Welcome To...
The Fourth National Wraparound Initiative Advisors Meeting

Portland, Oregon
May 29-30, 2007

Federation of Families for Children’s Mental Health
Goals for this meeting

- Review progress and accomplishments by the NWI and its task groups
- Solicit feedback and input on works in progress
- Consider the role of the NWI in supporting workforce development and high-quality implementation nationally
- Discuss the best means for packaging and mobilizing the *Implementation Guide to Wraparound*
- Work in small task-oriented groups to set action plans for the next year
- Obtain feedback from advisors about the overall priorities of the NWI.
Today’s Agenda

• Introductions
• Recap of the year
• Reports from workgroups
  - Wraparound Family Partner Task Force
  - Standards workgroup
  - Research and evaluation workgroup
• BREAK
• Human Resource Development
• Implementation Guide to Wraparound
Tomorrow’s Agenda

• Panel and discussion:
  – Supporting wraparound implementation nationally and the role of the NWI

• BREAK

• Workgroups work in small groups

• Goals and priorities for next year

• Next steps and wrap-up
Looking back:
A quick recap of our initial goals and recent activities
Looking back: “Our goals,” 2003

Describe successful practice and implementation in a way that is “generic” enough to accommodate the variety of successful approaches.

Synthesize
• Accumulated expertise +
• Existing theory and research evidence +
• New theory and research

Develop useful information and tools
Develop the research base
Goal statement from the 2003 meeting

- To bring together into a learning and sharing community individuals with expertise in Wraparound so we can speak to the world with a common language, to reduce confusion and promote understanding about the components of and benefits of the wraparound
How to do this?

Engage stakeholders
- People with diverse perspectives
- People who have worked with successful teams or programs

Open membership

Use work groups for specific products

Consensus-building
- Transparent process- web-based
- Ratings and comments on tools
- Posting of drafts to build consensus
Foundational Documents (2003-2005)

• The “Ten Principles” document
  - Offers a description about what these abstract principles might mean in practice
  - Highlights important areas of concern

• The “Phases and Activities”
  - Model is a “skeleton” that can be “fleshed out” to be unique to a community
  - Distinct from any existing manual; however no completely novel activities

• The “Necessary Support Conditions”
More recent products (2005-2006)

• Tools, strategies, and techniques for wraparound


• Consultants page and tips for using consultants

• Revised fidelity measures

• Articles, book chapters, and monographs …

  to help “promote understanding”
Recap of the past year

• Article on the NWI: “Building on Practice Based Evidence” (Psychiatric Services, October 2006)
• Book chapter on wraparound for Beth Stroul and Gary Blau book on systems of care
• Presentations (http://www.rtc.pdx.edu/nwi/index.htm)
• Evidence review for California EBP Clearinghouse
Evidence and recognition resource

- Available at [www.rtc.pdx.edu/nwi/NWIAboutWraparound.htm](http://www.rtc.pdx.edu/nwi/NWIAboutWraparound.htm)
- Brief description and summary of implementation basics
- Relevant research (8 published controlled studies)
- Entities that have recognized wraparound as evidence based
  - National Association of State Mental Health Program Directors
  - State of Oregon: Mental Health and Addiction Services Approved Practices
  - NCTSN National Child Traumatic Stress Network: Empirically Supported Treatments and Promising Practices
    - [http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/NCTSN_E-STable_21705.pdf](http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/NCTSN_E-STable_21705.pdf)
  - The National Center on Education, Disability, and Juvenile Justice
Recap of the past year

- Tools compendium
- Theory of Change
- Wraparound online course as part of the Florida Mental Health Institute certificate program in children’s mental health and systems of care
  - For details about the certificate program: www.outreach.usf.edu/gradcerts/
A theory of change for wraparound: Overview

**Ten principles of the wraparound process**

- A high-fidelity wraparound process that is “true” to the values and the practice model and characterized by:
  - Respect for values, culture, expertise
  - Blending perspectives
  - Family-driven, youth guided goal structure and decisions
  - Opportunities for choice
  - Evaluation of strategies
  - Recognition/ Celebration of success

**Phases and Activities of the Wraparound Process**

**Short term outcomes:**
- Follow-through on team decisions
- Service/support strategies that “fit”
- Service/support strategies based on strengths
- Improved service coordination
- High satisfaction with/ engagement in wraparound
- Experiences of efficacy and success

**Intermediate outcomes:**
- Services and supports are more effective and “work” better for youth and families
- Increased social support and community integration
- Improved coping and problem solving
- Enhanced self-efficacy, empowerment, optimism, self-esteem
- Achievement of team goals

**Long term outcomes:**
- Stable, home-like placements
- Improved mental health outcomes (youth and caregiver)
- Improved functioning in school/ vocation and community
- Achievement of team mission
- Increased assets
- Improved resilience and quality of life

*National Wraparound Initiative*
More progress from the past year...

• Family partner task force
• Standards workgroup
• Research and evaluation workgroup
• Financing workgroup
Family Partner Task Force of the NWI
Standards Workgroup of the NWI

Report at National Advisory Meeting
May 29, 2007
Report out:
Standards and Accreditation

- What is the goal: helps with quality (agreed); reduce variation (not clear about this)
- Should probably split standards and certification for now, start with standards. Look at places that now have standards and crosswalk those with existing principles. CA has standards
- Did a list of what should be in the standards
- ID where standards or guidelines that exist and compare them- ask people what help or havoc they have caused
- This is for wraparound though some overlap with casework.
- Neil Brown and Gerry Rodriguez are volunteering...
Initial Workgroup Actions

• Review standards from California
• Begin to make suggestions for editing for national use
• Add and crosswalk to NWI principles and phases and activities
• Begin to identify potential products
Internal Standards Group Survey

• Want to determine scope of the work
  - Developed four potential levels of implementation and surveyed on these

• Want to prioritize products to be developed
  - Asked for a list of two or three products from each workgroup member
Option One

NWI develops a resource manual that includes sample standards developed by other communities and materials developed through NWI. These materials would include examples of the process, policies and procedures and tools used by communities and would be available for communities to use and modify as they desire. These materials could be used by states or local communities to define wraparound standards as they want with no requirements to meet any specific national standards.
Option Two

• NWI develops and circulates a set of standards for wraparound implementation. These standards, to be consistent with other NWI works and products, would articulate expectations and some effective measures for implementation focusing on the policy and funding, the agency, and the practice implementation level of this work.

• The standards would come in the form of a self study workbook or set of workbooks designed to allow local communities and systems of care to learn about, self assess, and guide their own implementation efforts. Standards from NWI would stand as benchmarks for communities to react to and build toward.

• The workbook tools would be divided into segments that provide standards and implementation guides for a series of developmental phases for communities. These phases of development would include:
  - Pre implementation
  - Early implementation
  - Mature implementation phases

• The materials described in option one would be available to communities to use to support this work.
Option Three

• NWI develops and promulgates a set of standards for wraparound implementation that address three key levels of implementation: policy and funding, agency environment, and practice model.

• Communities utilizing and implementing wraparound would be able to access the standards and would be encouraged and supported to develop a local plan for monitoring and supporting adherence to the standards. The emphasis on local decision making about implementing standards would result in a rich array of strategies tied together by the content and structure of the standards themselves.

• Adoption and utilization of the standards is possible at a variety of levels and scopes. These include state wide and/or county specific implementation models, as well as agency specific implementation efforts.

• NWI will make available assistance and consultation, as well as access to an information bank about other community efforts to implement and monitor the NWI standards, to all communities or organizations who work to develop and implement a “Standards” plan on the local level.
Option Four

- NWI develops and promulgates consistent national standards that define the concept of high fidelity wraparound. For a community or state to link to the national evidence base on high fidelity wraparound they would need to utilize and be measured to the standards supported by NWI.

- This option includes the development of a site review process and protocol based on the standards established by NWI. The review process would include ways to assess sites and credential staff. The goal would be to have a system that could be implemented by local communities and states with some oversight by the national NWI group to ensure consistency across the country.

- In the beginning standards review and “accreditation” of programs or sites would be accomplished by a multi day review, on site, conducted by an NWI approved panel of experts. Over time local experts could be credentialed to take on this task. Credentialing for staff would include demonstrating the skills to do high fidelity wraparound. A consistent process would be developed and implemented nationally and then developed to state or local implementation with some form of national oversight to ensure continual consistency.

- Lessons learned form the process will be utilized to refine and focus the NWI standards as more is learned over time about effective implementation in a variety of settings.
Results

- Success stories
- Examples of Contracting and QA Systems
- Recommended and Endorsed National Standards
- Credentialing standards for facilitators, family support providers and supervisors
- Examples of standards already implemented
  - The California standards
  - The Florida Standards
- Examples of QA Processes
  - The Wraparound Fidelity Assessment System
  - The Oklahoma System for Credentialing Providers
  - The Michigan System for Monitoring Outcomes
- Examples of Quality Assurance Systems
  - The Ohio System of Care and Wraparound Quality Assurance System
- Organization of a set of national standards
- Workbooks to help communities move through setting up their own system
Survey for Advisors Group

• Break out the components of the levels
• Prioritize the products
• 49 Advisors completed the survey
<table>
<thead>
<tr>
<th>Codes for Charts</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NWI develops a resource manual that includes sample standards developed by other communities and materials developed through NWI.</td>
<td>Resource Manual</td>
</tr>
<tr>
<td>NWI develops and circulates standards for wraparound implementation to be used by communities and states to customize to their own.</td>
<td>Sample Standards</td>
</tr>
<tr>
<td>NWI develops some form of a self study workbook to allow local communities to self assess and guide their own implementation efforts</td>
<td>Local Workbook</td>
</tr>
<tr>
<td>NWI would define and set expectations for stages of implementation including: pre, early and mature implementation phases</td>
<td>Define Stages</td>
</tr>
<tr>
<td>NWI develops and promulgates a set of standards for wraparound implementation that address three key levels of implementation</td>
<td>Recommended Standards</td>
</tr>
<tr>
<td>NWI would promulgate benchmarks for the standards to be used by states and communities</td>
<td>Recommended Benchmarks</td>
</tr>
<tr>
<td>NWI will make available assistance, consultation and resources about community efforts to implement and monitor the NWI standards</td>
<td>Assistance for National Standards</td>
</tr>
<tr>
<td>NWI develops and promulgates consistent national standards that define the concept of high fidelity wraparound.</td>
<td>National Standards</td>
</tr>
<tr>
<td>NWI would develop a site review process and protocol based on the standards established by NWI that could be implemented locally.</td>
<td>Site Review</td>
</tr>
<tr>
<td>NWI would develop a national credentialing program for staff that establishes a process and criteria that could be adopted by states.</td>
<td>National Credentialing</td>
</tr>
</tbody>
</table>
Scoring Code

4 - this is very important and should be a priority for development

3 - this is important but would be of secondary importance

2 - this is not important but some people might like it

1 - this is a very bad idea and should not be considered
Prioritization of Products

In this section you can prioritize items to be developed. You have a "budget" of 100 points that you can allocate in any way you want among the 10 items. Give the most points to the item(s) you think should have highest priority and fewer or no points to items of lesser urgency. Your total must add up to 100.
Survey Monkey Ratings for Products

<table>
<thead>
<tr>
<th>Percent of Votes</th>
<th>Examples of Policies and Tools</th>
<th>Success Stories</th>
<th>Examples of QA Systems</th>
<th>Endorsed National Standards</th>
<th>Credentialing Standards</th>
<th>Examples of State/local Standards</th>
<th>Workbooks to Develop own System</th>
<th>Workbooks for National System</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.3%</td>
<td>3.4%</td>
<td>6.9%</td>
<td>19.9%</td>
<td>14.0%</td>
<td>8.5%</td>
<td>6.3%</td>
<td>10.2%</td>
<td>10.5%</td>
</tr>
</tbody>
</table>

National Wraparound Initiative
• I thought the NWI group was suppose to be a resource to communities/states so they could think through how they may implement wraparound. I am more than willing to provide resource materials that allows that level of individualization and critical thinking but am very concerned with some items on the last page that may not allow that level of individualization. I am not sure there is full agreement with how wraparound is implemented and am growing more concerned with what it would take to credential facilitators and how NWI would even be in a position to do this. I think the questions around fidelity of the model is an important discussion but I have a hard time thinking that we will all come to an agreement on standards and credentialing. The priorities to me so we don't move too far away from why wraparound works is to focus on the infrastructure that must exist for wraparound to work and not put all the fidelity to the model solely in the facilitator's/supervisor's hands.
• If you don't establish standards, there won't be any. Since 1989 when 'wraparound' became confused with 'EPSDT services' in the minds some policy wonks in Pennsylvania, efforts to undermine the federal Medicaid EPSDT entitlement have been afoot, misusing the 'wraparound' philosophy as the tool to accomplish that end. I'd like to see the 'wraparound' philosophy made compatible with EPSDT regulations so that the two can work together for the good of children -- one is a set of federally mandated treatment opportunities and the other is a philosophy of treatment. They need to be compatible. You can find more information about this at www.ibc-pa.org

• Potential problem spots with over focus on standards

• We need recommended and endorsed standards for credentialing family support providers and supervisors.

• We should be supporting true research, not dictating standards through survey consensus. We have a related model to learn from (Multi-systemic Treatment, MST) that spent years testing its principles and tools with supervisory processes and with which populations it is most effective and then doing cost benefit analyses BEFORE establishing standards and a central standards and means of consultation/evaluation. In this survey of proposed standards we are skipping science.
Questions for the Group

• Comments on the work done so far and the ideas from the survey
• What should we do next?
Research and Evaluation Activities of the NWI
Research and Evaluation: priorities from 2006

- Description of the independent variables and the dependent variables in wraparound
- Move community supports measure forward
- Can we have a process where outsiders do the fidelity or other tools and give feedback to communities, “take the temperature” of the community
- Continue to conduct and publish process and outcomes research
- New reviews – published research but also evaluation reports and stories from communities
- How can we use our NWI community to do research—single subject research protocol, prospective and longitudinal
- Encourage NWI communities to have standards for evaluation and shared outcomes
- Create an evaluation consortium
Research activities, 2006-2007

• Research-based theory of change
  - Will aid in grant applications
  - Will aid planning of future research studies
• Community Supports for Wraparound Inventory
• Wraparound Fidelity Assessment System
• State Wraparound Survey update
• New Publications
• Review of evidence and research findings from published articles and community evaluations
• Ongoing research studies
Implementation Context/ CSWI Pilot

Publication of initial work on Necessary Conditions: *Journal of Behavioral Health Services and Research* (Walker & Koroloff, June ’07)

Pilot underway with CSWI

- 7 (possibly 8) sites; 230 (or more) total participants
- Four sites complete. Final data from one site plus preliminary data from two more show evidence that the measure is performing well
  - Raters within a site agree with each other about which items are higher versus lower
  - Raters at different sites see different strengths and needs
  - Results from the CSWI match open-ended feedback
Community Supports for Wraparound Inventory (CSWI)

Sample Report:
Anonymous Wraparound Program
May, 2007

Prepared by:
Janet Walker, Portland State University
Vicky Mazzone, Portland State University
April Sather, University of Washington

National Wraparound Initiative
Results: Lowest- v. Highest-Rated Items

- 3.3 Collective fiscal responsibility
- 3.8 Sustained funding
- 3.2 Removing fiscal barriers
- 3.4 Fiscal monitoring
- 3.1 Fiscal understanding
- 6.1 Outcomes monitoring
- 6.3 Wraparound quality
- 6.5 Grievance procedure*
- 2.1 Community principles and values
- 6.2 Range of outcomes
- 1.3 Family voice

Least developed
Midway
Fully developed

National Wraparound Initiative
CSWI Results: Summary by Theme

- Accountability
- Human Resources
- Access to Needed Supports/Services
- Fiscal Policies & Sustainability
- Collaborative Action
- Community Partnership

Least developed | Midway | Fully developed

0 0.5 1 1.5 2 2.5 3 3.5 4
CSWI Report includes...

- Characteristics of respondents
  - Role in wrap implementation, employed by project, “key respondent”
  - Years experience with wrap and in role
- Level of agreement on ranking of items across all items and within themes
- Item-by-item results
- Overall interpretation
- In the future
  - Comparison with emerging “norms”
  - Change over time
  - Place on developmental trajectory?
Research activities, 2006-2007

• **Wraparound Fidelity Assessment System pilot testing**
  - Wraparound Fidelity Index, v. 4
  - Team Observation Measure (TOM)
  - Document Review Tool
  - Community Supports for Wraparound Inventory
Results of WFI-4 pilot (N=222):
Total Scores by respondent

![Bar chart showing total scores by respondent for different categories such as TOTAL, Eng, Plan, Impl, and Trans.]
### Results: WFI-4 Caregiver Form
Sites with vs. without intensive QA

<table>
<thead>
<tr>
<th></th>
<th>With QA</th>
<th>No QA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total WFI-WF</td>
<td>81.3</td>
<td>80.2</td>
</tr>
</tbody>
</table>
| Total WFI-CG  | 82.3    | 67.8  **
| Total WFI-Y   | 78.6    | 69.5  *

**\( F (1,133) = 16.954; p < .001 \)**

* \( F (1,65) = 4.443; p < .05 \)

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*National Wraparound Initiative*
Results of TOM pilot test (n=27)

- Mean total score = 57.9%
  - SD = 17.3
  - Range = 22% - 86%
- Cronbach alpha = .862 (Item scores)
- Inter-rater agreement = 79% (Indicators)
Sample TOM report:

**Most frequently observed TOM indicators**

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Pct.</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>20b</td>
<td>When residential placements are discussed, team chooses community placements for the child or youth rather than out-of-community placements</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>10c</td>
<td>Providers and agency reps at the meeting demonstrate that they are working for the family and not there to rep a different agenda</td>
<td>96%</td>
<td>.192</td>
</tr>
<tr>
<td>20a</td>
<td>The team's mission and/or needs support the youth's integration into the least restrictive residential and educational environments possible</td>
<td>96%</td>
<td>.208</td>
</tr>
<tr>
<td>1a</td>
<td>Parent/caregiver is a team member and present at meeting</td>
<td>92%</td>
<td>.266</td>
</tr>
<tr>
<td>12e</td>
<td>Members of the team use language the family can understand</td>
<td>92%</td>
<td>.271</td>
</tr>
<tr>
<td>18d</td>
<td>Serious challenges are discussed in terms of finding solutions, not termination of services or sanctions for the family.</td>
<td>91%</td>
<td>.288</td>
</tr>
<tr>
<td>3a</td>
<td>There is a written agenda or outline for the meeting, which provides an understanding of the overall purpose of meeting</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>11e</td>
<td>Talk is well distributed across team members and each team member makes an extended or important contribution</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>18e</td>
<td>There is a sense of openness and trust among team members</td>
<td>89%</td>
<td>.320</td>
</tr>
<tr>
<td>20d</td>
<td>Serious behavioral challenges are discussed in terms of finding solutions, not placement in more restrictive residential or educational environments</td>
<td>89%</td>
<td>.332</td>
</tr>
</tbody>
</table>
## Sample TOM report:

### Least frequently observed TOM indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
<th>Pct</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>17c</td>
<td>In designing strategies, team members consider and build on strengths of the youth and family</td>
<td>29%</td>
<td>.464</td>
</tr>
<tr>
<td>8a</td>
<td>In designing strategies, team members consider and build on strengths of the youth and family</td>
<td>28%</td>
<td>.458</td>
</tr>
<tr>
<td>14c</td>
<td>Objective or verifiable data is used as evidence of success, progress, or lack thereof.</td>
<td>28%</td>
<td>.458</td>
</tr>
<tr>
<td>13b</td>
<td>The team assesses goals/strategies using measures of progress</td>
<td>26%</td>
<td>.446</td>
</tr>
<tr>
<td>5d</td>
<td>The facilitator leads a robust brainstorming process to develop multiple options to meet priority needs.</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>7c</td>
<td>Community team members and natural supports have a clear role on the team</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>14a</td>
<td>The team conducts a systematic review of members’ progress on assigned action steps</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>19a</td>
<td>The team is actively brainstorming and facilitating community activities for the youth and family</td>
<td>23%</td>
<td>.429</td>
</tr>
<tr>
<td>8b</td>
<td>The plan of care represents a balance between formal services and informal supports</td>
<td>17%</td>
<td>.380</td>
</tr>
<tr>
<td>1c</td>
<td>Key natural supports for the family are team members and present</td>
<td>11%</td>
<td>.362</td>
</tr>
</tbody>
</table>

* N = 26
Document Review pilot:
Total scores by wraparound phase

Document Review Results by Phase

Average Score

Engagement
Planning
Implementation
Transition

National Wraparound Initiative
State Wraparound Survey: Availability of Wraparound

1998

Percent of States With Wraparound Programs

1998 n=48
2006/07 n=42

1998 88%
2006/07 83.3%

18.0%
82.0%

40.0%
60.0%

Statewide Specific Localities

Statewide Specific Localities

1998
2006/07

National Wraparound Initiative
Of the states who reported that they have Wraparound Programs:

• In 2006/07, 60% reported that wraparound is a statewide effort, while 40% reported wraparound is offered in one or more specific jurisdictions.

• Number of children served per program ranged from 66 to 13,110.

• In the number of states that could provide estimates (n=34) approximately 60,994 children are being served by wraparound, in an estimated 691 unique programs across the U.S.
Standards & Training

- States that reported having written standards:

  \[\begin{array}{c}
  \text{1998} \\
  \text{2006/07}
  \end{array} \]

\[\begin{array}{c}
0\% \quad 25\% \quad 50\% \quad 75\% \quad 100\%
\end{array} \]

53% 40%

- 2006/07 resources and training results

\[\begin{array}{c}
\text{In-state resources for training} \\
\text{In-service training in last 5 years}
\end{array} \]

\[\begin{array}{c}
0\% \quad 25\% \quad 50\% \quad 75\% \quad 100\%
\end{array} \]

71% 97%

National Wraparound Initiative
By any other name...

- 77% of states use names other than “Wraparound” to describe their programs.
- Most Common Names Most identified for Wraparound:
  - Child & Family Teams
  - Individualized Treatment Plan
  - Intensive Care Coordination
  - Team Decision Making
  - Others: Children’s System of Change Initiative, Intensive Community Based Treatment & Supports, Family Support Teams, Coordinated Services Planning
States and territories yet to respond...
Research activities, 2006-2007

• Major publications:
  - Relationship between community supports and fidelity (Psychiatric Services, November 2006)
  - Using data and the wraparound process to accomplish systems change (American Journal of Community Psychology, December 2006)
Research reviews

• California EBP Clearinghouse
• Compilation of evaluation reports from communities nationally
• Review article of published evaluation research on wraparound
• Broader review of outcomes and process research
Ongoing evaluation studies

- Five (known) controlled studies of wraparound currently underway!
  - Nevada - child welfare system
  - Colorado - children 0-5
  - Nebraska - wraparound in schools
  - Ontario, Canada
  - Oklahoma - child welfare system
Permanency

Comparison 30.0 24.0 15.0 22.3 39.1
DHS Wrap 7.3 8.8 31.6 60.6 100.0
NC Wrap 5.8 10.8 21.1 38.9 71.6

Comparison 23.5% 20.6% 14.7% 20.6% 26.1%
DHS Wrap 5.4% 13.5% 32.4% 43.2% 65.2%
NC Wrap 5.6% 11.1% 16.7% 33.3% 46.2%
Well Being Family & Caregiver Stress

Change in Stress at Six Months

<table>
<thead>
<tr>
<th></th>
<th>Family Stress</th>
<th>Caregiver Stress</th>
<th>Total Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>-0.3</td>
<td>0.8</td>
<td>0.4</td>
</tr>
<tr>
<td>DHS Wrap</td>
<td>-3.7</td>
<td>-2.0</td>
<td>-5.7</td>
</tr>
<tr>
<td>NC Wrap</td>
<td>-1.7</td>
<td>-0.5</td>
<td>-2.2</td>
</tr>
</tbody>
</table>

Change in Stress at 12 Months

<table>
<thead>
<tr>
<th></th>
<th>Family Stress</th>
<th>Caregiver Stress</th>
<th>Total Stress</th>
</tr>
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<td>Control</td>
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<td>4.4</td>
<td>4.4</td>
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<tr>
<td>DHS Wrap</td>
<td>-3.6</td>
<td>-2.4</td>
<td>-6.0</td>
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<tr>
<td>NC Wrap</td>
<td>-1.4</td>
<td>5.0</td>
<td>3.6</td>
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Well Being Youth Problem Severity

<table>
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<th>Baseline</th>
<th>6 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>27.7</td>
<td>26.2</td>
<td>29.0</td>
</tr>
<tr>
<td>DHS Wrap</td>
<td>27.1</td>
<td>22.0</td>
<td>21.3</td>
</tr>
<tr>
<td>NC Wrap</td>
<td>20.3</td>
<td>16.7</td>
<td>22.1</td>
</tr>
</tbody>
</table>

6 Month Intervals
Well Being Youth Functioning

![Graph showing average functioning scale scores across different intervals for control, DHS Wrap, and NC Wrap groups.]

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>51.7</td>
<td>51.2</td>
<td>45.9</td>
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<tr>
<td>DHS Wrap</td>
<td>47.1</td>
<td>46.9</td>
<td>50.1</td>
</tr>
<tr>
<td>NC Wrap</td>
<td>52.7</td>
<td>51.1</td>
<td>51.6</td>
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</table>

6 Month Intervals

National Wraparound Initiative
Financing Workgroup of the NWI

Report at National Advisory Meeting
May 29, 2007
Finance/Sustainability:
Activities identified at the Orlando meeting

• Share lessons learned
  - Different finance strategies and mechanisms- there is lots of experience/knowledge within our group
  - Other available resources
  - Help people be aware how relying on one versus another financing strategy can impact a wraparound program

• 1915C (“Home- and Community-Based Service”) Waivers

• Collaborate with attorneys to get materials

• Janet will coordinate this work
Implementation Guide Content: Chapter 12

- 12 Financing wraparound: Overview. Pat Miles
- 12a Financing example 1: Provider Model. Doug Crandall, Catholic Community Services of Western Washington
- 12b Financing example 2: Network Model. Denise Churchill, Orange County, California
- 12c Financing example 3: County/Public driven. Neil Brown, Butler County, Ohio.
- 12d Financing Example 4: Blending at the State Level. New Jersey (This article was not written. Similar content available elsewhere)
- 12e Financing Article: Tapping Available Sources of Funding for Wraparound. Connie Conklin, Michigan
- 12f Financing Article: Making the Shift from a Residential Agency to a Wraparound Agency. Jerry Doyle and Eleanor Castillo, EMQ
- 12g Financing Article: Managed Care vs. Fee-for-Service. Jim Rast and Shiela Pires
Finance Resources

- **Mix and Match: Using Federal Programs to Support Interagency Systems of Care for Children with Mental Health Care Needs**

- **USF 18th Conference Proceedings, Chapter 9**

- **Health Care Tracking Project Promising Approaches**, particularly #1

- **Medicaid and Mental Health Care: Complexities and Realities: You think we can do WHAT?** Powerpoint: Mike Hogan, Ohio Department of Mental Health (not available)

- **Using Medicaid Effectively for Children with Serious Emotional Disturbances**-- Biebel, Katz-Leavy, Nicholson, & Williams (not sure)

- **State of Arizona Technical Assistance Document: The Child and Family Team Process** (especially sections on Medicaid/billing)

- **School-based Medicaid for Children with Disabilities**.
  [http://projectforum.org/docs/SchoolBasedMedicaid.pdf](http://projectforum.org/docs/SchoolBasedMedicaid.pdf)

- **Financing Systems of Care.** Powerpoint, Mary Tierney, TA Partnership (not available)
Possible Next Steps

• 1915C Waivers
• Collaborate with attorneys to get materials
• Adapting/applying the matrix for Medicaid billing codes for the steps of the wraparound process that Arizona developed (see Appendix on pages 14-17 of the technical assistance document - also at http://www.azdhs.gov/bhs/guidance/cfttad.pdf) as a tool or product that might be helpful in other jurisdictions
• Document Cost Effectiveness
  - Positive financial impact of effectively engaging youth/families' best contributions/assets through strength-based approaches; and through effective engagement of natural and other informal supports
  - How the funding is tied to outcomes and how demonstrated outcomes (for kids and families as well as systems savings) are linked to subsequent reinvestment back into the wrap system
Small group work, part 1

WORKFORCE ISSUES

• What are the critical wraparound roles for which workforce development is essential?
• Brainstorm possible strategies for developing local expertise so that these roles can be carried out successfully.
• What are strategies that the NWI could work on in the next year?
• What are strategies that the NWI could realize in the longer term future.
- To realize these strategies, what would the NWI have to do? How would it have to change?
The Implementation Guide to Wraparound

Brought to you by the SAMHSA Child, Adolescent, and Family Branch

- Foreword
- Introduction to wraparound and “The Implementation Guide”
- History and roots of wraparound
- The 10 Principles of wraparound
- The theory of change for wraparound
- The research base and wraparound
- A practice model for wraparound
- The family partner in wraparound
- Youth leadership and partnership in wraparound
- Necessary supports for wraparound
- Measuring implementation of wraparound
- Financing wraparound
- Conclusions and future directions
- Appendices:
  - Implementation tools
  - Fidelity and implementation tools
  - Glossary of wraparound terms
  - Family Member User’s Guide: English and Spanish
Small group work, part 2

Implementation Guide to Wraparound

• Please brainstorm and record what we as a group can do to make the material in the Implementation Guide to Wraparound as good and useful as possible.

• We invite suggestions on:
  • Additional contributions
  • Layout and Format
  • Dissemination approaches
  • Partnerships and/or sources of potential additional resources
Wednesday Agenda

• Panel and discussion:
  - Supporting wraparound nationally
  - What is the role of the NWI?
• BREAK
• Workgroups work in small groups
• Goals and priorities for next year
• Next steps and wrap-up
Our focus this morning

1. What does the current state of wraparound implementation look like?
2. What are the needs, opportunities, and threats?
3. What should the role of the NWI be to meet needs and promote positive change?
A little Context

• This is the end of four years of the NWI
• The main concern 4 years ago was that there was too much confusion about wraparound
  - What it is, how to implement it, how to ensure quality, whether it is evidence based
• NWI has advanced specification, measurement, and information sharing
  - But has not been actively involved in supporting implementation
• NWI has helped build the notion that wrap is definable and could qualify as “evidence based”
  - But a tension has been to increase reliability of implementation while not squashing innovation
• SAMHSA funding for our initial "informational" mission is coming to a close
  - What next?
Our focus this morning

1. What does the current state of wraparound implementation look like?
2. What are the needs, opportunities, and threats?
3. What should the role of the NWI be to meet needs and promote positive change?
NWI Work groups

• Goals
• Action steps
• By whom?
• By when?