would help meet the unmet need?
- Tell me about a child (or parent) that you have been most frustrated with by describing what they were good at.
- I'm going to read you a brief scenario: Julie has a diagnosis of bipolar disorder. She has lived with her mother since birth. Julie recently has ended up in a residential treatment facility and Robin, her mom, wants to come by the facility everyday to see her. Line staff thinks this will interfere with the milieu of the program. What do you think should happen?

# Sample Interview Questions Cont'd.

- Tell me about a child with whom you worked that demonstrated the most severe and complex behaviors. Then describe how you did or would work to maintain this child at home with their family in the community.
- It is an expectation of a care coordinator that you will work with many systems and agencies. What will you do to ensure a strong partnership with these agencies while always maintaining a family determined process?

# Group Observation Interview – Parent Partners

In this format, a group of potential Parent Partner applicants are interviewed together. They are given a short presentation about the role of Peer Parent Support, Wraparound, and the organization's values. The group is then asked to discuss what they have heard among themselves. The interviewers observe the discussion and look for the following:

1. Direct experiences they have had in the system
2. What resources they found to be most helpful
3. Opinion about how involved parents should be in their child's care
4. Benefits they see in having peer parents involved in delivering services and supports (for parents, youth, and professionals involved)
5. What changes they think should be made within the child serving systems
6. Any community resources or information they found to be helpful and how accessed
7. Any other things about them we think would be helpful to us

# Parent Partner Selection—The Interview

- Remember... looking for lived experience - You can teach wraparound, you may not be able to teach values and perspectives
- Explain role of peer parent support, how it is different, what is required
- Parent Partners should be representative of the population served
- Ask parent to discuss their experience in the system (mental health, child welfare, juvenile justice)
- Previous interview questions (same as Care Coordinators) used but only after a group interview and selection process
- If position is Medicaid billable a writing sample and computer competency quick test is helpful

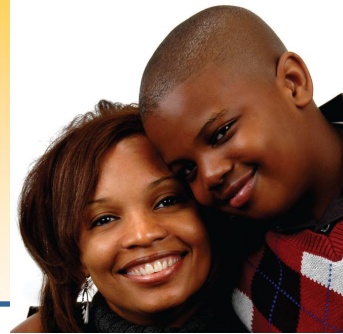


# Building Staff Competence



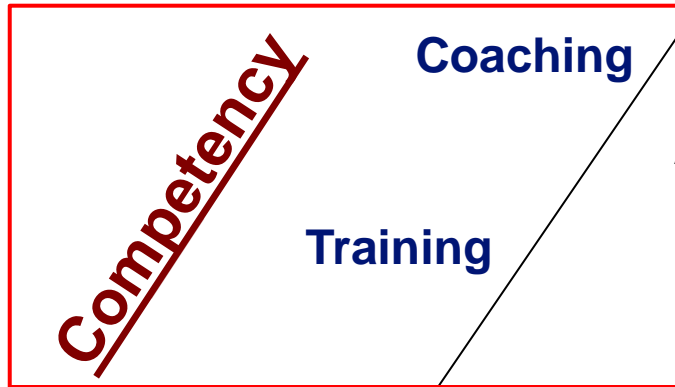
national wraparound initiative

# Child and Family Benefits



## Implementation Drivers

Performance Assessment (Fidelity)



Adaptive

Systems Intervention

**Organization**

Facilitative Administration

Selection

Decision Support Data System

Technical

## Leadership

# Workforce Development is a Core Component in Implementation

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

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

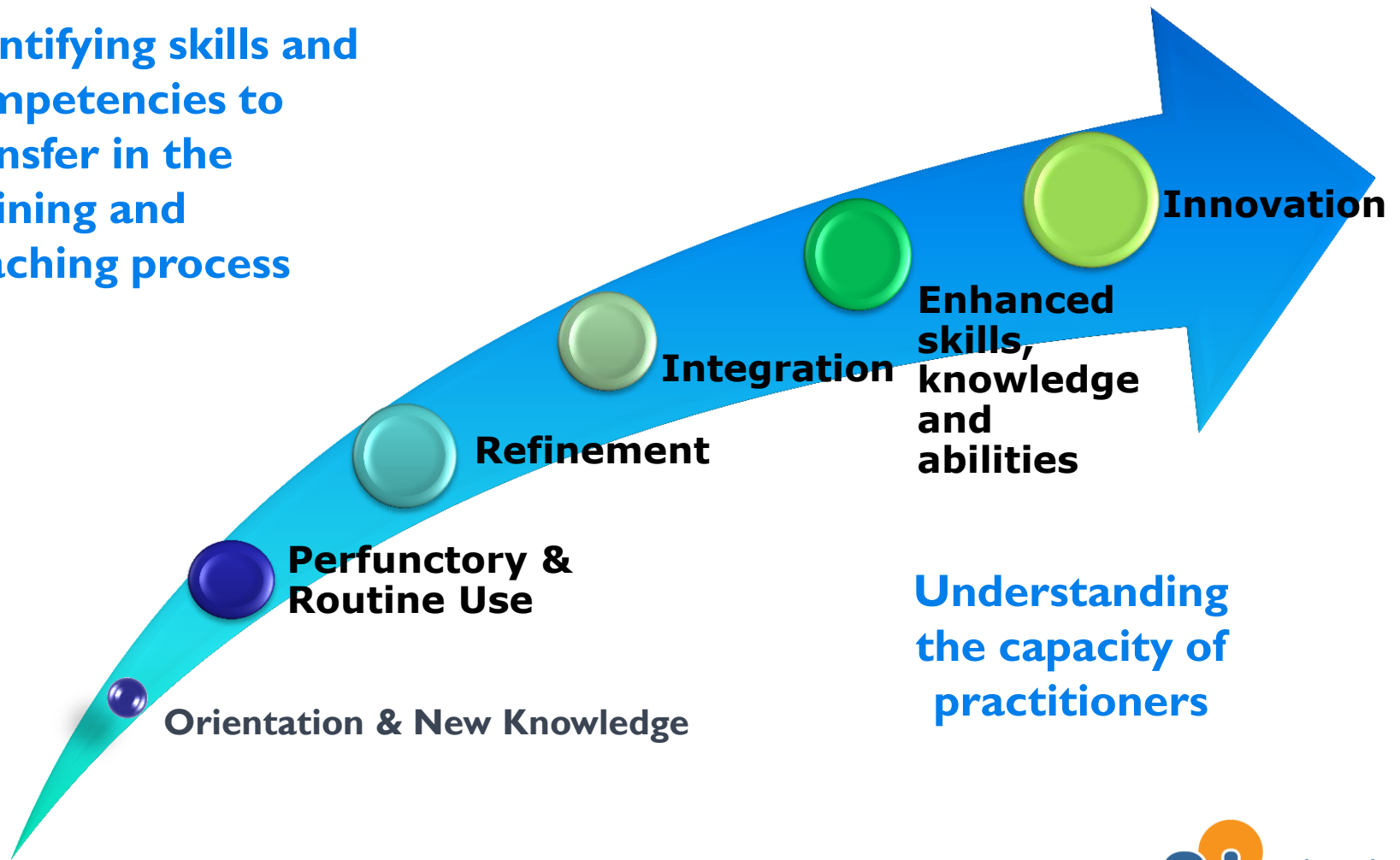
(Blase et al., 1984; Joyce & Showers, 2002; Kealey, Peterson, Gaul, & Dinh, 2000)  
(Fixsen, Naoom, Blase, Friedman, & Wallace, 2005)





# Knowledge, Skill and Ability Development Process

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



(Gingiss, 1992; Blase,)

# Developing the Model for Training and Coaching

- Training, combined with coaching, create conditions in which quality implementation happens. They are important components to achieve positive outcomes (Joyce & Showers, 2002).
- Operationalizing the Values—Focus on Skill Development in the Model
- Translating values to actions/skills



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# Staff Competence—Training

**Training**

Knowledge

useful abilities.  
backbone of co  
quired for a tr  
today

# Components of Effective Training

Telling

Showing

Practicing

Feedback

# Workforce Development

## Building Staff Competency

### When Developing a Training Model – Ask...

- Do you have a vision and can you plan for it?
- Who is your audience? Care Coordinators, Parent Partners, Administrators?
- Will you provide Certification?
- Do you have clear expectations and objectives?
- Can you develop a training model based on a theory base and logic model?
- How will you provide linkages to the training model e.g., coaching/evaluation/fidelity?

# Wraparound Training Model Example

- Wraparound Overview for Stakeholders (3 hours)
- Online Pre-Requirements
  - System of Care, values, principles
- Introduction to Wraparound (3 days)
- Engagement in the Wraparound Process (1 day)
- Intermediate Wraparound (2 days)
- Advanced Wraparound for Supervisors (2 days)

# Role Specific Training

## Example for Peer Parent Support

Parent Partners could receive the Wraparound training on the previous slide and additional training for their role.

- Core Skills Peer Parent Support Training (2 days)
- Advanced Skills Peer Parent Support Training (4 days)
- CAST Tool Overview (1 day)
- Partnering with Professionals Training (2 day)



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initiative



# Consultation and Coaching

***Coaching  
works...***

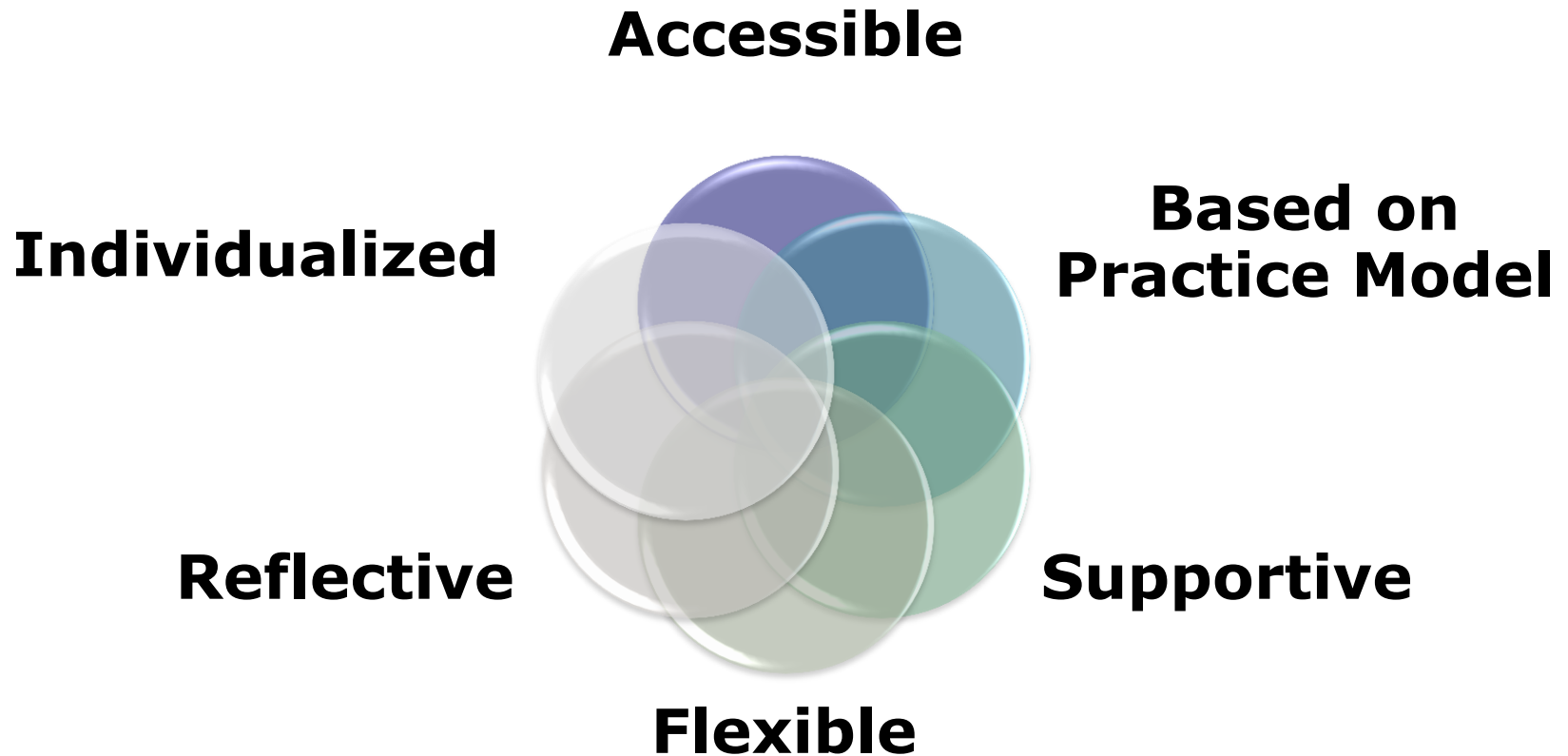
***even when  
you think  
it won't.***







# Components of Effective Coaching

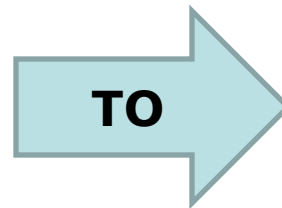




# Supervision

Coaching should focus on building capacity with supervisors and equipping supervisors with tools to support staff. The focus shifts from:

Focus on  
how families  
are reacting  
to staff



Focus on how  
staff are  
implementing  
the process

# Staff Evaluation—Wraparound Practice Improvement Tools (WPIT)s

## Wraparound Practice Improvements Tools (WPITs):

- Supportive Transfer of Essential Practice Skills (STEPS) Wheel
- Coaching Observation Measure for Effective Teams (COMET)
- Coaching Response to Enhance Skill Transfer (CREST) Tool
- Supervisory Assessment System (SAS) Tool

## Additional Tool for Peer Parent Support Partners:

- Collaborative Assessment Support Tool (CAST)

# The Supportive Transfer of Essential Process Skills (STEPS) Wheel



# The CREST

## (Coaching Response to Enhance Skill Transfer)

Step	Tips	What You Did
<b>Introduce the task</b>	Break duty into tasks Keep it simple (no more than 4) Relate the task to employee experiences	
<b>Why do you want it done this way?</b>	Relate your steps to 1 of 4 Key Elements Relate your steps to employee gain (makes work easier, better, faster, etc.)	
<b>Demonstrate the task</b>	Discuss it Show the employee Ask the employee to show you Point out other employees who do it this way Other: _____	
<b>When</b>	Define when to use this with most families Date for the staff to implement: _____ (Within the next week to ten days)	
<b>Follow-up</b>	Name a date for follow-up	

# Supervisory Assessment System (SAS) Tool

- Designed to be used as a quality review tool for managers and outside coaches
- Assesses supervisors and how they transfer and build skill in their staff in the areas of communication, coaching and analysis

Communication					
No evidence of values in discussions with staff	2	Values are evident in the organization & typically through formal activities	4	Values discussed frequently through incidental coaching/supervisory interactions	Your Score:
1		3		5	
No evidence of staff behaviors being linked to values	2	Staff behaviors are tied to values in coaching/supervisory interactions at least 50% of time	4	Staff behaviors seamlessly tied to values in all coaching/supervisory interactions	
1		3		5	

# COMET (Coaching Observation Measure for Effective Teams)

- The purpose of the COMET is to provide a framework for developing a skilled workforce and for use as a tool to provide feedback as well as frame supervision conversations for developing quality wraparound practitioners building on a high-fidelity wraparound process.
- The COMET is an instrument to be used when assessing a wraparound practitioner's skill level throughout the four phases of the wraparound process. This instrument will be utilized as a document, skill, and process review across a number of settings including team observations, family visit observations and in supervision with facilitators.
- The COMET is designed to be used in a coaching process to enhance skill, not as a punitive tool to illustrate deficiencies in skill. Often this instrument will be used in conjunction with other tools developed by The Institute such as the Coaching Response to Enhance Skill Transfer (CREST), Supervisory Assessment System (SAS), and the Supportive Transfer of Essential Practice Skills (STEPS).

# Key Elements and Essential Process Components

**Table 1: Essential Process Components By Phase**

Key Element	Phase 1: Engagement & Team Preparation	Phase 2: Initial Plan/CFT	Phase 3: Plan Implementation	Phase 4: Transition
<b>Grounded in a Strengths Perspective</b>	Starting with the family's view, the family's story is heard and summarized from a variety of sources eliciting family possibilities, capabilities, interests & skills	Strengths of family, all team members and the family's community are collectively reviewed and matched to chosen strategies	Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion.	Purposeful connections including aftercare options are negotiated and made based on family strengths & preferences and reflect community capacity
<b>Driven by Underlying Needs</b>	Family's story is heard & summarized by starting with the family's view and blending perspectives from a variety of involved sources in order to elicit shared perspective of the meaning behind a behavior and/or situation related to the family's current situation	Team develops an understanding of the underlying reasons behind situations and/or behaviors. Needs generated from underlying conditions and those aligning with the family's vision are summarized, reviewed and prioritized and used as the basis for developing strategies	Team deepens their understanding of the underlying reasons behind situations and adapts strategies based on that new information	Team forecasts potential unmet needs and strategizes options post wraparound
<b>Supported by an Effective Team Process</b>	Family's perspectives around success are summarized and reflected to the team and the team understands their roles and expectations within the wraparound process	The family's interests and preferences are summarized and integrated into a team mission and subsequent strategies that include the perspective of all team members	Team delivers and modifies strategies that align with chosen outcomes and reflect family perspective	Team mission is achieved and family is closer to their stated vision
<b>Determined by Families</b>	The family's culture, values, traditions, and beliefs are elicited and summarized to inform immediate responses appropriate to the wraparound process	The family's perspective is reflected as critical to a successful process and is the basis for decision making & creative problem solving	Family perspective is used in modifying the mix of strategies & supports to assure best fit with family preferences	Family perspective of met need is used to identify and develop transition activities.



# Collaborative Assessment Support Tool (CAST)

## Tool for use by Peer Parent Support Partners with Families

- Tool used to determine the “right size” peer parent support
- Focus is on looking at the parent’s need for support based on five key areas
- The CAST scoring is weighted and provides a structure in which to provide individualized peer parent support
- Provides the ability to determine the right amount of support based on need
- Provides for an array of support to families
- Outcome data is collected by The Institute



# **EVALUATION AND PERFORMANCE ASSESSMENT**



# Child and Family Benefits



**Implementation Drivers**

**Performance Assessment (Fidelity)**

**Competency**

Coaching

Systems Intervention

**Organization**

Adaptive

Training

Facilitative Administration

Selection

Decision Support Data System

Technical

**Leadership**

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# Types of program and system support for Wraparound

1. **Community partnership:** *Do we have collaboration across our key systems and stakeholders?*
2. **Collaborative action:** *Do the stakeholders take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements?*
3. **Fiscal policies:** *Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?*
4. **Service array:** *Do teams have access to the services and supports they need to meet families' needs?*
5. **Human resource development:** *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
6. **Accountability:** ***Do we use tools that help us make sure we're doing a good job?***

# An accountable wraparound initiative

- When a wraparound initiative is fully supported in the area of Accountability...
  - *the community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort.*

# Achieving Accountability: Four big ideas

- 1. Establish clear outcomes**
- 2. Define your process elements**
- 3. Gather satisfaction and other data directly from youths and families**
- 4. Monitor costs**

# What are the implementation steps?

- Determine how you will use your information before you begin to collect it
- Be critical in your methods
- Set reasonable goals for data collection
- Stay on the collaborative course

# What types of implementation data?

- **Measuring wraparound implementation can take many forms.**
- Data collection and feedback can be critical in the process of **supervising and coaching staff**
  - Key resources: *Resource Guide to Wraparound* chapter on [Wraparound Supervision and Management](#)
  - *Implementation Overview* on the NWI webpage (see <http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-5a.2-%28implementation-essentials%29.pdf>)
- **Wraparound fidelity evaluation tools**
  - Can be used in supervising wraparound staff
  - More frequently are used in aggregate form to provide feedback to the site and its stakeholders about how implementation is going overall.



# Types of implementation data: The basics

- Data on the quality of the wraparound process provided
  - Live observation, plan review, and feedback from youth and families.
- Types of services and supports included in wraparound plans
  - Including whether planned services and supports are provided, and
  - Whether or not the goals and needs that appear on wraparound plans are met.
- Satisfaction and buy-in among stakeholder groups, including youth and families, partner agencies and other stakeholders
- Barriers that prevent wraparound teams from doing their work and/or fully implementing their plans.

# Typical types of outcomes data

- Meeting needs or goals that are documented in youth/families' wraparound plans
- Increasing child and family assets and strengths and reduction of needs
- Improving caregiver well-being
- Increasing family and youth empowerment
- Keeping youth "at home, in school, and out of trouble"

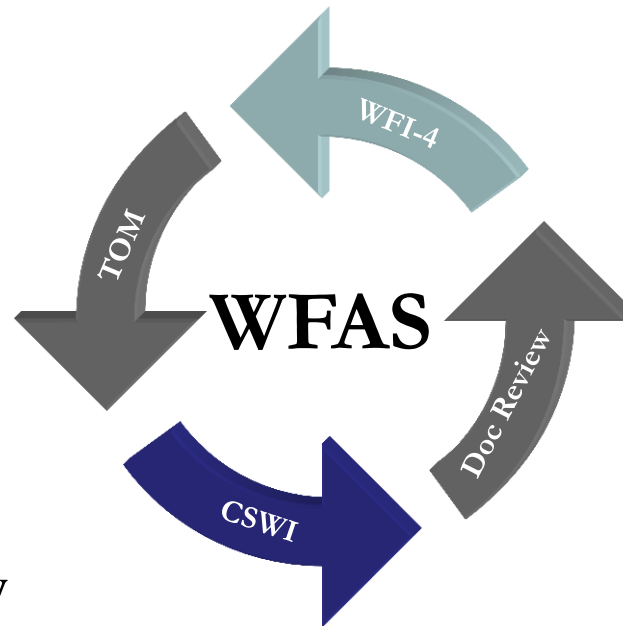
# Wraparound Fidelity Assessment System

[www.wrapinfo.org](http://www.wrapinfo.org) or

<http://depts.washington.edu/wrapeval>

**TOM** – Team  
Observation  
Measure

**WFI-4** –  
Wraparound  
Fidelity Index



**CSWI** – Community  
Supports for  
Wraparound  
Inventory

**DRM** - Document  
Review Measure

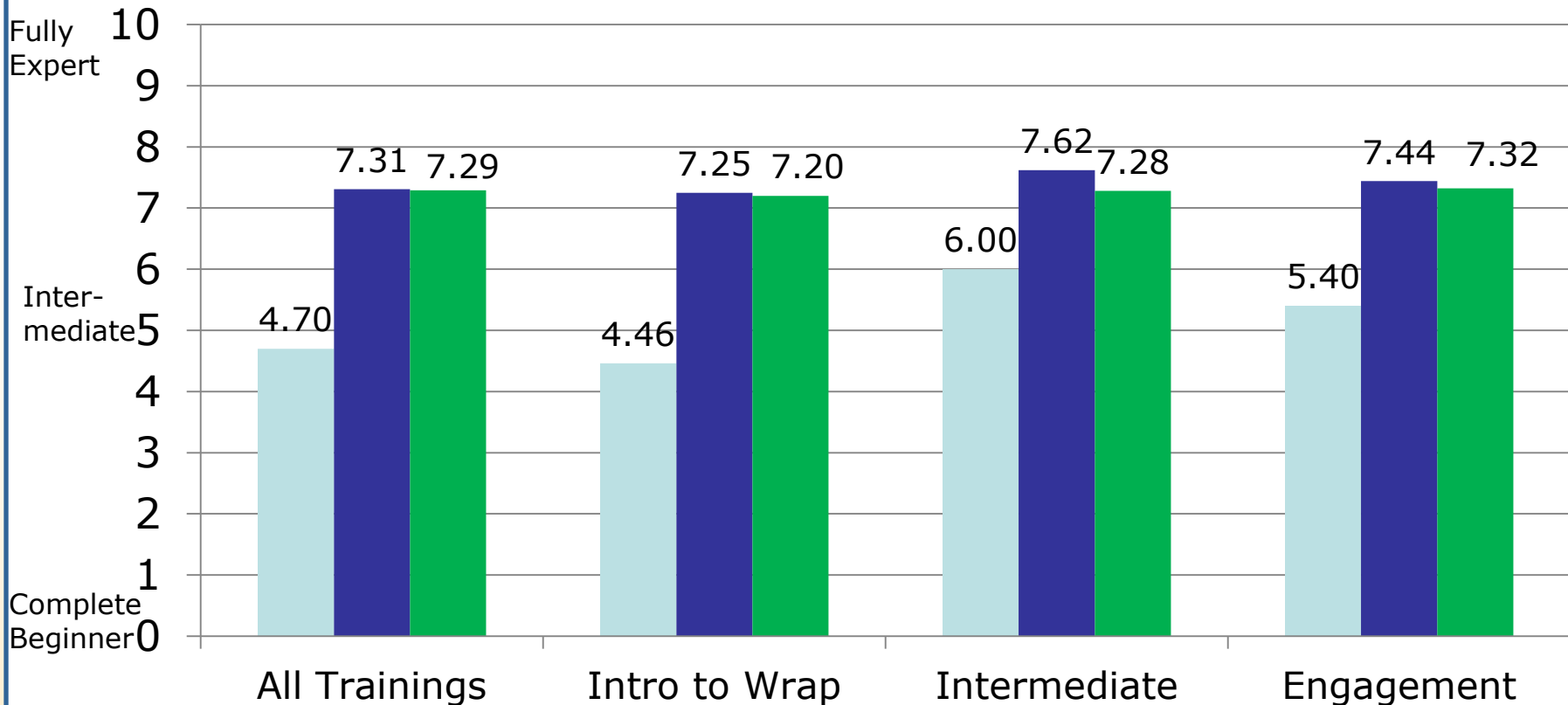
# Other types of data

- Level of community support (e.g., CSWI)
- Effectiveness of training and coaching

# Impact of Training and Technical Assistance (IOTTA): Overview

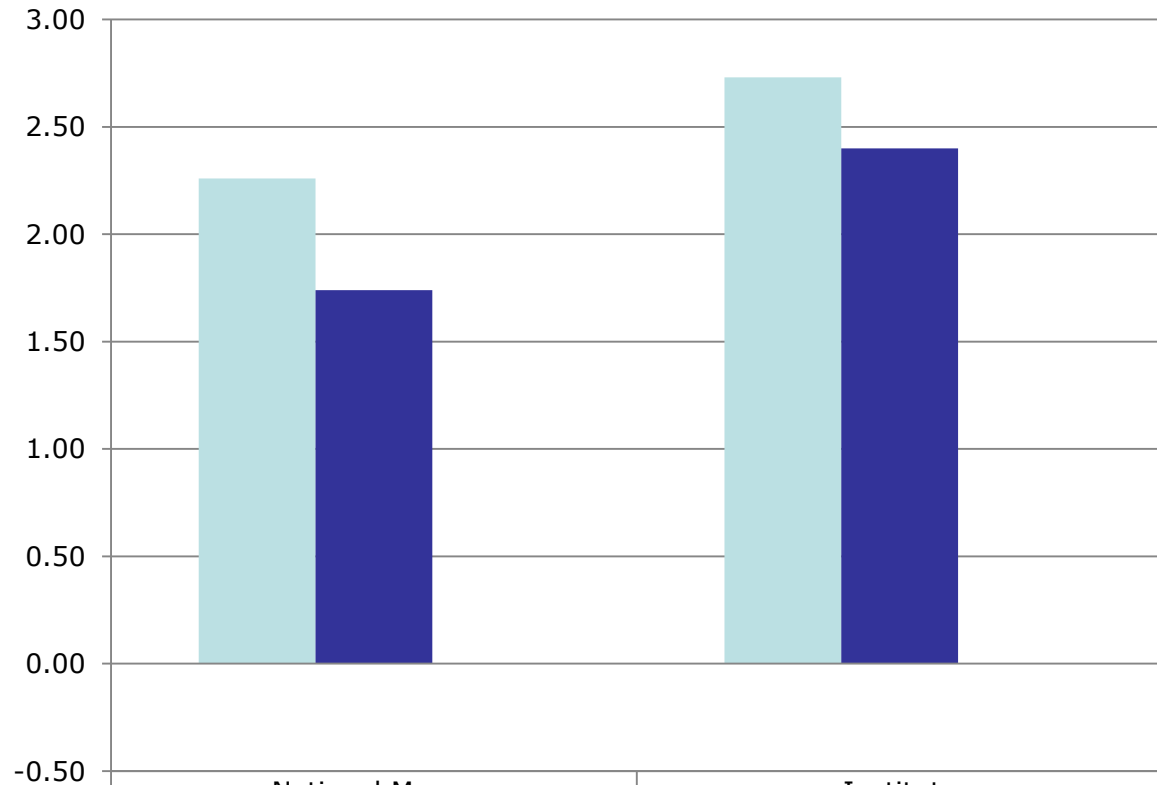
- IOTTA
  - An evaluation survey for Wraparound training attendees
  - Administered twice:
    - Baseline: Immediately following the training
    - Follow-up: 2 months later
  - Assesses:
    - Self-perceived pre and post-training mastery/competence with training skills & content
    - Route to mastery (e.g. working with trainer, colleagues, etc.)
    - How organized, credible and interesting trainer was
    - Expected & actual impact of training on work
    - Route to impact (e.g. sharing info w/colleagues, changing procedures at work, etc.)

# Baseline & Follow up: Perceived Competence/Mastery



- Baseline - What was your level of mastery before this training?
- Baseline - What was your level of mastery after this training?
- Follow Up - What is your current level of mastery?

# Evaluating quality of training and TA: Univ of Maryland Institute



	National Means	Institute
■ Baseline: Pre and Post mastery	2.26	2.73
■ Pre mastery to current mastery	1.74	2.40
■ Post mastery to current mastery	-0.22	-0.22

# Wraparound Evaluation and Research Team

## [www.wrapinfo.org](http://www.wrapinfo.org)

**WRAPAROUND FIDELITY INDEX**

### Wraparound Evaluation and Research Team (WERT)

This website was created to facilitate dissemination of the measures of the Wraparound Fidelity Assessment System (WFAS), including the Wraparound Fidelity Index (WFI), Team Observation Measure (TOM), and Community Supports for Wraparound Inventory (CSWI). The site also aims to promote understanding within the service delivery evaluation field about the importance of maintaining fidelity to the wraparound process. This website contains descriptions of the measures of the WFAS, a brief description of the wraparound process, information on how to collaborate with our team and use the measures of the WFAS, relevant literature and presentations, and links to related projects and institutions.

For more information about the wraparound process, please visit the webpage of the [National Wraparound Initiative](http://www.wrapinfo.org).

#### Latest News

**May 2010**

The Wraparound Evaluation and Research Team is the accountability and evaluation wing of the National Wraparound Initiative. The NWI is launching its new website this month, as well as a new membership drive that will help connect individuals, organizations, and communities who are involved in wraparound implementation. Check out all the details at the new NWI website: [www.nwi.pdx.edu](http://www.nwi.pdx.edu).

**April 28, 2010 WFI PSYCHOMETRICS**

WERT is happy to present the latest results of our extensive analysis of the psychometric properties of the Wraparound Fidelity Index, version 4, facilitated by a

Wraparound Initiative



# Resources and Websites

- [www.nwi.pdx.edu](http://www.nwi.pdx.edu)!
- <http://ssw.umaryland.edu/innovations/>
- [www.wrapinfo.org](http://www.wrapinfo.org) – Portal to
  - *The Resource Guide to Wraparound*
  - Website of the National Wraparound Initiative (NWI)
  - Wraparound Evaluation and Research Team (WERT) – wraparound fidelity tools
- Other wraparound resources:
  - [www.Paperboat.org](http://www.Paperboat.org)
  - <http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm>
  - [www.tapartnership.org](http://www.tapartnership.org)
  - [www.systemsofcare.samhsa.gov](http://www.systemsofcare.samhsa.gov)



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

[www.nwi.pdx.edu](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.