Ensuring High-Quality Wraparound

What is high quality wraparound?
Why it is important?
And how do we know it when we see it?

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Questions on wraparound

- What is wraparound and why do we think it is important?
- If we want to do wraparound, how would we know if we’re doing it right?
- Is it important to do wraparound “right”?
- If high-quality (or “high-fidelity”) wraparound is important, how do we achieve it?
Wraparound History

Wraparound emerged along with the Systems of Care movement

– Part of an attempt to overcome…
  - fragmented systems,
  - overly professionalized service delivery, and
  - overreliance on restrictive treatments

– Core systems of care values
  - Child-centered and family focused
  - Community-based
  - Culturally competent

  – (From Stroul & Friedman, 1986)
Systems of care

SYSTEMS OF CARE (PHILOSOPHY)

- Least restrictive
- Case management
- Families as full partners
- Integrated systems
- Advocacy
- Smooth transitions to adult system
- Individualized
- Early identification and intervention
- Culturally competent
- Comprehensive array

- Mental health
- Social services
- Education
- Health Services
- Vocational Services
- Recreation
Continuum of Behavioral Health Levels

- More complex needs
  - SBHN
  - SED
  - MH DX

- Less complex needs
  - 6.5%
  - 15.2%
  - 78.3%

- Full Wrap Process
  - Individualized Service
  - Values Service

Less complex needs → More complex needs
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
- 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
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
- Community-based responsiveness
- 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*

1. Family-driven
2. Team-based
3. Collaborative
4. Community-Based
5. Culturally Competent
6. Individualized
7. Strengths based
8. Natural Supports
9. Unconditional
10. Outcome based
Family-driven  The wraparound process is driven by the child/youth and family’s definition and prioritization of needs (goals), and their perspective regarding the service and support strategies that are most likely to meet needs (reach the goals).

Team-based  The wraparound team members—chosen by the family and connected to them through natural, community, and formal support and service relationships—work together to develop and implement a plan to address unmet needs and work toward the family's vision.

Collaborative  Team members collaborate to develop, implement, monitor, and evaluate a formal plan that serves as the basis for each team member’s work with the family.

Community-Based  The wraparound team implements service and support strategies that take place in the most inclusive and least restrictive settings possible, and that foster child and family integration into home and community life and roles.
Wraparound principles (cont’d)

- **Culturally Competent** The wraparound process, as well as the services, supports, and strategies included in the plan, must be culturally competent, building on the unique values, preferences, and beliefs of the child/youth and family and their community.

- **Individualized** The wraparound process, as well as the strategies, services, and supports included in the plan, must be individualized to respond to the unique needs and goals of a child/youth and family.

- **Strengths based** The wraparound process, as well as the family’s plan must incorporate and/or enhance the strengths of the child and family, as well as the strengths of their community and/or other team members.
Wraparound principles (cont’d)

- **Natural Supports**  Wraparound plans must include a balance of formal services and informal community and natural supports.

- **Unconditional**  Regardless of the child’s behavior or placement setting or the family’s circumstances, the team continues to work with the family toward their goals until the family indicates that a formal wraparound process is no longer required.

- **Outcome based**  Based on the family’s needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress toward these indicators, and revises the plan accordingly.

- **Flexible**  The services, strategies, and supports that are included in the plan are tailored to respond to the unique needs and goals of the family, and are altered when necessary to meet changing needs and goals or in response to poor outcomes.
What Wraparound is **Not**: Common misapplications of the term

- Wraparound is a “service”
- Wraparound = Case management
- Wraparound occurs with the availability of flexible dollars or a new funding source
- Wraparound is any service that is not typically reimbursable
  - E.g., respite care, karate lessons, or transportation
What Wraparound is Not: A Categorical Approach

- Assess Problems, assign a diagnosis
- Look at Services that are Available…
- Plug Services into the Family
  - Services reflect 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
The Fidelity Problem in Wraparound

“Values speak” substitutes for concrete practice steps

Many things are referred to as Wraparound

Lacking consistent standards, description of provider practices, and accompanying measures

Results in

- Confusion for families, staff, communities
- Many programs achieving poor outcomes
- More frustration and fragmentation
- A poorly developed research base overall
Wraparound 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 implementation or fidelity measures employed in any of the studies
  - High levels of uncertainty about the model used
  - Not able to conclude what the results mean
One National Review of Wraparound Teams Showed

- Less than 1/3 of teams observed maintained a team plan with team goals
- Less than 20% of teams observed considered more than one way to meet a need
- Only 12% of interventions reviewed were individualized or created
  - 88% were tailored by time & location
- All plans (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  
  \cite{Walker, Koroloff & Schutte, 2003}
Why we (still) think wraparound is important

- Wraparound was a response to overly professionalized and restrictive services.
- Systems of care values demand that care management be provided to families with children who need intensive service and supports.
- President’s New Freedom Initiative demand care that is individualized to meet the family’s needs.
Why we (still) think wraparound is important

Research has found poor outcomes for treatments (including “evidence-based practices”) delivered in “real world” settings

Why?

- Families don’t think treatments they get are relevant
- Lack of “fit” between family needs and actual services/supports received
- Lack of full engagement of families

Families with children with SED have particularly complex needs and need individualized care to meet these needs and achieve children’s goals
OK, so how would we know if we are doing high-quality wraparound?
Measuring the quality of wraparound

- Look at plans of care
- Have wraparound facilitators and team members fill out activity checklists
- Sit in on and observe team meetings
  - Wraparound Observation Form (WOF; Epstein et al., 1998)
- Ask the people who know best – parents, youth, facilitators, program heads
  - Wraparound Fidelity Index (WFI; Burchard et al., 2002; Bruns, et al., in press)
What is ‘treatment fidelity’?

“The extent to which a treatment or intervention is delivered as intended”

For the Wraparound Fidelity Index, this was intended to be adherence to the 11 core elements of wraparound
## Wraparound Fidelity Index 3.0

### Respondent Scheme, by element

<table>
<thead>
<tr>
<th>Element</th>
<th>Resource Facilitator</th>
<th>Parent</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Youth Voice and Choice</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Youth and Family Team</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Community-based Svs/Suppts</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Cultural Competence</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Individualized Svs/Suppts</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>Strength-based Svs/Suppts</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Natural Supports</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Continuation of Care</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Collaboration</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Flexible Resources/Funding</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Outcome-based Svs/Suppts</td>
<td>4</td>
<td>4</td>
<td></td>
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<tr>
<td><strong>Total Items</strong></td>
<td><strong>44</strong></td>
<td><strong>44</strong></td>
<td><strong>32</strong></td>
</tr>
</tbody>
</table>

0-2 scale = Element Scores Range 0-8 (or 0%-100%)
Feedback to sites: The picture of wraparound

The Picture of Wraparound: Cross-Informant Profile

- Resource Facilitator
- Parent
- Youth

Voice and Choice: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Youth and Family Team: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Community-Based Services: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Cultural Competence: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Individualized Services: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Strength-Based Services: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Natural Supports: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Continuation of Care: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Collaboration: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Flexible Resources and Funding: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth

Outcome-Based Services: Cross-Informant Profile
- Low Adherence: Resource Facilitator, Parent, Youth
- High Adherence: Resource Facilitator, Parent, Youth
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
National practice in Wraparound

WFI Scores across Elements and Respondents (N=404 families)
Common shortcomings in services

*From patterns of WFI element and item scores*

- Failing to incorporate full complement of important individuals on the individualized services team
- Failing to engage the youth in community activities, activities the youth does well, or activities that will allow him or her to develop appropriate friendships
- Failing to use family/community strengths to plan and implement services
- Failing to use natural supports, such as extended family members and community members
- Lack of flexible funds to help implement innovative ideas that emerge from the ongoing team planning process
- Inconsistent outcome & satisfaction assessment
Is fidelity to wraparound important to achieving outcomes?
Wraparound Fidelity and Outcomes Study

6 months

- Wraparound fidelity
- Behavior
- Functioning
- Satisfaction
- Residential placement

12 months

- Behavior
- Functioning
- Satisfaction
- Residential placement
# Wraparound Fidelity and Outcomes Study

**Did Better Wraparound Fidelity Predict Better Outcomes?**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>Behavior (CBCL)</td>
<td>yes**</td>
</tr>
<tr>
<td>Functioning (CAFAS)</td>
<td>no</td>
</tr>
<tr>
<td>Restrictiveness</td>
<td>yes**</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>yes*</td>
</tr>
<tr>
<td>Satisfaction with child’s progress</td>
<td>yes**</td>
</tr>
</tbody>
</table>

**p<.05; *p<.1**
**Low- vs. high-fidelity wraparound in AZ: Family resources**

FRS measures a caregiver’s report on the adequacy of a variety of resources (time, money, energy, etc.) needed to meet the needs of the family as a whole, as well as the needs of individual family members. Group average on the scale of 1 – 5: 1 = Not at all adequate, 5 = Almost always adequate.
Low- vs. high-fidelity wraparound in AZ: Child Behavior

![Graph showing comparison between low and high fidelity staff in AZ over time (Intake, 6 Months, 12 Months).]
Low- vs. high-fidelity wraparound in AZ: Residential Restrictiveness

Average Residential Restrictiveness Level

- Low Fidelity Staff
- High Fidelity Staff

Time Frame

- Intake
- 6 Months
- 12 Months
Low- vs. high-fidelity wraparound in AZ:
Educational Outcomes

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Low Fidelity Staff</th>
<th>High Fidelity Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td></td>
<td></td>
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<tr>
<td>6 Months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Months</td>
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</tr>
</tbody>
</table>

% Students with a Detention
How do you get to “high fidelity”?
Things needed to get to high fidelity

- Know what the model is and then train, coach, and certify providers and partners on core skills
- Adequate supports for wraparound teams
  - Policies and funding rules that support families and their wraparound teams (“THE SYSTEM”)
  - Programs or organizations that support their wraparound teams
- Quality assurance framework that supports providers through training, coaching and supervision
- Data collection system that allows for fidelity, outcomes, and satisfaction data collection
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

- Engagement and team preparation
- Initial plan development
- Implementation
- Transition
Phases of wraparound

- Engagement and team preparation
- Plan development
- Implementation
- Transition

Time
Phase 1: Engagement

- Engage the family
  - Initial family interview or “chat”
  - Orient family to wraparound

- Engage other team members
  - Solicit participation and orient team members

- Respond to immediate crises
  - Interview family and agency representatives
  - Intervene immediately, if necessary

- Make necessary team meeting arrangements
  - Arrange meeting logistics
  - Arrange legal and ethical issues
Phase 2: Plan Development

- Develop initial plan of care
  - Determine ground rules
  - Describe and document strengths
  - Create team mission
  - Describe and prioritize needs and goals
  - Select strategies and assign action steps

- Develop crisis and safety plans
  - Determine and prioritize potential problems
  - Create plans
Phase 3: Implementation

- Implement the plan
  - Implement action steps for each strategy
  - Track progress on action steps
  - Evaluate success of each strategy
  - Celebrate successes
- Revisit and update the plan
  - Consider new strategies as necessary
- Maintain and build team cohesiveness and trust
- Continue to complete necessary logistics
Phase 4: Transition

- Plan for cessation of wraparound
  - Create transition plan
  - Create post-wraparound crisis plan
  - Modify wraparound process to reflect transition

- Conduct commencement ceremonies
  - Document the team’s work
  - Celebrate success

- Follow-up with the family
  - Check in with family
  - Reconvene team if necessary
Wraparound process: Model summary

**Phases of the Wraparound Process**

- **Phase 1: Engagement and Team Preparation**
  - Major Tasks:
    - Engage the family
    - Engage other team members
    - Respond to immediate crises
    - Make meeting arrangements
  - **Tools**: Providers and team members have necessary skills
  - **Outputs**: Teams have support from program and system

- **Phase 2: Initial Plan Development**
  - Major Tasks:
    - Develop initial Plan of Care
    - Develop crisis or safety plan
    - Make appropriate team and plan logistics
  - **Tools**: Meeting child and family needs and accomplishing team goals
  - **Outputs**: Ultimate outcomes for child, family, program, and community

- **Phase 3: Implementation**
  - Major Tasks:
    - Implement wraparound plan
    - Track progress, evaluate strategies, celebrate success
    - Revisit and update plan
    - Maintain/build team cohesiveness and trust
  - **Tools**: High fidelity to the wraparound process
  - **Outputs**: Meeting child and family needs and accomplishing team goals

- **Phase 4: Transition**
  - Major Tasks:
    - Plan for cessation of formal wraparound process
    - Commencement & celebration
    - Follow-up with family
  - **Tools**: Ultimate outcomes for child, family, program, and community
  - **Outputs**:
**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
Five categories of necessary conditions for wraparound

1. **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**— *Are we be sure we’re doing a good job?*

SOURCE: Portland State Research and Training Center on Family Support and Children’s Mental Health www rtc.pdx.edu
<table>
<thead>
<tr>
<th>TEAM LEVEL</th>
<th>ORGANIZATIONAL LEVEL</th>
<th>SYSTEM LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practice model</strong></td>
<td><strong>Practice model</strong></td>
<td><strong>Practice model</strong></td>
</tr>
<tr>
<td>i. Team adheres to a practice model that promotes effective planning and the value base of WA.</td>
<td>i. Lead agency provides training, supervision and support for a clearly defined practice model.</td>
<td>i. Leaders in the policy and funding context actively support the WA practice model.</td>
</tr>
<tr>
<td>• Sub-conditions of practice model 1-7</td>
<td>ii. Lead agency demonstrates its commitment to the values of WA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>iii Partner agencies support the core values underlying the team WA process.</td>
<td></td>
</tr>
<tr>
<td><strong>Collaboration/partnerships</strong></td>
<td><strong>Collaboration/partnerships</strong></td>
<td><strong>Collaboration/partnerships</strong></td>
</tr>
<tr>
<td>i. Appropriate people, prepared to make decisions and commitments, attend meetings/participate collaboratively</td>
<td>i. Lead and partner agencies collaborate around the plan and the team.</td>
<td>i. Policy and funding context encourages interagency cooperation around the team and the plan.</td>
</tr>
<tr>
<td></td>
<td>ii. Lead agency supports team efforts to get necessary members to attend meetings and participate collaboratively.</td>
<td>ii. Leaders in the policy and funding context play a problem-solving role across service boundaries.</td>
</tr>
<tr>
<td></td>
<td>iii Partner agencies support their workers as team members and empower them to make decisions.</td>
<td></td>
</tr>
<tr>
<td><strong>Capacity building/staffing</strong></td>
<td><strong>Capacity building/staffing</strong></td>
<td><strong>Capacity building/staffing</strong></td>
</tr>
<tr>
<td>i. Team members capably perform their roles on the team.</td>
<td>i. Lead and partner agencies provide working conditions that enable high quality work and reduce burnout.</td>
<td>i. Policy and funding context supports development of the special skills needed for key roles on WA teams.</td>
</tr>
<tr>
<td><strong>Acquiring services/supports</strong></td>
<td><strong>Acquiring services/supports</strong></td>
<td><strong>Acquiring services/supports</strong></td>
</tr>
<tr>
<td>i. Team is aware of a wide array of services and supports and their effectiveness.</td>
<td>i. Lead agency has clear policies and makes timely decisions regarding funding for costs required to meet families’ unique needs.</td>
<td>i. Policy and funding context grants autonomy and incentives to develop effective services and supports consistent with WA practice model.</td>
</tr>
<tr>
<td>ii. Team identifies and develops family-specific natural supports.</td>
<td>ii. Lead agency encourages teams to develop plans based on child/family needs and strengths, rather than service fads or financial pressures.</td>
<td>ii. Policy and funding context supports fiscal policies that allow the flexibility needed by WA teams.</td>
</tr>
<tr>
<td>iii. Team designs and tailor services based on families' expressed needs.</td>
<td>iii. Lead agency demonstrates its commitment to developing culturally competent community and natural services and supports.</td>
<td>iii. Policy and funding context actively supports family and youth involvement in decision making.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td><strong>Accountability</strong></td>
<td><strong>Accountability</strong></td>
</tr>
<tr>
<td>i. Team maintains documentation for continuous improvement and mutual accountability.</td>
<td>i. Lead agency monitors adherence to practice model, implementation of plans, and cost and effectiveness.</td>
<td>i. Documentation requirements meet the needs of policy makers, funders, and other stakeholders.</td>
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</tbody>
</table>
National study of wraparound supports

Greater level of system and program supports leads to better wrap fidelity

WFI Total Fidelity

<table>
<thead>
<tr>
<th></th>
<th>WFI-Resource Facilitator</th>
<th>WFI-Caregiver</th>
<th>WFI-Youth</th>
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</thead>
<tbody>
<tr>
<td>Sites with Low supports</td>
<td>82%</td>
<td>*</td>
<td>71%</td>
</tr>
<tr>
<td>Sites with High supports</td>
<td>85%</td>
<td>83%</td>
<td>70%</td>
</tr>
</tbody>
</table>

*p < .01

Bruns, et al., 2003
Emerging evidence

What leads to outcomes?

Program Administrative and System Characteristics
- Regulating caseload size, providing support for teams and staff
- Ensuring interagency coordination, blended funding, team training, availability of flexible funding
- Mandating specific policies; e.g., presence of natural supports, regular outcome and fidelity assessment

Adherence to WA Principles in service delivery
- Specific tools for teams and providers
- Empowering flexible & creative service planning/implementation
- Training in specific provider behaviors
- Regular supervision tied to a specified model
- Training in effective team functioning
- Feedback of fidelity data in QA activities

Improved Child and Family Outcomes
- Meeting youth- and family-identified goals
- Maintenance in normalized school and community settings
- Improved functioning

Emerging evidence

What leads to outcomes?

Adherence to WA Principles in service delivery

Improved Child and Family Outcomes

Program Administrative and System Characteristics
Things you need, part 3:
Quality assurance framework
Stages in the WA Fidelity Process
(Vroon VanDenBerg)

1. Baseline
2. Training
   - Policy and Procedures
   - 4 Day Basic Training
3. Wrap Fidelity Implementation
   - 4 Day Supervisory Training
   - Coaching
   - Certification
   - Quality Mgt
4. Follow-up as needed

Time Series
Wraparound Fidelity Process

- Supervisor
- Wrap Care Manager
- WA Adherence Measure (WFI)
- External Evaluator
- Monitoring of Team Performance
- Wrap Team (Child & Family)

- WA Adherence Measure
- Manualized Training, Coaching, Certification & Ongoing Monitoring of Performance

- Supervisor or Consultant
Stages in the Wraparound fidelity process and WFI scores at each stage

![Bar chart showing average fidelity scores across different phases of Wraparound Fidelity Process.](chart)

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

Source: Rast & Peterson, 2004
Final Thoughts: 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
Resources and websites

- Wraparound Fidelity Index: [www.uvm.edu/~wrapvt](http://www.uvm.edu/~wrapvt)
- Vroon VanDenBerg, LLC: [www.vroonvdb.com](http://www.vroonvdb.com); John VanDenBerg's web-trainings: [http://www.air.org/cecp/wraparound/default.htm](http://www.air.org/cecp/wraparound/default.htm)
- Walker, Koroloff, Schutte monograph on Necessary supports for ISP/wraparound: [www.rtc.pdx.edu](http://www.rtc.pdx.edu)
- Focal Point issue on Quality and Fidelity in Wraparound: [http://www.rtc.pdx.edu/pgFocalPoint.shtml](http://www.rtc.pdx.edu/pgFocalPoint.shtml)