What Families Should Know About High Fidelity Wraparound

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- Are you a member of a wraparound team now?
- Has your family been served by a wraparound team?

Definition
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Family-driven means families have a decision making role in the care of their own children as well as the policies and procedures governing care for all children in the community, state, and nation. This includes choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote the mental health of children and youth.

Guiding Principles

1. Families and youth are given accurate, understandable, and complete information necessary to make choices for improved planning for individual children.
2. Families and youth are organized to collectively use their knowledge and skills as an engine for systems transformation.
3. Families and youth embrace the concept of sharing decision-making and responsibility for outcomes with providers.
4. Providers embrace the concept of sharing decision-making authority and responsibility for outcomes with families and youth.

Guiding Principles (continued)

5. Providers take the initiative to change practice from provider-driven to family-driven.

6. Administrators allocate staff, training, and support resources to make family-driven practice work at the point where services and supports are delivered to children, youth, and families.

7. Families and family-run organizations engage in peer support activities to reduce isolation and strengthen the family voice.

8. Community attitude change efforts focus on removing barriers created by stigma.

Characteristics of Family-Driven Care

📁 Family and youth experiences, their visions and goals, their perceptions of strengths and needs, and their guidance about what will make them comfortable steer decision making about all aspects of service and system design, operation, and evaluation.

2. Meetings and service provision happen in culturally and linguistically competent environments where family and youth voices are heard and valued, everyone is respected and trusted, and it is safe for everyone to speak honestly.
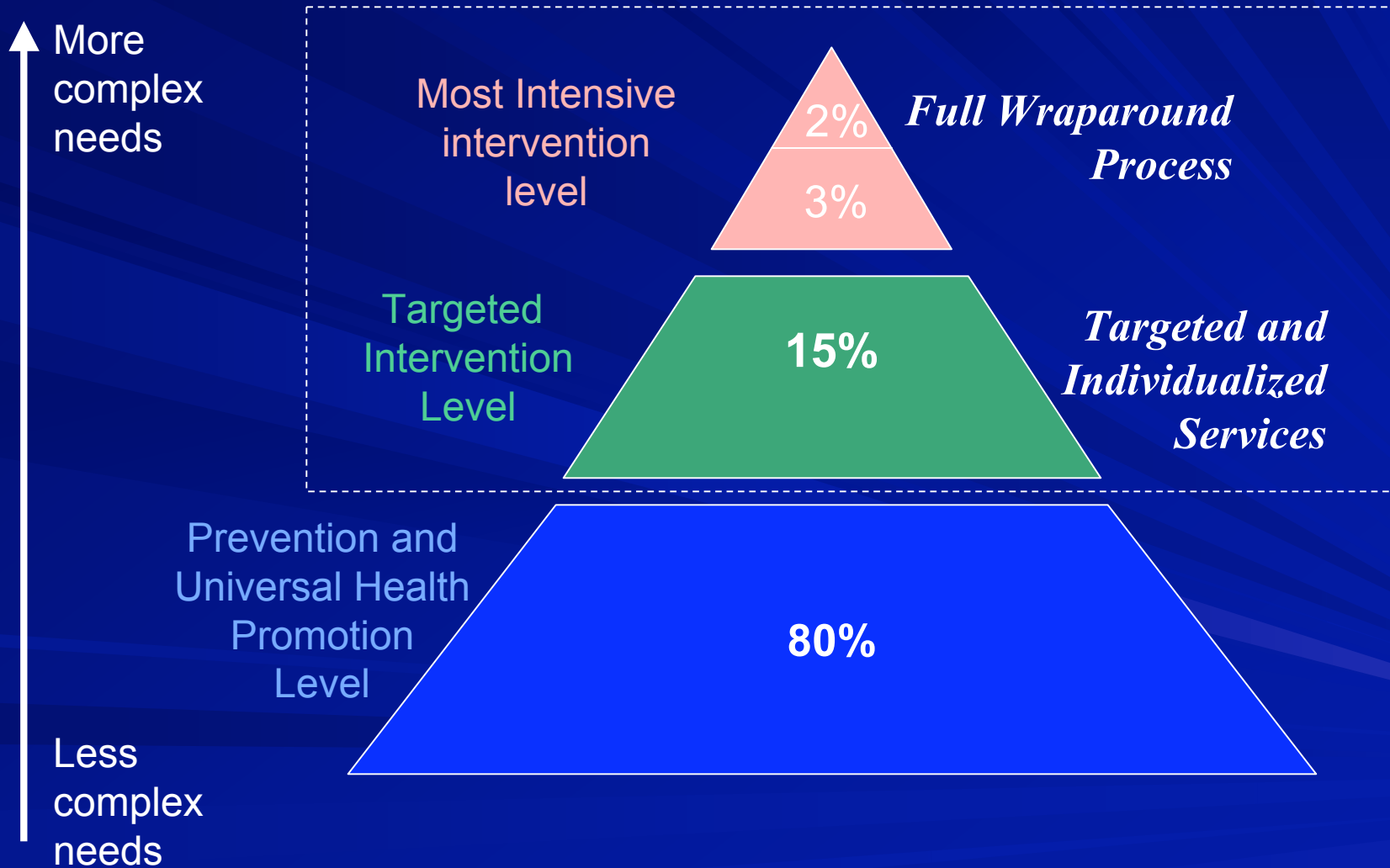
Characteristics (continued)

3. Administrators and staff actively demonstrate their partnerships with all families and youth by sharing power, resources, authority, and control with them.

4. Families and youth have access to useful, usable, and understandable information and data, as well as sound professional expertise so they have good information to make decisions.

Comments and suggestions are welcome.
Send them to tosher@ffcmh.org.

Questions on Wraparound

- What is wraparound and why do we think it is important?
- Is it important to do wraparound "right"?
- How do we know if we're doing wraparound "right"?
- ***If high-quality (or "high-fidelity") wraparound <u>is</u> important, how do we achieve it?***

Levels of Behavioral Health Service Needs

More complex needs

Most Intensive intervention level

2%

3%

Full Wraparound Process

Targeted Intervention Level

15%

Targeted and Individualized Services

Prevention and Universal Health Promotion Level

80%

Less complex needs

Origins of Wraparound

- Kaleidoscope, Chicago – Karl Dennis
- Alaska Youth Initiative – John VanDenBerg
- Project Wraparound, Vermont – John Burchard/Richard Clarke

- Wraparound Milwaukee
  - Most widely cited example currently, serving over 700 kids referred and supported by all major child serving agencies

Wraparound Value Base

- Build on strengths to meet needs
- One family-One plan
- Increased parent choice
- Increased family independence
- Care for Children in context of families
- Care for families in context of community
- Never give up

Wraparound
Definition

- Through the wraparound process, a family and their team develop, implement, and fine-tune an plan of care that is individualized to achieve positive outcomes for the family.

- A set of 10 statements known as the *wraparound principles* defines the philosophical base for wraparound and guides the activities of the wraparound process

Wraparound Process
Principles

- Family-driven
- Team-based
- Collaborative
- Community-Based
- Culturally Competent
- Individualized
- Strengths based
- Natural Supports
- Unconditional
- Outcome based

Wraparound Process

System of Care values applied to families who need individualized, intensive care management

- Engaging the family in treatment
- Learning about the family's strengths, needs, and culture
- Engaging and leveraging community-based and natural supports
- Convening/running an interdisciplinary team
- Planning and implementing a set of services specific to the strengths needs of the family

Wraparound Process

System of Care values applied to families who need individualized, intensive care management

- Setting goals and brainstorming strategies to meet them

- Determining indicators and measuring outcomes

- Continually revising care plans based on evidence for their effectiveness

- Celebrating successful transitions

Common Misapplications of "Wraparound"

WRAPROUND IS NOT

- a "service"

- case management

- simply what occurs with a new funding source or the availability of flexible dollars

- merely any service or support that is not typically reimbursable (e.g., respite care, karate lessons, or transportation)

Wraparound is an Alternative to the Typical "Three-Step" Process…

- Assess problems, assign a diagnosis…
- Look around for the services that are available…
- Plug services into the family

provide what's available and reimbursable rather than what's really needed

Prevalence of "Wraparound"

- Estimated 200,000 youth engaged in services delivered via Wraparound approach (Faw, 1999)

- Recent survey found 42 of 46 State Mental Health liaisons report Wraparound approach being used in their state (Burchard, 2002)

- Majority of CMHS-funded Systems of Care sites report utilizing Wraparound approach

Why We Need Clear Guidelines For Wraparound
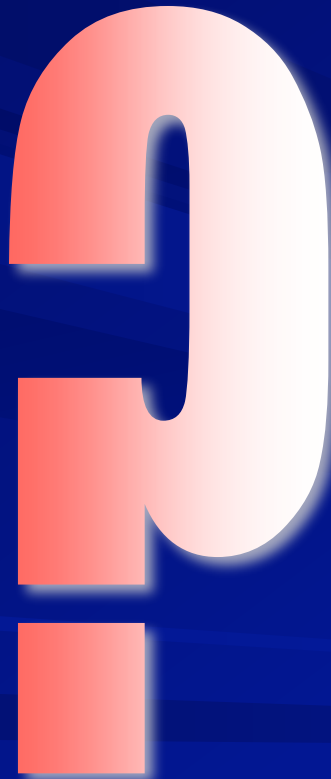
- To get better outcomes
- To avoid frustration and fragmentation
- To develop the research base
- To avoid confusion…
  - Confusion for families, staff, communities

Where Does Confusion Around Wraparound Come From?

- Currently, "values speak" substitutes for concrete practice steps

- Many things are referred to as Wraparound

- Wrap lacks consistent standards, description of provider practices, and accompanying measures

A National Review of Wraparound Teams Showed
(Walker, Koroloff, & Schutte, 2003)

- Less than 1/3 of teams maintained a plan with team goals
- Less than 20% of teams considered >1 way to meet a need
- Only 12% of interventions were individualized or created just for that family

- All plans (out of more than 100) had psychotherapy
- Natural supports were represented minimally
  - 0 natural supports 60%
  - 1 natural support 32%
  - 2 or more natural support 8%

No meetings included a supervisor observing to assure high-quality practice!!

Limited Outcome Studies
In peer reviewed publications

- Nine pre-post studies
- Three quasi-experimental studies
  - Two longitudinal studies comparing comparable groups
  - One within-subjects multiple baseline study
- Two randomized clinical trials
- No <u>implementation or fidelity measures</u> employed in any of the studies
  - High levels of uncertainty about the model used
  - Not able to conclude what the results mean

Why We (Still) Think Wraparound Is Important

- Wraparound is a response to overly professionalized and restrictive services
- Families with children who need intensive service and supports are entitled to coordinated and personalized care management
- President's New Freedom Initiative demands care that is family-driven and individualized to meet the family's needs
- **FAMILIES LIKE IT!!!**

Why We (Still) Think Wraparound Is Important

- We get poor outcomes from standard practice (including evidence-based practices) when…
  - Families are not fully involved in making decisions
  - Families think treatments they get are irrelevant or don't fit their needs
- Families with children with complex needs need a reliable process to partner with providers in designing and delivering services and supports to meet their needs.

Wraparound's Role in Achieving Outcomes

Care planning and management is delivered according to 10 wraparound principles, e.g., family driven, individualized, and outcomes-based

Phases and activities of wraparound carried out as intended:
- Engagement and team preparation
- Plan development
- Plan implementation
- Transition

Appropriate fit between needs and services

Full engagement of family in services and supports

Monitoring outcomes & adjusting plan of care

Family experience of control, self-efficacy, & success

Effective services & supports

Positive child & family outcomes:
- Child behavior and functioning
- Living in the home/community
- Achieving family goals

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# How Do We Know If We Are Doing Wraparound Right?

"Treatment Fidelity"

- "The extent to which a treatment or intervention is delivered as intended"
  - In other words, **"doing it right"**

- For the Wraparound Fidelity Index, this means following the 10 principles of wraparound
  - In other words, **"playing by the rules"**

Ways to Measure the Quality Of Wraparound

- Look at plans of care and meeting notes
- Have wraparound facilitators and team members fill out activity checklists
- Sit in on and observe team meetings
  - Wraparound Observation Form (Epstein et al., 1998)
- Ask the people who know best – parents, youth, facilitators, program heads – and look for consistency in their responses
  - Wraparound Fidelity Index (WFI; Suter et al., 2002; Bruns, et al., 2004)

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National Practice In Wraparound
WFI Scores across Elements and Respondents (N=404 families)
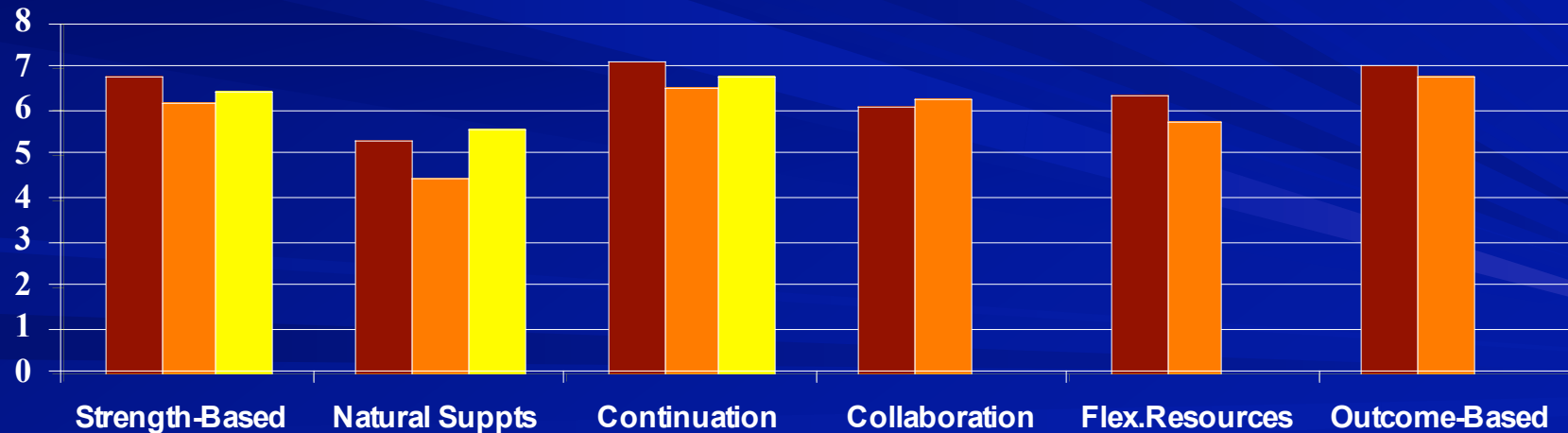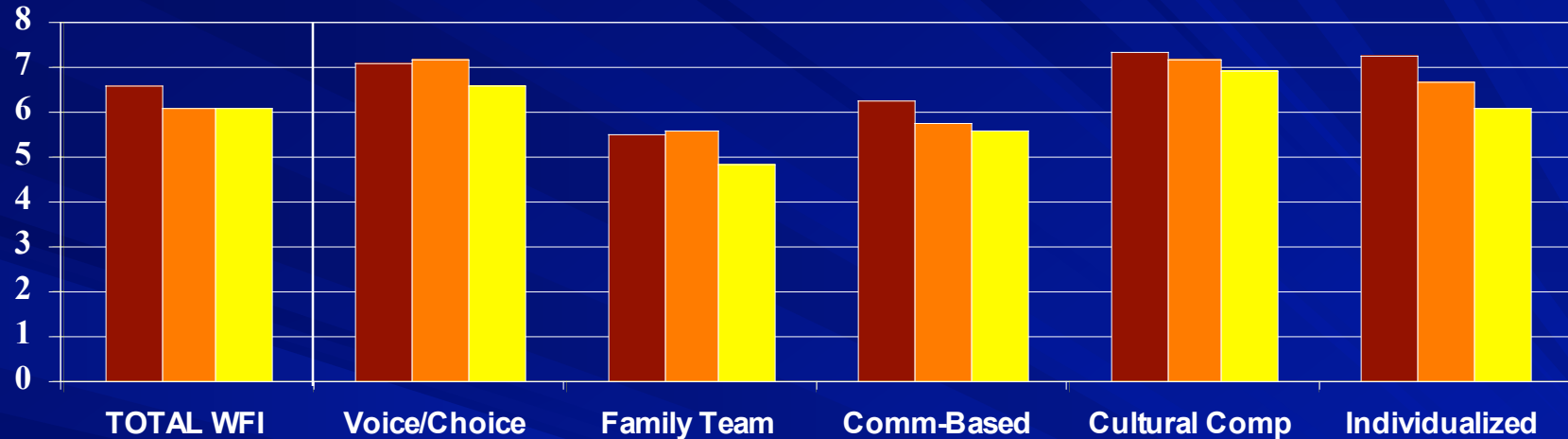
Legend: Resource Facilitator | Caregiver | Youth

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Observations From National Application Of The WFI

- Responses differ by perspective
- Parents are better evaluators of fidelity
  - Their scores vary more across sites
  - Their scores are better associated with what we know about the quality of wraparound in their site
  - Their scores relate more closely to outcomes
- Youth are the toughest raters of all!

Fidelity Studies Indicate That Wraparound Teams Often Fail To:

- Incorporate full complement of important individuals on the wraparound team
- Engage the youth in community activities, activities the youth does well, or activities that will allow him or her to develop appropriate friendships
- Use family/community strengths to plan and implement services
- Engage and rely on natural supports, such as extended family members and community members
- Use flexible funds to help implement innovative ideas that emerge from the ongoing team planning process
- Consistently assess outcomes & satisfaction

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Initial Pilot Test of the *WFI*
Feedback to Sites: Example

The Picture of Wraparound: Resource Facilitators' Mean scores for the four items on the *Youth and Family Team* Element
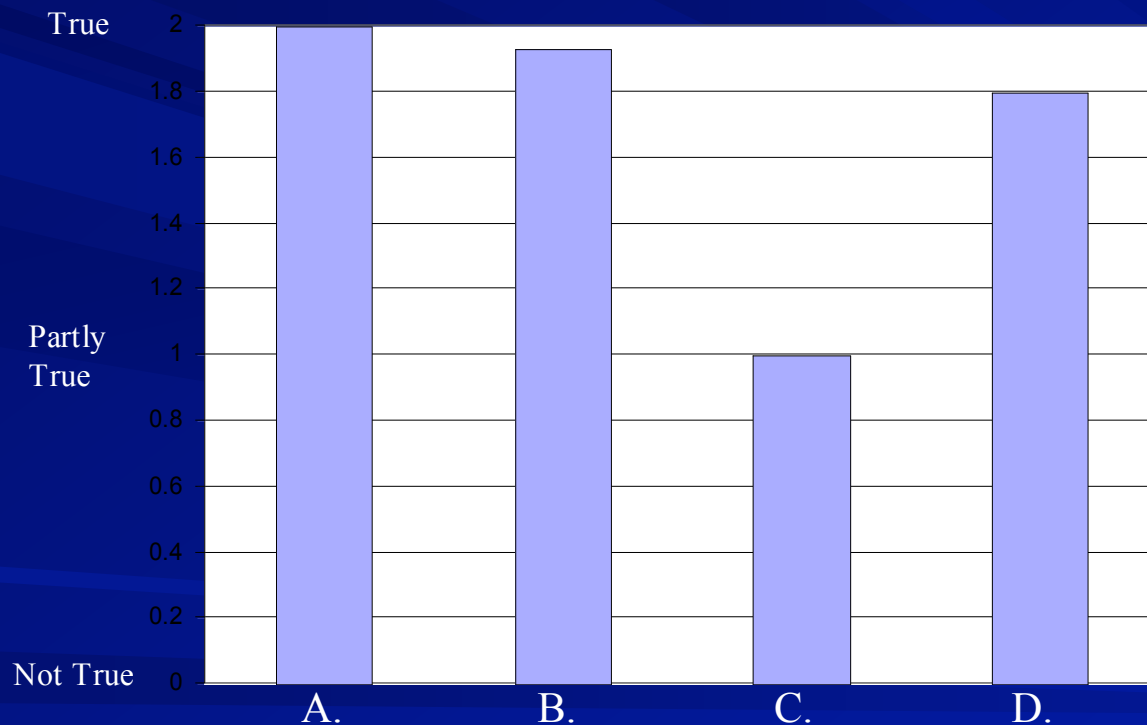
A. There is a representative from a professional agency on the team

True - 15   Partly True - 0   Not True - 0

B. The child/youth is a member of the team

True - 14   Partly True - 1   Not True - 0

C. There is a friend or advocate of the child/youth or family who is a member of the team

True - 7   Partly True - 1   Not True - 7

D. All major decisions are made by the parent with input from relevant team members

True - 12   Partly True - 3   Not True - 0

Is Fidelity To Wraparound Important To Achieving Outcomes?

Wraparound Fidelity and Outcomes Study
Did Better Wraparound Fidelity Predict Better Outcomes?

Behavior (CBCL)   *yes***
Functioning (CAFAS)   **no**
Restrictiveness   *yes***
Overall satisfaction   *yes**
Satisfaction with child's progress   *yes***

**p<.05; *p<.1

*Bruns, Burchard, Suter, Leverentz-Brady, & Force, in press
(Journal of Child and Family Studies)*

Vroon VanDenBerg Fidelity Study
Did High Fidelity Staff Achieve Better Family Outcomes?

Increased family resources	*yes*
Child behavior (CBCL)	*yes*
Child functioning (CAFAS)	*yes*
Residential restrictiveness	*yes*
Educational outcomes	*yes*

**p<.05; *p<.1

Rast & Peterson, 2004 (Proceedings of the 2004 System of Care Research Conference, Tampa, FL)

How Do You Get To "High Fidelity"?

Things You Need, Part 1:
A Well-Understood Wraparound Model

…So we can be sure to support it, train to it, supervise to it, and measure it…

Phases of Wraparound
From the National Wraparound Initiative

- Engagement and team preparation
- Initial plan development
- Implementation
- Transition

A Useable Wraparound Model

- Must be standardized

- Must be clear and understandable

- Must be flexible enough to meet individual families' goals

- Must be adaptable to the culture and characteristics of individual communities

Things You Need, Part 2: Supports From The System And The Host Organization

…Because without adequate supports, teams will not be able to achieve the promise of wraparound

Three Levels Of Support For Wraparound
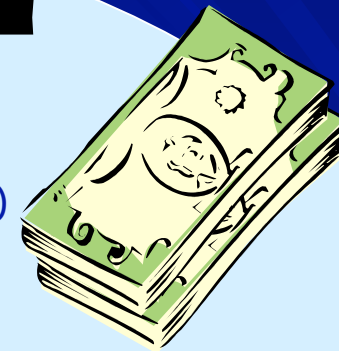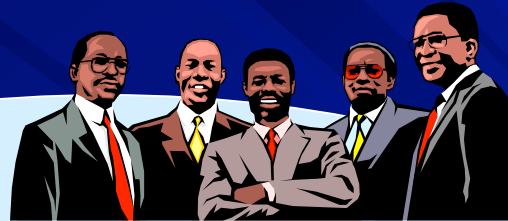
Hospitable System (Policy and Funding Context)

Supportive Organization

(lead and partner agencies)

Effective Team

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Five Categories Of Necessary Conditions For Wraparound

- **Wraparound practice**– *Do we understand wraparound and do it in keeping with the wraparound principles?*

2. **Collaboration/Partnerships**- *Do we work together flexibly and cooperatively?*

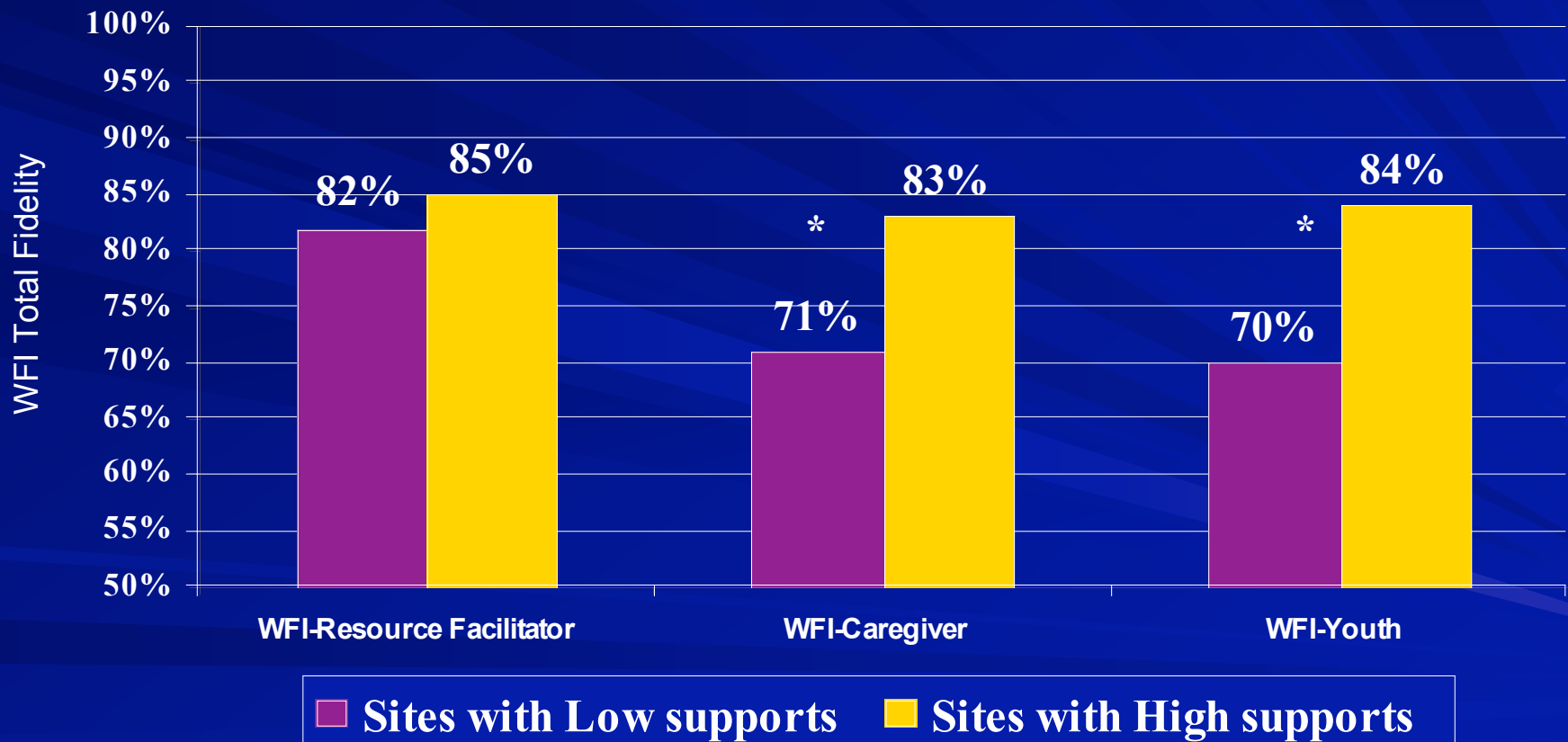3. **Capacity building/Staffing**- *Do we have the right jobs and working conditions?*

4. **Acquiring services and supports**- *Do we provide the services and supports teams need?*

5. **Accountability**- *Do we have tools to make sure we're doing a good job?*

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National Study Of Wraparound Supports
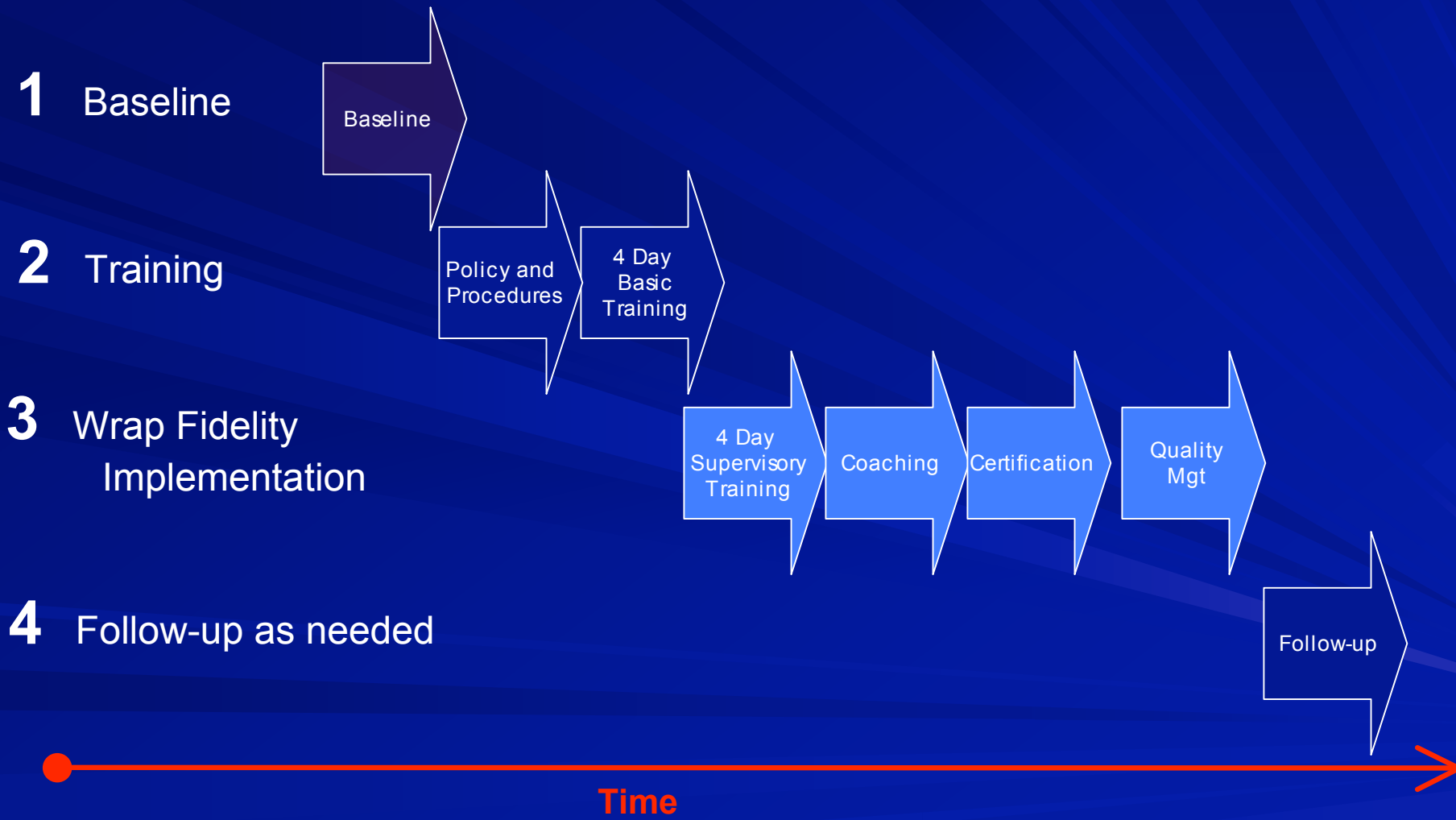# Greater Level Of System And Program Supports Leads To Better Wrap Fidelity

*p<.01

Bruns et al., 2004 (Proceedings of the 2003 System of Care Research Conference, Tampa, FL)

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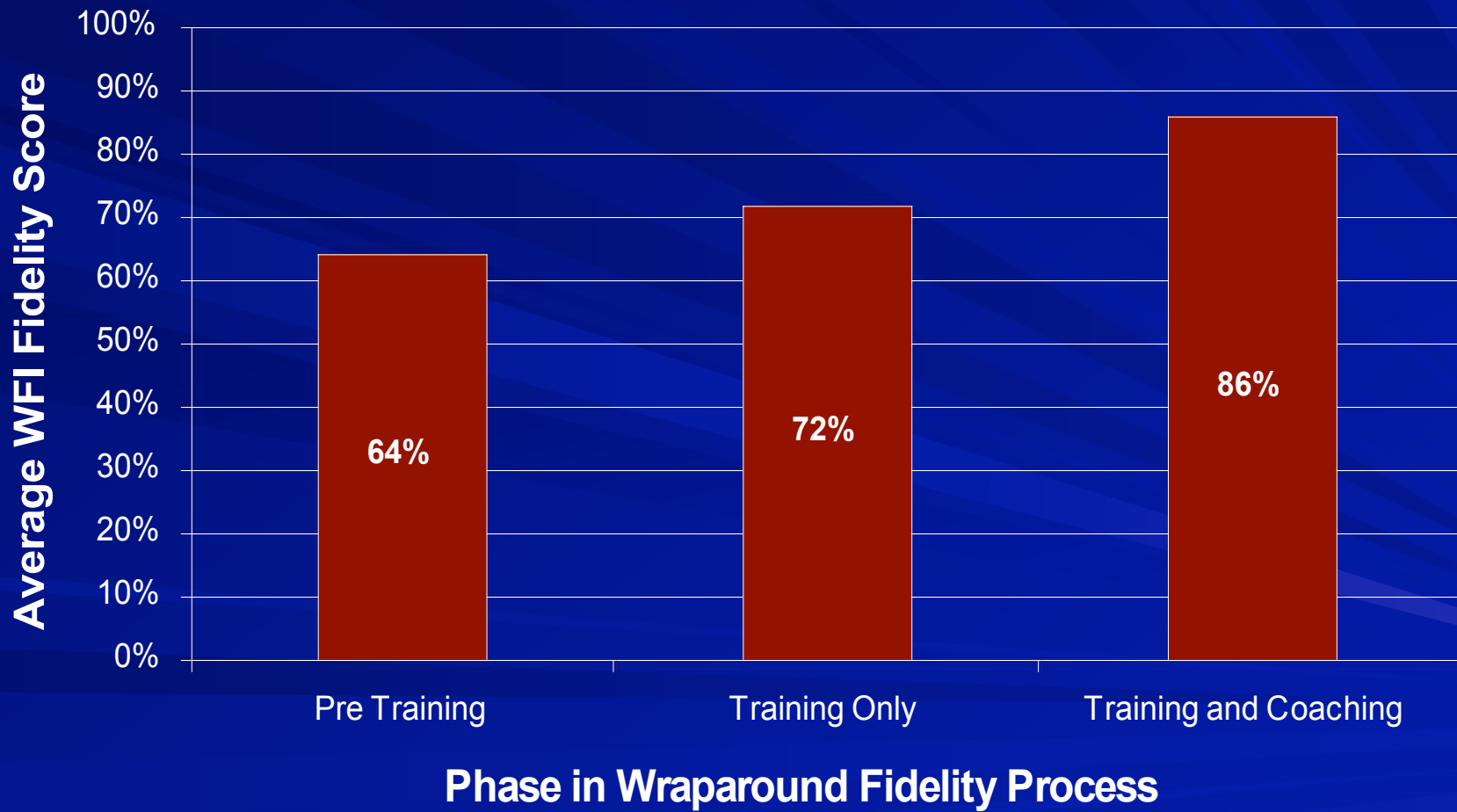# Things You Need, Part 3: Staff Development And Ongoing Support

…Perhaps the most important support that can be provided by the system and host organization

Staff Development towards Fidelity
(Vroon VanDenBerg)
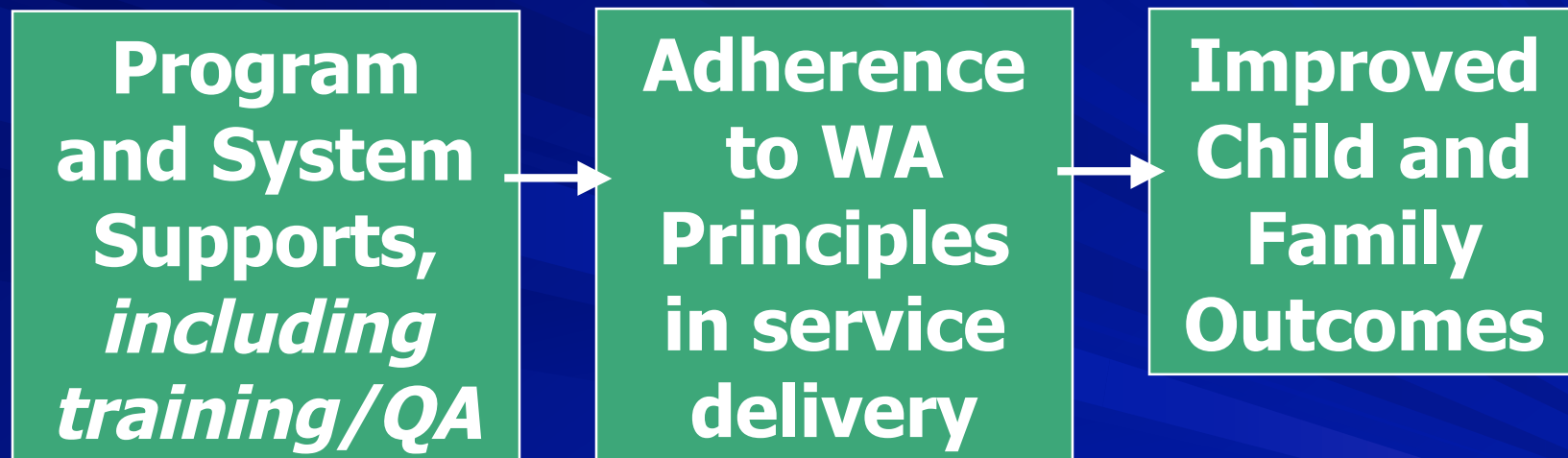
1 Baseline

2 Training

3 Wrap Fidelity
   Implementation

4 Follow-up as needed

Baseline

Policy and Procedures

4 Day Basic Training

4 Day Supervisory Training

Coaching

Certification

Quality Mgt

Follow-up

Time

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Evidence For The Importance Of Ongoing Staff Development

Average WFI Fidelity Score (vertical axis, 0% to 100%)

Pre Training: 64%
Training Only: 72%
Training and Coaching: 86%

Phase in Wraparound Fidelity Process

Source: Rast & Peterson, 2004 46

Summary: What Leads To Outcomes?

Program and System Supports, *including training/QA* → **Adherence to WA Principles in service delivery** → **Improved Child and Family Outcomes**

Summary:
Getting To High Fidelity Wraparound

- Work with the stakeholders to problem solve around the system issues
- Work with your providers and team members to support them to do high-fidelity wraparound
- Keep collecting the data that tells the story of success for your program and your families

The Role Of Family Members In Getting To High-fidelity Wraparound

- For your family

- In your community

- At the national (and international) level

Resources and Websites

- National Wraparound Initiative: www.rtc.pdx.edu/nwi
- Wraparound Fidelity Index: www.uvm.edu/~wrapvt
- Walker, Koroloff, Schutte monograph on Necessary supports for ISP/wraparound: www.rtc.pdx.edu
- Vroon VanDenBerg, LLC: www.vroonvdb.com
- John VanDenBerg's web-trainings: http://www.air.org/cecp/wraparound/default.htm
- Focal Point issue on Quality and Fidelity in Wraparound: http://www.rtc.pdx.edu/pgFocalPoint.shtml
- CMHS monographs on wraparound (2001, vol 1; 1998, vol 4): http://mentalhealth.samhsa.gov/cmhs/ChildrensCampaign/practices.asp