



The Wraparound Process for youth with complex needs and their families

Practice model, evidence base,
and role in a system of care

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the national wraparound initiative

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

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What is the Wraparound Process?

- Wraparound is a family-driven, team-based process for planning and implementing services and supports.
- Through the Wraparound process, teams create plans that are geared toward meeting the unique and holistic needs of these youth and their caregivers and families.
- The Wraparound team members meet regularly to implement and monitor the plan to ensure its success.
 - Team members include individuals relevant to the success of the identified youth, including his or her parents/caregivers, other family members and community members, mental health professionals, educators, system representatives, and others

Other uses of the term “Wraparound”

- “Wraparound services”
 - Different types of services that might be useful for an individual seeking help, but that are not traditionally available or reimbursable
 - E.g., Transportation, recreation, child care
- “Wraparound approach” or “philosophy”
 - Applying the principles of wraparound to any type of service or context, or to the work of any type of helper
 - I.e., to be most effective, services should be family- and youth-driven, individualized, culturally competent, and emphasize maintenance of the youth in the community wherever possible.

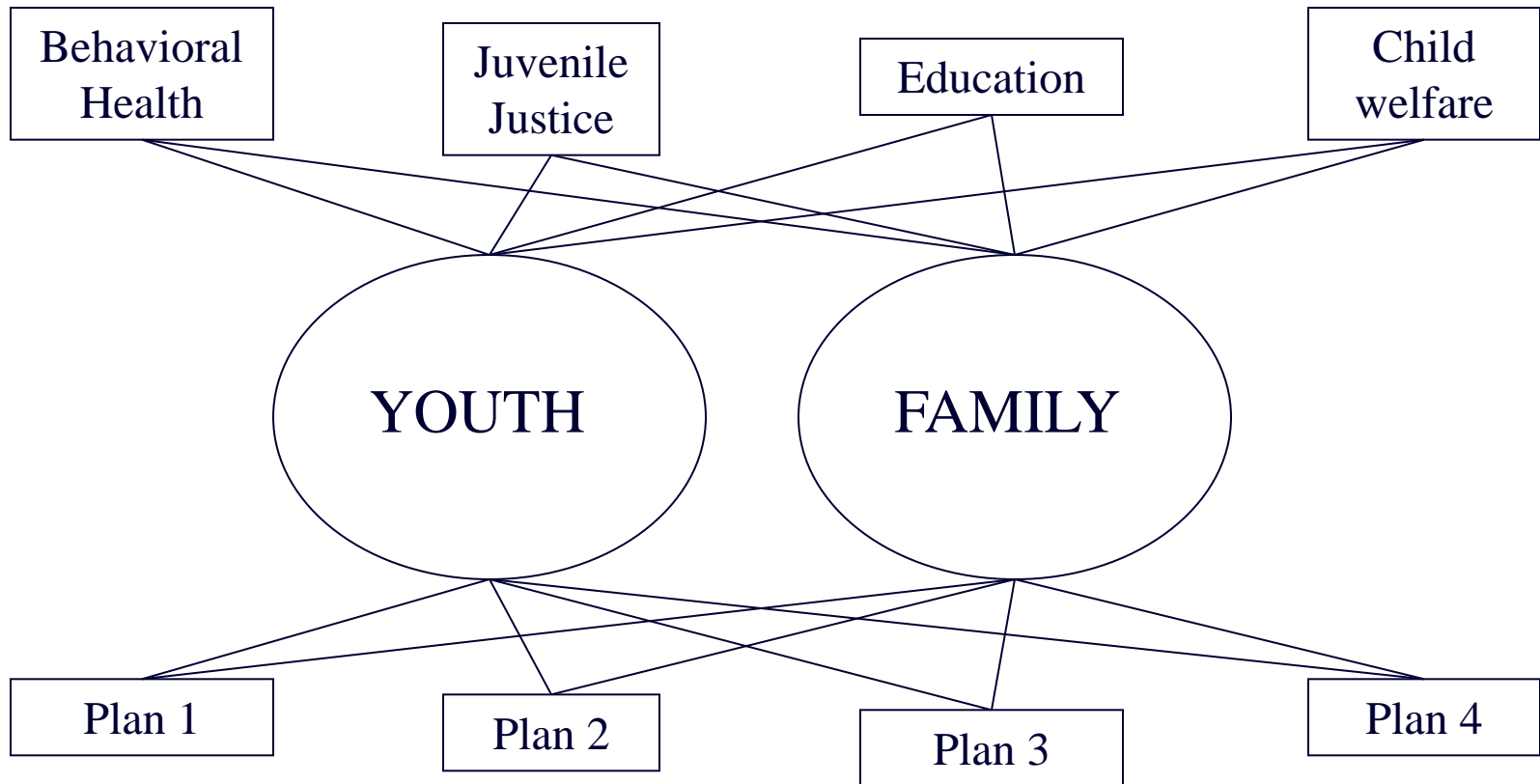
Why Wraparound?

- Working with youths with complex needs and multiple system involvement is challenging and outcomes are poor
 - Child and family needs are complex
 - Youths with serious EBD typically have multiple and overlapping problem areas that need attention
 - Families often have unmet basic needs
 - Families are rarely fully engaged in services
 - They don't feel that the system is working for them
 - Leads to treatment dropouts and missed opportunities

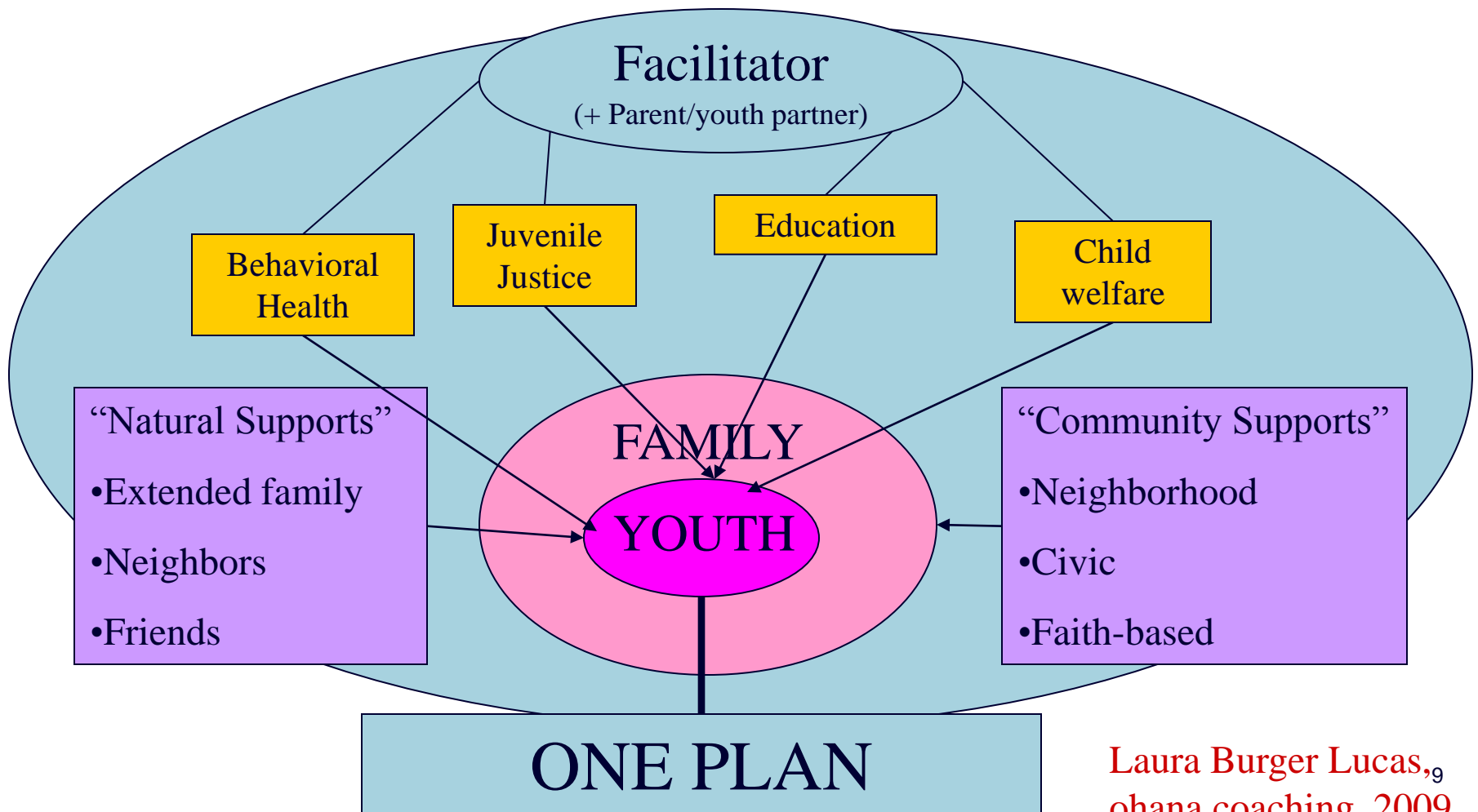
Why Wraparound? (continued)

- Systems are in “siloes”
 - Special education, mental health, primary health care, juvenile justice, child welfare each are intended to support youth with special needs
 - However, the systems also have different philosophies, structures, funding streams, eligibility criteria, and mandates
- These systems don’t work together well for individual families unless there is a way to bring them together
 - Youth get passed from one system to another as problems get worse
 - Families relinquish custody to get help
 - Children are placed out of home

Traditional services rely on professionals and can result in multiple plans



In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan



Laura Burger Lucas,⁹
ohana coaching, 2009

For which children and youth is wraparound intended?

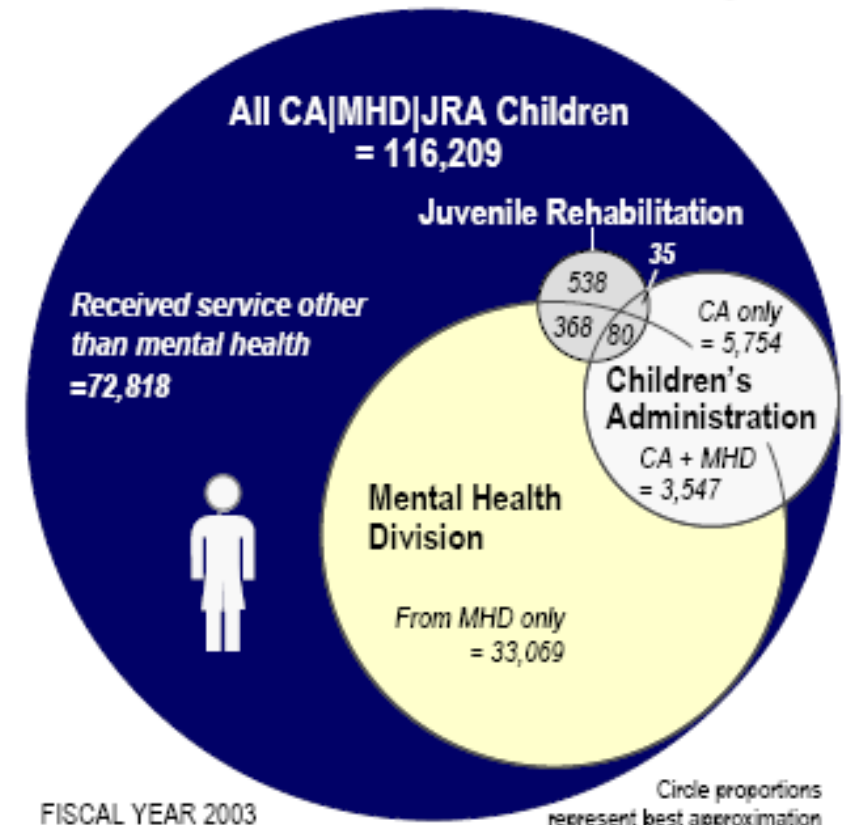
- Youth with needs that span home, school, and community
- Youth with needs in multiple life domains
 - (e.g., school, employment, residential stability, safety, family relationships, basic needs)
- Youth for whom there are many adults involved and they need to work together well for him or her to succeed
 - Wraparound facilitation + flexible funds may cost \$1000 - \$3000/mo., so typical use is to divert from high cost alternatives
 - E.g., psychiatric hospitalization/RTC (\$700-1200/day), detention (\$3000-8000/mo.), long term foster care

The system's stake:

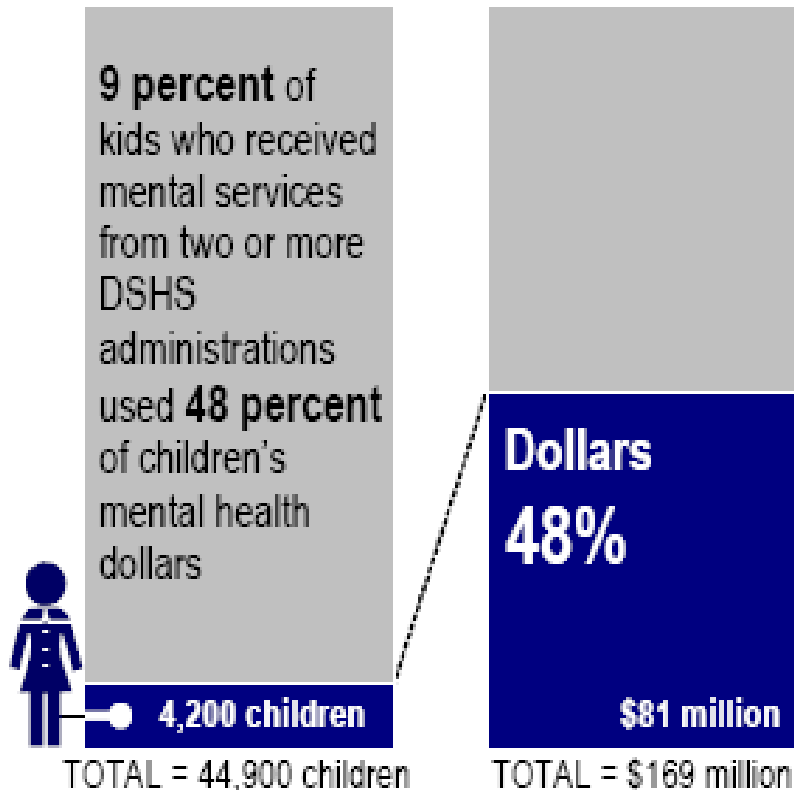
An example from Washington State

- Coordination is difficult for kids who need mental health services from two or more administrations.
- Of the 116,209 served by CA, JRA, and/or MHD in 2003 (smaller circles), about **9 percent (4,030) of these children and youth** received services from two or more administrations:
 - 3,547 From CA and MHD
 - 368 From JRA and MHD
 - 35 From CA and JRA
 - 80 From CA, MHD, and JRA

Mental health services delivery



Why should we find a different way to serve these youth and their families?



- In Fiscal Year 2002, over **126,000** children and youth received services from three DSHS programs: CA, JRA, and/or MHD.
- **44,900** of these children and youth received at least one mental health service from one of the systems during that year.
- Collectively, the mental health services for those 44,900 young people **cost \$169 million**.
- **Half of that expenditure** (\$81 million) was spent on the **9 percent** who received mental health care from two or more programs.

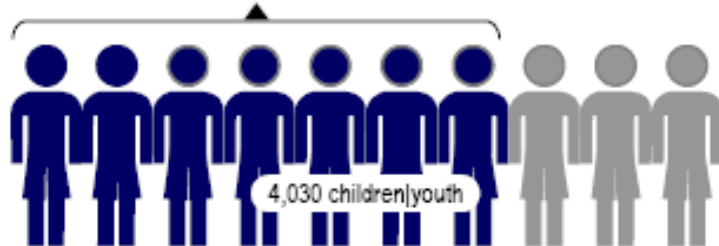
Why should we find a different way to serve these youth and their families?

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**



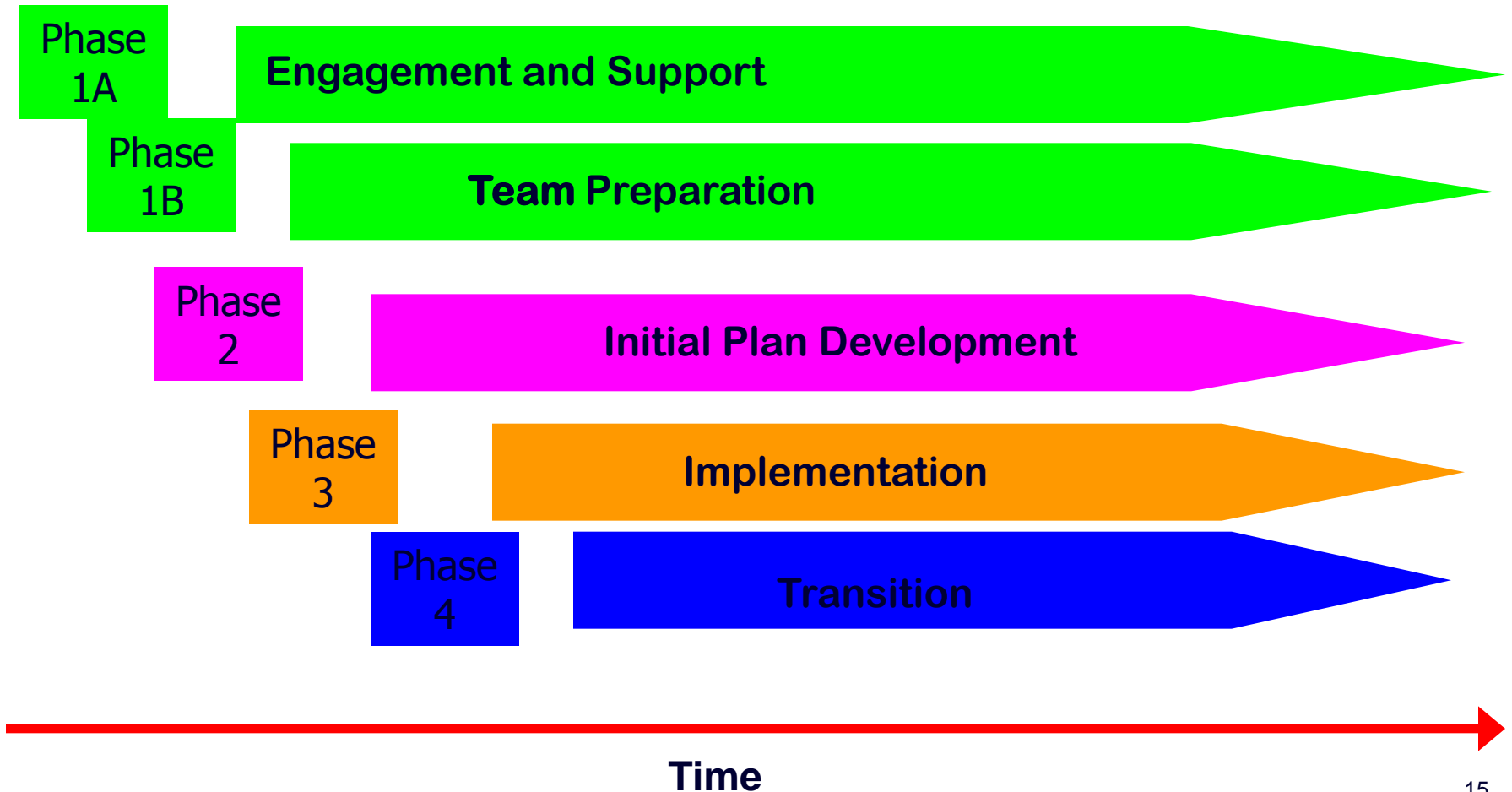
- In 2003, of the **39,361 children** and youth who used mental health services one program (CA, JRA, or MHD), **14 percent** spent some time in treatment or placement away from home.
- In 2003, of the **4,030 children** who used mental health care from two or three administrations, **68 percent** spent some time in treatment or placement away from home.
- Typically, those spending time away from home are in foster care, inpatient or residential treatment, or a JRA institution.

What's Different in Wraparound?

- An integrated plan is designed by a team of people important to the family
- The plan is driven by and “owned” by the family and youth
- The plan focuses on the priority needs as identified by the family
- Strategies in the plan include supports and interventions across multiple life domains and settings (i.e., behavior support plans, school interventions, basic living supports, family supports, help from friends and relatives, etc)
- Strategies include supports for adults, siblings, and family members as well as the “identified youth”

A practice model:

The Four Phases of Wraparound



Phase 1 : Engagement and Team Preparation

- Care Coordinator & Family Support Partner meets with the family to discuss the wraparound process and listen to the family's story.
- Assess for safety and make a support plan if needed
- Discuss concerns, needs, hopes, dreams, and strengths.
- Listen to the family's vision for the future.
- Identify people who care about the family as well as people the family have found helpful for each family member.
- Reach agreement about who will come to a meeting to develop a plan and where we should have that meeting.

Phase 1: Creating an alliance

- From emphasizing *problems* to emphasizing *competence*
- • From the role of *expert* to the role of *accountable ally*
- • From working on *professional* turf to working on *family* turf
- • From *teaching to* to *learning with*



Phase 1: Bringing the relevant expertise to the cause of meeting needs

- Wraparound facilitator
- Parent and/or youth partner
- Elder
- Teacher
- Parents and grandparents
- Therapist
- Youth
- Friend
- Mentor

Phase 2: Initial Plan Development

- Conduct first Child & Family Team (CFT) meeting with people who are providing services to the family as well as people who are connected to the family in a supportive role.
- The team will:
 - Review the family vision
 - Develop a Mission Statement about what the team will be working on together
 - Review and collectively prioritize the family's needs
 - Come up with several different ways to meet those needs that match up with the family's strengths
- Different team members will take on different tasks that have been agreed to.

Phase 2: From Reactive to Proactive planning

Reactive planning is “Step one” of plan development

- Focuses the process on behavior, not need
- Has associated risks (if it persists beyond the initial phase), including:
 - Creates dependency on helpers
 - Leads to multiple goals and disorganized team process
 - Is draining, de-motivating for family, team members
- **Behavior-focused plans produce temporary change**

Proactive planning is “Step two” of plan development

- Focuses the process on priority needs, not behavior
- Enables an outcome orientation
- Offers context for behavior
- Leads to high cohesiveness on teams
- Increases self-sufficiency and independence for child, family
- Engenders hope
- **Needs-based plans produce lasting change**

Phase 2: From listing strengths to identifying and leveraging functional strengths

- “David likes football”
- “David likes to watch football with his uncle on Sundays”
- “David enjoys hanging out with his uncle; David does well in social situations in which he feels like he can contribute to the conversations; Watching football is one activity in which David doesn’t feel anxious or worry.”

Phase 3: Plan Implementation and Refinement

- Based on the CFT meetings, the team has created a written plan of care.
- Action steps have been created, team members are committed to do the work, and our team comes together regularly.
- When the team meets, it:
 - Reviews Accomplishments (what has been done and what's been going well);
 - Assesses whether the plan has been working to achieve the family's goals;
 - Adjusts things that aren't working within the plan;
 - Assigns new tasks to team members.

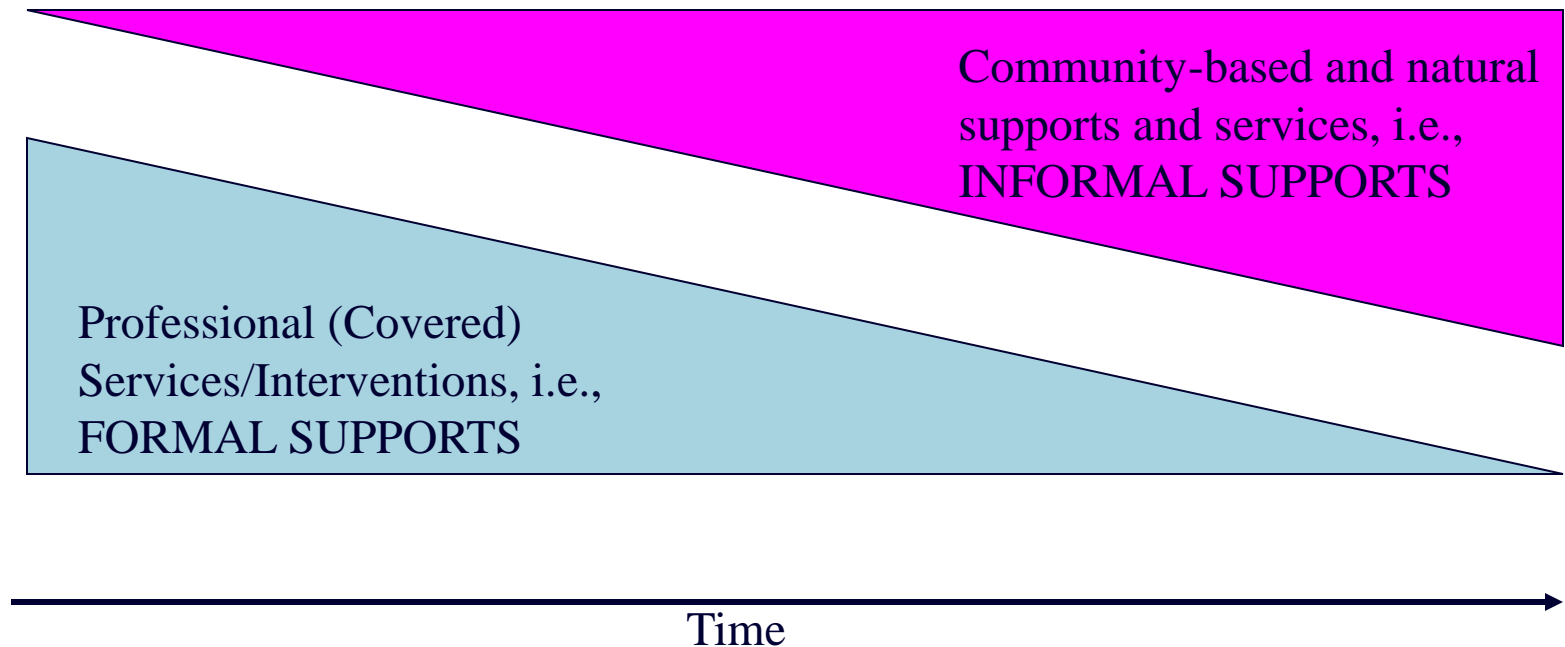
Phase 3: Implementation

- Includes a focus on systematic tracking of progress toward meeting the priority needs/achieving goals
 - Stop and replace action steps that *aren't* working
 - Continue action steps that *are* working
 - Celebrate success!
 - Adjust type, frequency and intensity in response to feedback

Phase 4: Transition

- There is a point when the team will no longer need to meet regularly.
- Transition out of Wraparound may involve a final meeting of the whole team, a small celebration, or simply the family deciding they are ready to move on.
- The family will get a record of what work was completed as well as list of what was accomplished.
- The team will also make a plan for the future, including who the family can call on if they need help or if they need to reconvene their team.
- Sometimes transition steps include the family and their supports practicing responses to crises or problems that may arise

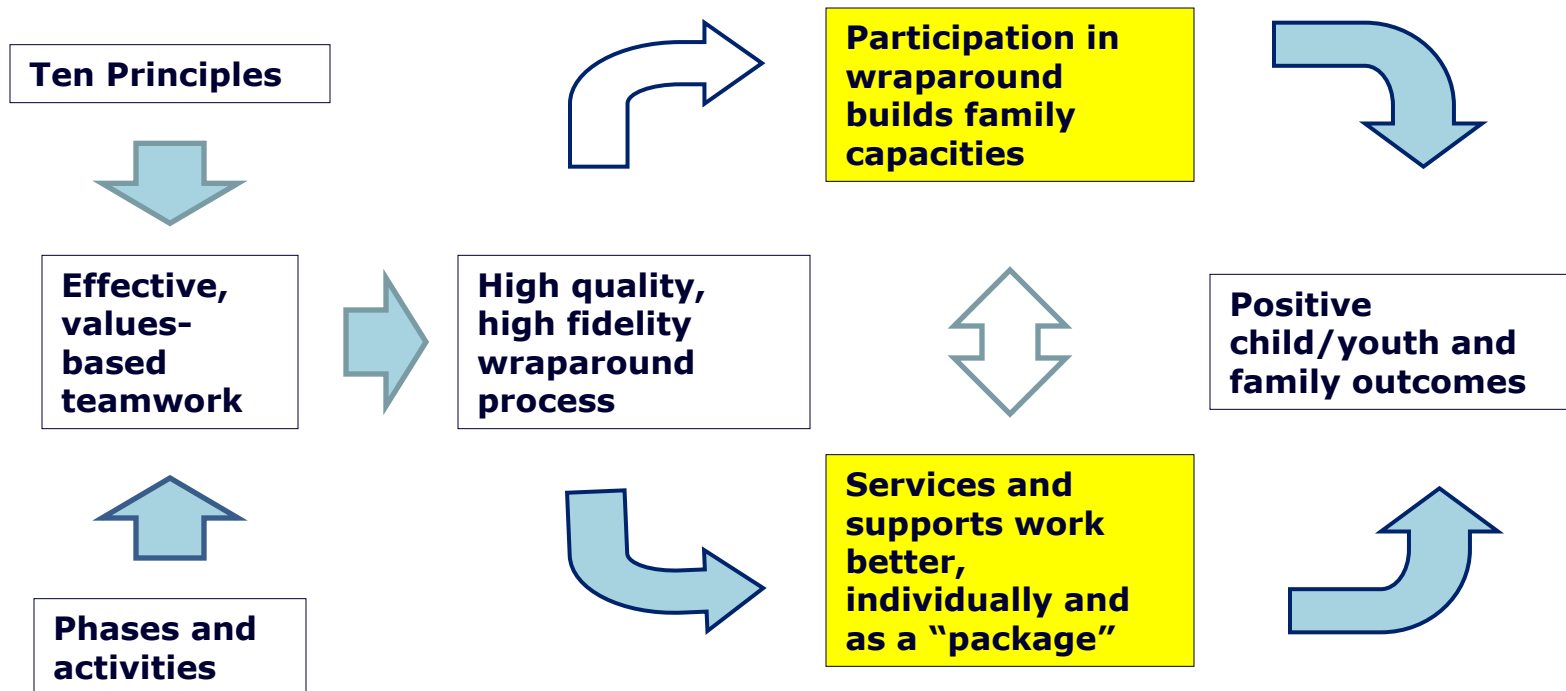
Phase 4: From professional services to informal/community supports



What does all of this accomplish?

Research indicates two main pathways to outcomes

Theory of change: Outline



Core components of the wraparound theory of change

- Services and supports *work better*:
 - Focusing on priority needs as identified by the family
 - Creating an integrated plan
 - Greater engagement and motivation to participate on the part of the family
- The process *builds family capacities*:
 - Increasing self-efficacy (i.e., confidence and optimism that they can make a difference in their own lives)
 - Increasing social support

Outcomes of Wraparound

Does wraparound work?

For whom?

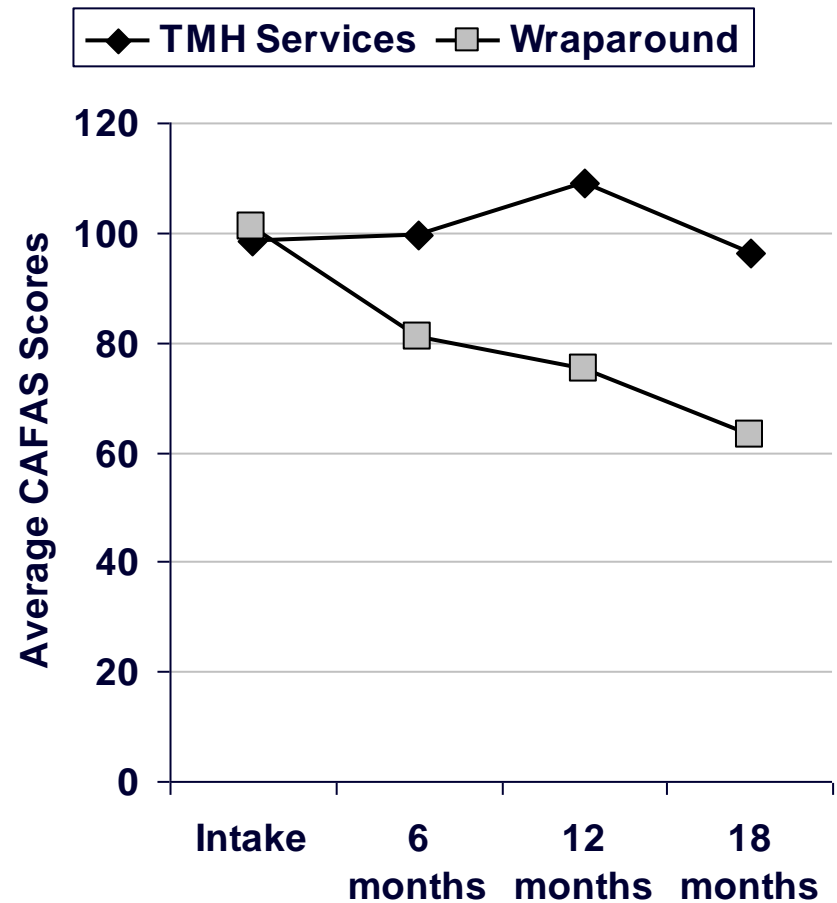
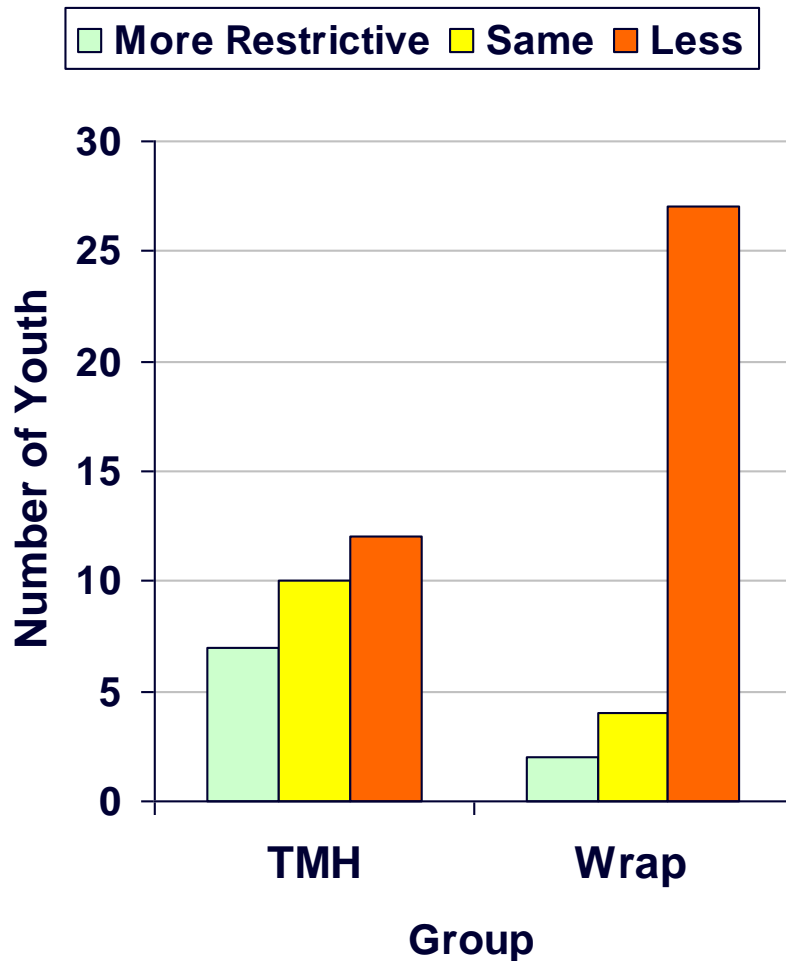
What leads to positive outcomes?

Outcomes of wraparound (9 controlled, published studies to date; Bruns & Suter, 2010)

- Better functioning and mental health outcomes for wraparound groups (NV, MD, NYS, elsewhere)
- Reduced recidivism and better juvenile justice outcomes (Clark Co., Washington)
- Higher rates and more rapid achievement of permanency when implemented in child welfare (Oklahoma)
- More successful integration of adult prisoners into the community (Oklahoma)
- Reduction in costs associated with residential placements (Milwaukee, LA County, Washington State, Kansas, many other jurisdictions)

Results from Nevada:

More community based, better functioning (Bruns, Rast et al., 2006)



Results from Clark County, WA

Improving juvenile justice outcomes (Pullman et al., 2006)

- Connections group (N=110) 3 times less likely to commit felony offense than comparison group (N=98)
- Connections group took 3 times longer on average to commit first offense after baseline
- Connections youth showed “significant improvement in behavioral and emotional problems, increases in behavioral and emotional strengths, and improved functioning at home at school, and in the community”

Meta analysis finds significant effects

- Recent meta-analysis found significant, medium-sized effects in favor of wraparound for Living Situation outcomes (placement stability and restrictiveness)
- A significant, small to medium sized effect found for:
 - Mental health (behaviors and functioning)
 - School (attendance/GPA), and
 - Community (e.g., JJ, re-offending) outcomes
- The overall effect size of all outcomes in the 7 studies is about the same (.35) as for “evidence-based” treatments, when compared to services as usual (Weisz et al., 2005)

Suter & Bruns (2009)



However.... outcomes depend on implementation

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.

What is the connection between fidelity and outcomes with wraparound?

- Provider staff whose families experience better outcomes were found to score higher on fidelity tools (Bruns, Rast et al., 2006)
- Wraparound initiatives with positive fidelity assessments demonstrate more positive outcomes (Bruns, Leverentz-Brady, & Suter, 2008)

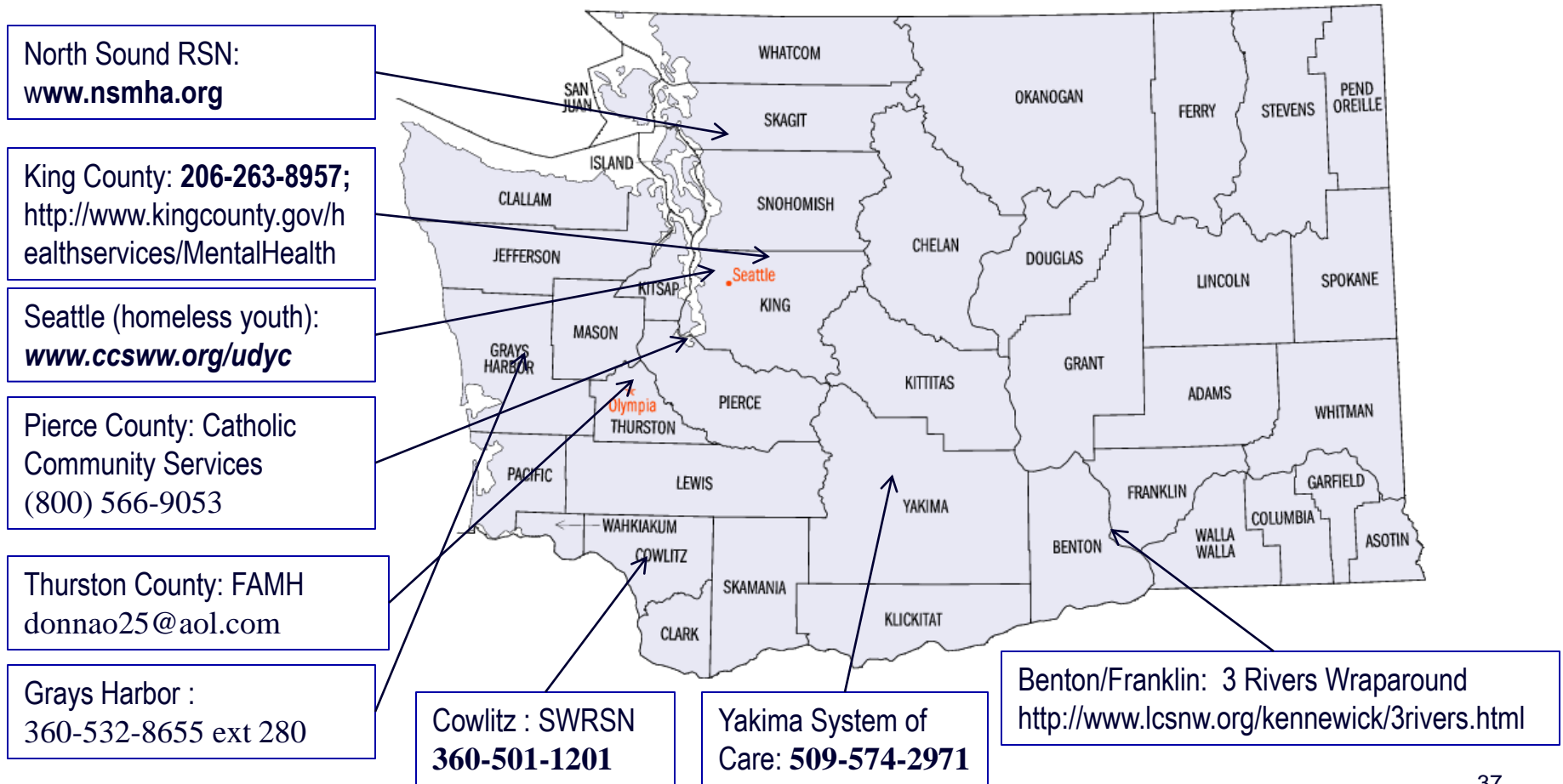
What does it take to get high fidelity scores?

- Training and coaching found to be associated with gains in fidelity and higher fidelity
- Communities with better developed supports for wraparound show higher fidelity scores

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?*

Where can wraparound initiatives be found in Washington?





the national wraparound initiative

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