Review of Wraparound Standards

Guidelines for Planning and Implementation

The purpose of this document is to provide specific, observable, guidelines to assist in preparing and evaluating county Wraparound plans and in the oversight of their implementation in order to assure fidelity to the standards adopted for this state-wide pilot project. It is recognized that some of the Standards may only be achieved during the implementation phase of the project and need not be an impediment to initial plan approval. The Wraparound Standards were published as part of the CDSS All County Information Notice (ACIN I-028-99). Additional guidelines were specified in the “Wraparound Pilot Plan Template.” Sections referred to are those listed in the Standards.

It should be noted that the Standards and these guidelines are intended in ensure the presence of these “Ten Essential Elements of Wraparound”:

1. Families have a high level of decision-making power at every level of the Wraparound process.
2. Team members are persevering in their commitment to the child and family.
3. Wraparound efforts are based in the community and encourage the family’s use of their natural supports and resources.
4. The Wraparound approach is a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized service plan.
5. Services and supports are individualized, build on strengths, and meet the needs of children and families across the life domains to promote success, safety, and permanency in home, school, and the community.
6. The process is culturally competent, building on the unique values, preferences, and strengths of children, families, and their communities.
7. The plan is developed and implemented based on an interagency, community/neighborhood collaborative process.
8. Wraparound plans include a balance of formal services and informal community and family resources, with eventually greater reliance on informal services.
9. Wraparound teams have adequate and flexible funding.
10. Outcomes are determined and measured for the system, for the program, and for the individual child and family.
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<th>Section</th>
<th>Guidelines</th>
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<td>PRO.1 Engagement</td>
<td>Families have high level of decision making in planning, delivery, and evaluation of services and supports. Their signatures (and those of other team members) should appear on all plans. If interviewed, they should identify the plan as theirs, not the agency’s. Focus on strengths and connection to informal supports should be well documented. The team for each family should be uniquely composed of family members, informal supports, referring agency representatives, and provider agency representatives.</td>
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<td>PRO.2 Planning</td>
<td>Written family plans should document responsiveness to family preferences, choices, values and culture, not simply utilizing what is readily available. Should include: vision, strengths, needs, strategies, and resources for implementation, as well as outcome indicators to evaluate progress. Family plan should be team-driven, encompassing strengths and needs of all team members. Written plans should document cultural relevance reflected in the choice and style of strategies selected. Documentation of plan approval by the inter-agency oversight committee must be available.</td>
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<td>PRO.3 Implementation</td>
<td>Families have access to a flexible individualized array of supports, services, and material items that provide “whatever it takes” to maintain their families. Plans are regularly reviewed by the child and family team, and updated to reflect changing strengths and needs. Plans are also reviewed and approved by the over-sight committee on a regularly scheduled basis (typically every 3-6 months). Access to 24-hour, in-person, agency response is documented.</td>
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<td>PRO.4 Transition</td>
<td>Transition planning begins at the assessment phase to support ongoing strategies to meet enduring needs. Family plans set benchmarks to move toward less restrictive, less intrusive, and less formal services according to ability of families to move through the process at their own pace. Older youth, likely to need services as adults will have adult services and support representatives on their child and family team.</td>
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<td>PRO.5 Structures</td>
<td>Written plan to include family members in design, development, and decision-making about the program itself. Written mechanisms to promote parent-to-parent support. Commitment to persevere with families to self-sufficiency. Mechanism to support the child &amp; family team as the primary decision-making forum regarding strengths, needs, services, and supports.</td>
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<td>TRA.1-4 Staff Development</td>
<td>Overall training includes information about all the standards. Methods are in place for timely coaching or special consultation for team members. Staff are mentored and coached by experienced Wraparound managers. If not available within the agency, then mentors/coaches may be brought in from outside sources.</td>
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<td>TRA.5-6 Parent Education</td>
<td>Operational plan includes a parent education program regarding special needs, becoming informed advocates, negotiating the system of care, participating on cross-disciplinary teams, leading program design, and understanding the child’s educational rights.</td>
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<td><strong>TRA.7</strong> Consumer Involvement</td>
<td>Evidence that consumers and stakeholders are involved in assessing and selecting training objectives and in their delivery. Names and agencies represented should be on sign-in sheets and minutes.</td>
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<td><strong>TRA.8</strong> Staff development</td>
<td>Training on Wraparound values and implementation is made available to all staff across all public systems.</td>
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<td><strong>TRA.9</strong> Use of Consumers</td>
<td>Consumers are utilized in the design and delivery of education, training, and staff development. Sign-in sheets would document this.</td>
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**HUM.1-4 Human Resources**
1. Special efforts to recruit providers who reflect diversity and language competency of the children, families, and communities served.
2. Methods to encourage staff creativity and flexibility in formal and informal supports.
3. Parent advocacy via an external organization or by consumer employee(s).
4. Job descriptions set expectations regarding the values and principles of Wraparound.

**HUM.5 Staffing**
Staffing plans support the following functions within suggested staffing ratios--
- Facilitators: 1/6-8 families
- Family Specialists: 1/3-4 families
- Parent Partners: 1/20-25 families
- Mentoring and Coaching (supervisory ratio): 1/6-8 staff
- Service Evaluation: An assigned staff function
- Cross-system Collaboration and Teaming: An assigned management function

**HUM.6 Performance Appraisals**
A performance appraisal process that fosters:
- Staff perceived as family-centered
- Incorporation of informal supports and community resources
- Achievement of parent-family partnerships
- Responsiveness to family identified needs

**HUM.7 Performance Appraisals**
Appraisal process includes feedback from consumers, outcomes for families, and input regarding cross-system collaboration, facilitation, and teaming

**FIS.1 Fiscal**
Mechanisms to pool state, federal, and county funds at program level.

**FIS.2 Access to Flex Funds**
Staff have timely access to flexible funds:
- Within 2 hours for amounts under $500
- Within 48 hours for amounts over $500

**FIS.3-5 Tracking Funds and Services**
Mechanisms for managing and accounting for use of flexible funds, tracking formal and informal services delivered, and communicating with cross-system partners about the use of flexible funds. Be able to show categories of flex fund expenditures.
FIS.6 Cost Savings Policies must be in place to assure that any cost savings realized from utilizing Wraparound are reinvested to expand or enhance services and resources for children and families.

FIS.7 Contracts Mechanisms must be in place to assure that providers of contracted or subcontracted services adhere to the Wraparound standards. This language would be written into contracts.

EVA.1 Procedures for involving families, stakeholders, and direct staff in defining, selecting, and measuring quality indicators.

EVA.2 Evaluation plan includes ongoing collection of data on:
- Process indicators of model fidelity (family-centeredness, etc)
- Functional outcomes for children and families (school, etc)
- Satisfaction of children, families, system partners
- Cost

EVA.3 Evaluation plan includes MH SOC requirements, at a minimum: CLEP, ROLES, Caregiver Satisfaction Survey, SARES, Family-Centered Behavior Scale.

EVA.4-5 Evaluation plan includes tracking and interpreting data over time.

ADM.1 Provider Policies Provider’s written policies support the wraparound approach, especially supporting family involvement in leadership roles within the organization, and seeing the child and family team as the primary decision-making vehicle for family service and support plans. Medi-Cal certification for billing is required, unless specific arrangements have been documented for the provision of Medi-Cal billable mental health services.

ADM.2 Systems Alignment A broad-based community team is established to set and support interagency strategies to promulgate wraparound principles system wide. To function as a cross-agency gatekeeper for eligibility. To identify and remove system barriers to service delivery. To serve as a community review panel for family plans. To review outcomes and exercise leadership in sustaining and improving wraparound implementation. This will require, as a minimum, MOUs among:
- Provider agencies
- Child Welfare, including links to other Social Service programs
- Mental Health, including transitions to adult services
- Probation, to assure seamless service support for youth whose legal status may change while in wraparound
- Education, including Special Education and Non-Public Schools as needed

ADM.3 Leadership Leadership is shared among families, system providers, and community leaders. A common vision is developed and articulated across systems. Parent advocacy, leadership, and involvement is supported at all levels of decision-making and implementation. Refer to planning meeting minutes and sign-in sheets.

1 Adapted from Burns and Goldman, 1998.