Toward a better understood and implemented Wraparound

A topical discussion on the ‘National Wraparound Initiative’

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WA’s role within Systems of Care

SYSTEMS OF CARE (PHILOSOPHY)
- Least restrictive
- Comprehensive array
- Strengths based
- Culturally competent
- Early identification and intervention
- Family voice and choice
- Individualized

WRAPAROUND (OPERATIONAL)
- Mental health
- Social services
- Education
- Health services
- Recreation
- Vocational services
- Integrated systems
- Advocacy
- Unconditional care
- Outcome based
- Flexible resources
- Smooth transitions to adult system
- Natural supports
- Families as full partners
- Team-based
- strengths based
- Individualized

Care management
System-of-Care Program Theory Model

RESOURCES

- CMHS funds are provided to communities
- Matching funds are identified
- Field-based, practice-driven technical assistance is provided
- Awareness of system-of-care options is communicated to variety of audiences

PROGRAM ACTIVITIES

- Site enhances system of care infrastructure based on interagency collaboration
- Site builds comprehensive array of community-based services
- Site provides services tailored to the individual needs of child and family
- Site enhances family involvement at system and service delivery levels
- Site enhances cultural competence
- Performance measures are established

INTERMEDIATE OUTCOMES

- Partnerships are broadened and deepened
- Comprehensive, coordinated, efficient, and accountable system of care is developed
- Service delivery is enhanced

INTervention LEVEL

- Service providers integrate system-of-care principles into practice
- Children and families receive effective services and supports

CHILD, FAMILY, AND COMMUNITY LEVEL

- Clinical and functional outcomes for children and adolescents are improved
- Child and family satisfaction are improved
- Service system costs are decreased
- Increased awareness of system-of-care benefits

ULTIMATE OUTCOMES

- Activities and outcomes are evaluated at local and national level

Continuous Quality Improvement

System of Care Improved

Enhanced Reform

System of Care Sustained

National Wraparound Initiative
Potential Contribution of WA to effectiveness of systems of care

Research on systems change initiatives has found null or equivocal outcomes

– Ineffectiveness of individual services delivered
– “Logic chain too long” = processes not in place to ensure SOC principles are activated for individual families
**System-of-Care Program Theory Model**

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- System of Care Improved
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Potential Contribution of WA to effectiveness of systems of care

- Research has found poor outcomes for treatments and EBPs delivered in “usual care” settings
- Less impact of evidence-based treatments for children with multiple problem areas (comorbidity) and families with complex needs (Jensen, 2004)
  - Lack of “fit” between family needs and services/supports provided
  - Lack of engagement of families
  - Lack of engineering of program and system environment to support flexible, individualized care
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
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 process
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
- A poorly developed research base overall
Growth of Wraparound Literature Base
Number of citations, by database

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Improving outcomes for children with EBD *Integrated treatments cited*¹

- Multisystemic Therapy (MST)
- Treatment Foster Care
- Functional Family Therapy

- Wraparound process

¹In order of development of the research base
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<th>Step</th>
<th>Description</th>
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<td>Step 1</td>
<td>Theoretically and clinically informed construction, refinement, and manualizing of the protocol</td>
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<td>Step 2</td>
<td>Initial efficacy trial under controlled conditions</td>
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<td>Step 3</td>
<td>Single-case applications in practice setting with progressive adaptations to the protocol</td>
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<td>Step 4</td>
<td>Initial effectiveness test, modest in scope and cost</td>
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<td>Full test of the effectiveness under everyday practice conditions, including cost effectiveness</td>
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<td>Step 6</td>
<td>Effectiveness of treatment variations, effective ingredients, moderators, mediators, and costs</td>
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<td>Step 7</td>
<td>Assessment of goodness-of-fit within the host organization, practice setting, or community</td>
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<td>Step 8</td>
<td>Dissemination, quality, and sustainability within new organizations, settings, &amp; communities</td>
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CHALLENGE

Bringing rigor and standardization to a widespread and compelling practice for which multiple innovations have been created but not compiled into a fully described model…
“National Wraparound Initiative”

Goals

– To provide the field with a better understanding about what high quality wraparound is
– To provide the field with a better understanding of what is required to do high-quality wraparound
– To allow for better evaluation of wraparound’s impact

E.g., determine indicators of high-quality wraparound implementation
“National Wraparound Initiative”

Goals

– To allow for replication of wraparound process models that are found to have positive impact
– To bring providers, trainers, researchers, parents/advocates together into a learning and sharing community
“National Wraparound Initiative”

Supported by:

- Maryland Dept of Juvenile Services
- Maryland Mental Hygiene Administration
- US DHHS Center for Medical and Medicaid Services
“National Wraparound Initiative”

Proposed outputs

- Agreed upon definitions and terminologies for the wraparound process
- Agreed upon description of the wraparound principles, specified for a team and family
- Empirical- and theory-based rationale for the practices employed in wraparound (from multiple disciplines)
- Clear description of a stepwise wraparound process
“National Wraparound Initiative”

Proposed outputs

– Required practices within each step (Practice Standards)
  - E.g., within Engagement phase, a “Strengths Discovery Process”
– Flexible set of practice options for each step
  - E.g., Different means of conducting a “strengths inventory”
– Required supports for teams and providers (System and Organizational Standards)
  - With Strategies for achieving these conditions
“National Wraparound Initiative”

Outputs, continued

- **Fidelity and implementation** measures tied to Standards and practice options
- Process for ensuring adequacy of ongoing quality assurance efforts
Initiative Methods

- Philosophic principles of wraparound process
- Multi-level framework of necessary conditions
- Small coordinating group that does initial work
  - Initial definitions, lit reviews, compile practices, etc.
Initiative Methods

- Active engagement with innovators and trainers nationally
  - Nominate specific procedures and practices
  - Contribute specific frameworks and approaches to ensuring high-quality wraparound

- National Advisory group: 60 members
  - Set priorities for needed products
  - Nominate innovative practices
  - Participate in consensus-building
  - Review process, products, and outputs

- Web-enabled Delphi process
National Initiative participants

- National Advisory Group
- National Innovators and Trainers
- Core Coordinating Group
Developing Technologies

from which we can borrow

- Effectiveness of treatments for specific problems
- Common ingredients of evidence-based practices (Chopitra)
- Effective methods for engaging families and developing self-efficacy (McKay, Heflinger)
- Characteristics of effective organizational cultures (Glisson)
- Engineering system and organizational contexts to enhance diffusion of treatments and processes (e.g., Schoenwald)
More information

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