ORIENTATION TO WRAPAROUND
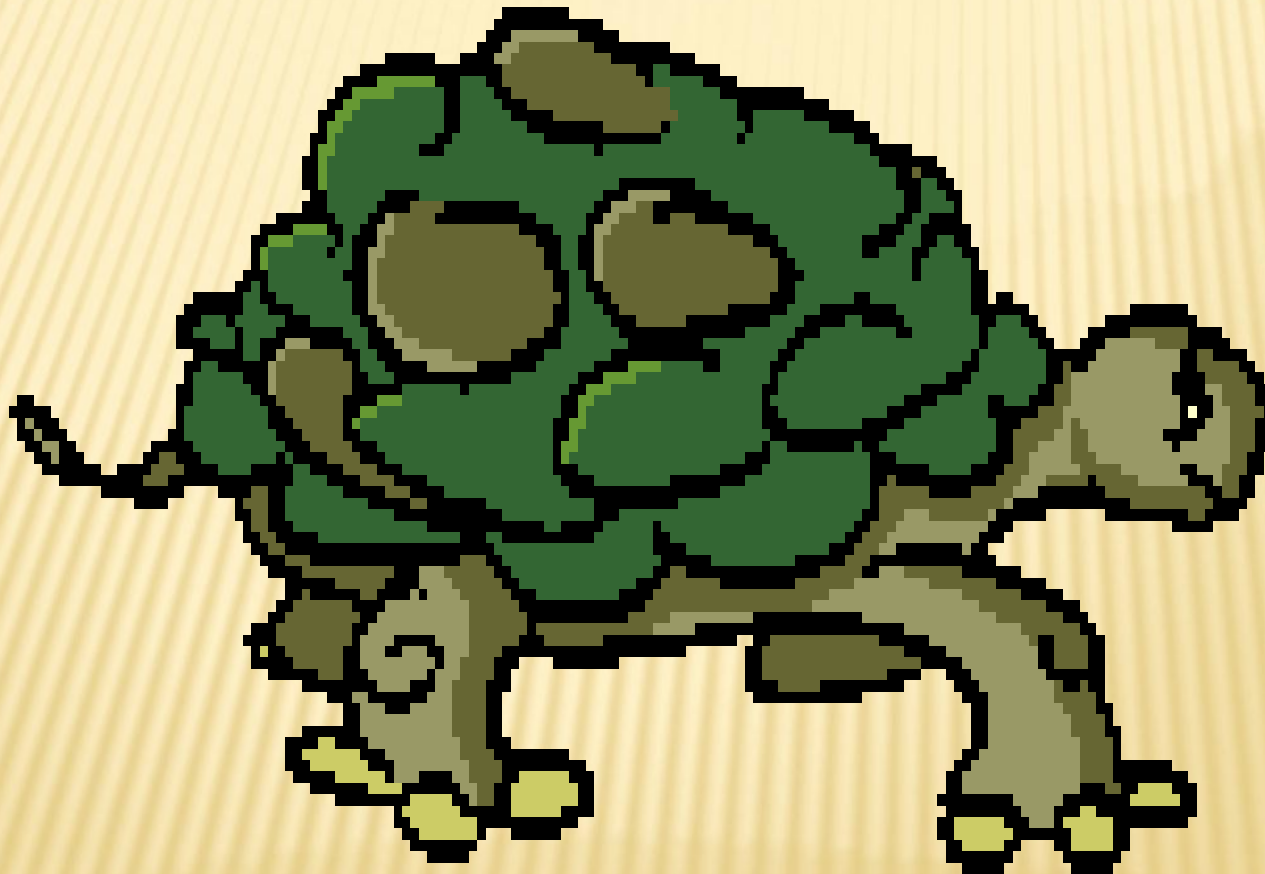
Making Partnerships Happen

The Institute of Innovation and Implementation
University of Maryland, School of Social Work

WHAT DO WE KNOW ABOUT TURTLES?

WHY ARE WE HERE?

- To ensure caregivers and youth have <u>ACCESS</u> to the people and processes in which decisions are made as well as access to needed resources and services.

- To ensure family's <u>VOICE</u>s are heard and they are full decision makers in charge of their own lives.

- To ensure the family has <u>OWNERSHIP</u> of the planning process in partnership with the team and is in agreement and committed to carry out the plan.

WRAPAROUND CREATES CHANGE

Wraparound is grounded in theory of change which describes 2 interacting routes to change that lead to outcomes.

1. **Services and support work better, individually and as a "package" that creates a best-fit between the components of the practice model**
   - Service/support strategies match functional strengths and are designed to address identified needs to help the family move closer to their family vision.
   - Improved access, engagement, retention, commitment to services/ supports and families report a higher degree of cohesion between their needs and how they are being addressed
   - Service practitioners change their approach based on information gathered through the team process to address needs and build on strengths
   - Families experience the program-specific positive outcomes that the services/supports are designed to deliver
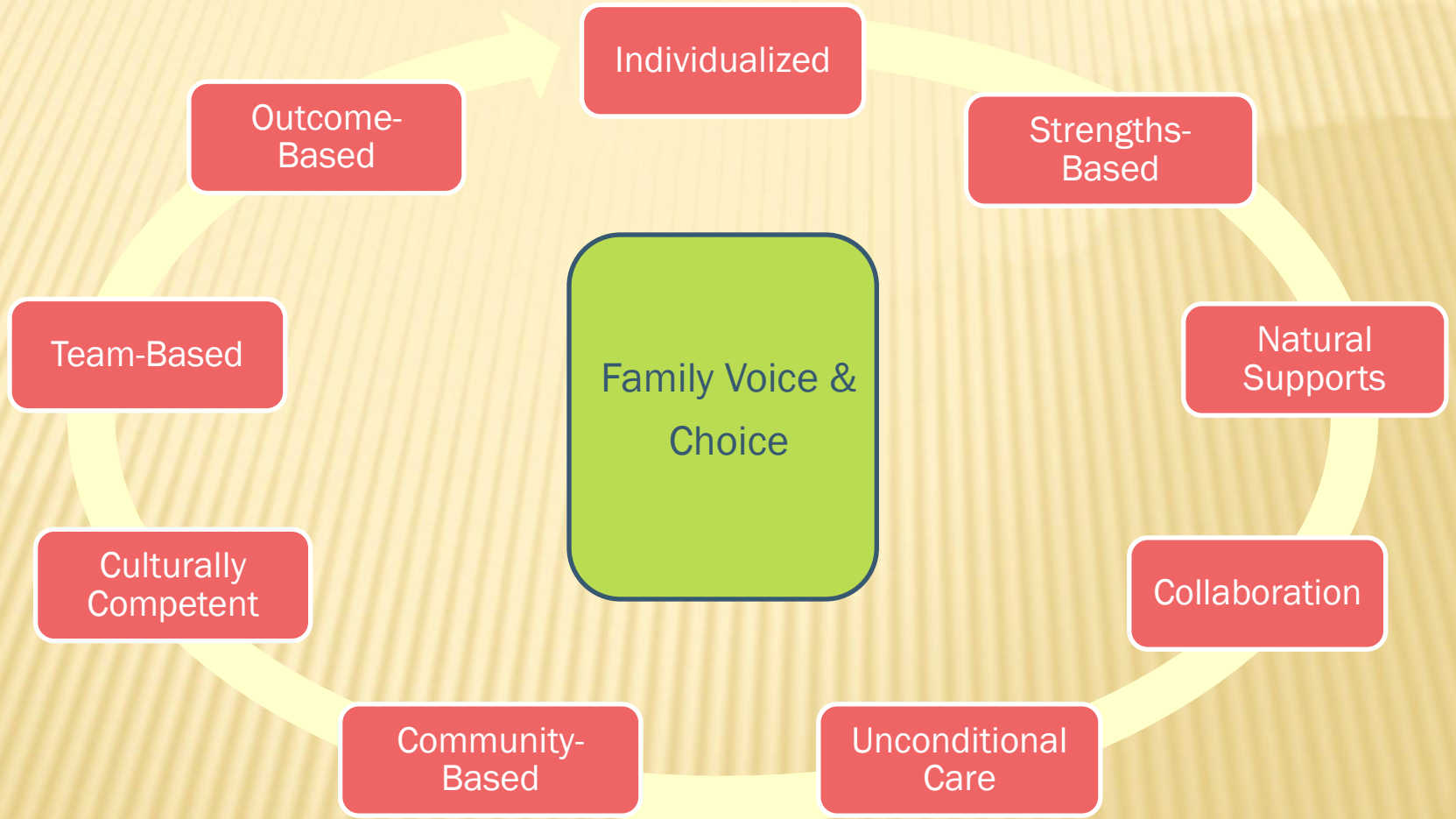
WRAPAROUND CREATES CHANGE, CONT.

Wraparound is grounded in theory of change which describes 2 interacting routes to change that lead to outcomes.

2. Participation in wraparound builds family assets:

- Experience with proactive planning and coping
- Self-efficacy and empowerment
- Confirmation of family strengths as a foundation for achieving goals
- Connectedness-(increasing social support and decreasing loneliness)
- Family (and team) derive a changed meaning around the situation they are experiencing and that shifts their identity as a family and world view

PRINCIPLES OF WRAPAROUND

Individualized

Outcome-Based

Strengths-Based

Team-Based

Family Voice & Choice

Natural Supports

Culturally Competent

Collaboration

Community-Based

Unconditional Care

WHAT IS WRAPAROUND?

Wraparound is an ecologically based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a plan of care that is the best fit between the family vision and story, team mission, strengths, needs, and strategies.
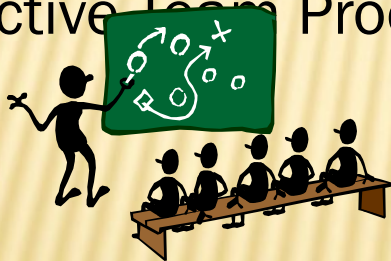
WHAT MAKES WRAP UNIQUE?
4 KEY ELEMENTS

Grounded in a strength's perspective	Driven by underlying needs
Supported by an Effective Team Process	Determined by Families

For wraparound to be considered high-fidelity and quality practice, all 4 elements must be present

GROUNDED IN A STRENGTHS PERSPECTIVE

- The family story is framed in a balanced way that incorporates family strengths

- This should be overt and promote strengths that focus on the family, community, and team.

DRIVEN BY UNDERLYING NEEDS

* Needs define the underlying reasons why behaviors and/or situations happen.

* Needs are a set of underlying conditions that cause a behavior and/or situation to exist.

* Needs are identified across family members and in a range of life areas.

SUPPORTED BY AN EFFECTIVE TEAM PROCESS

- The team is accountable for results.
- Measurable outcomes are derived from multiple team members perspectives.
- Overall success is demonstrated by how much closer the family is to achievement of their vision and how well the family needs have been addressed.
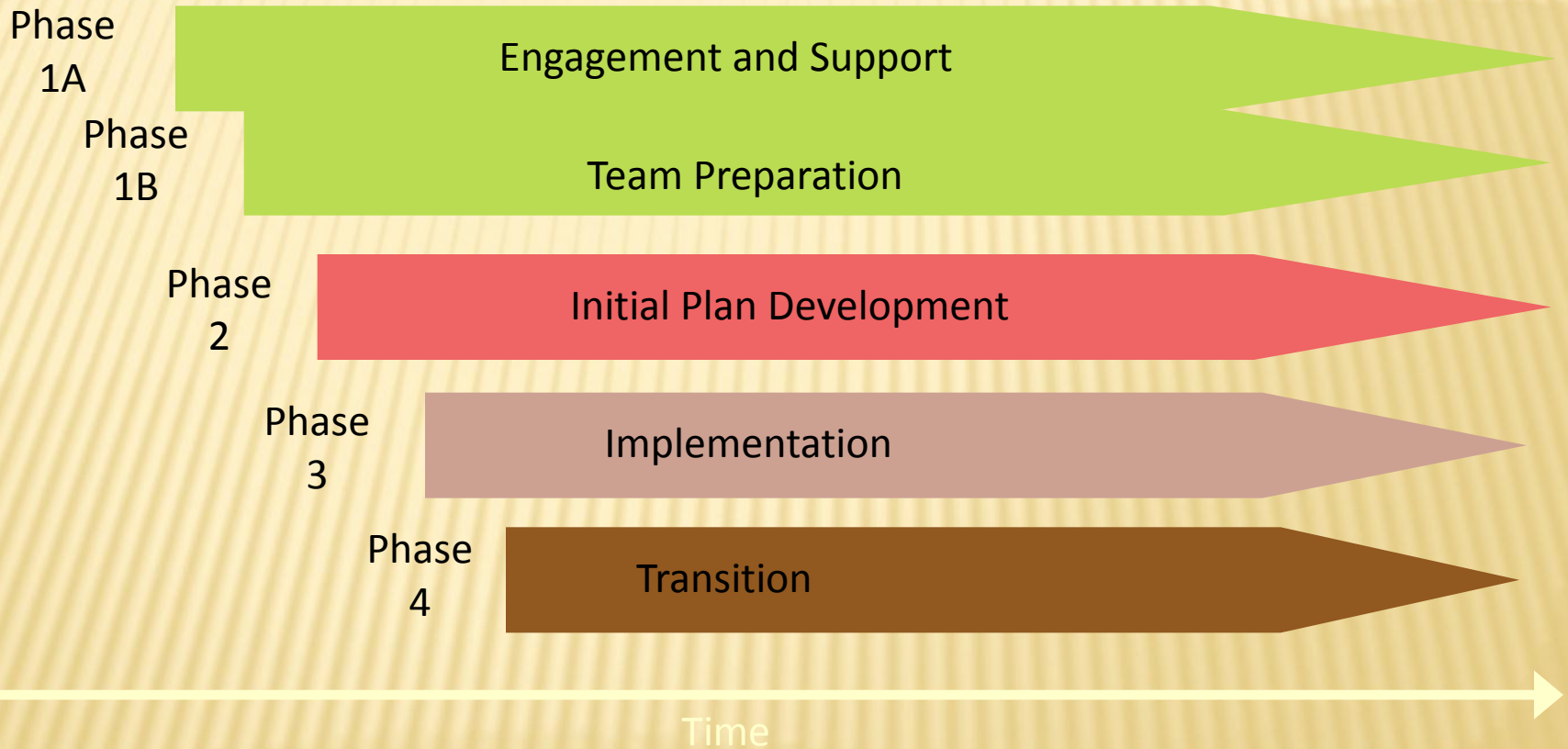
DETERMINED BY FAMILIES

- Includes both youth and caregivers with the authority to make decisions and determine resources.

- Families are supported to live in a community rather than a program

- Is about Access, Voice, and Ownership

THE PHASES OF WRAPAROUND

Phase 1A — Engagement and Support

Phase 1B — Team Preparation

Phase 2 — Initial Plan Development

Phase 3 — Implementation

Phase 4 — Transition

Time

PHASE 1A: ENGAGEMENT

2-3 face to face meetings with the family

ESSENTIAL PROCESS COMPONENTS

Phase 1 A & B:

1. Starting with the family's view the family's story is heard and summarized from a variety of sources that elicits family possibilities, capabilities, interests & skills

2. Family's story is heard & summarized from by starting with the family's view and blending perspectives from a variety of involved sources in order to elicit shared perspective of the meaning behind a behavior and/or situation related to the family's current situation

3. Family's perspectives around success are summarized and reflected to the team and the team understands their roles and expectations within the wraparound process

4. The family's culture, values, traditions, and beliefs are elicited and summarized to inform immediate responses appropriate to the wraparound process

PHASE 2:
INITIAL PLAN DEVELOPMENT

1-2 team meetings no more than a week apart

ESSENTIAL PROCESS COMPONENTS

Phase 2:

1. Strengths of family, all team members and the family's community are collectively reviewed and matched to chosen strategies

2. Team develops an understanding of the underlying reasons behind situations and/or behaviors. Needs that are generated from underlying conditions and align with the family's vision are summarized, reviewed and prioritized and used as the basis for developing strategies

3. The family's interest is summarized and integrated into a team mission and subsequent strategies that includes the perspective of other team members

4. The family's perspective is reflected as critical to a successful process and is the basis for decision making & creative problem solving

A GOOD WRAPAROUND PLAN IS...

...a product resulting from the team process that represents the best fit between all of the activities of the process including: family story, vision, team mission, strengths, needs, and strategies that move a family closer to their vision.

PHASE 3:
PLAN IMPLEMENTATION

Child & Family Team meetings occurring
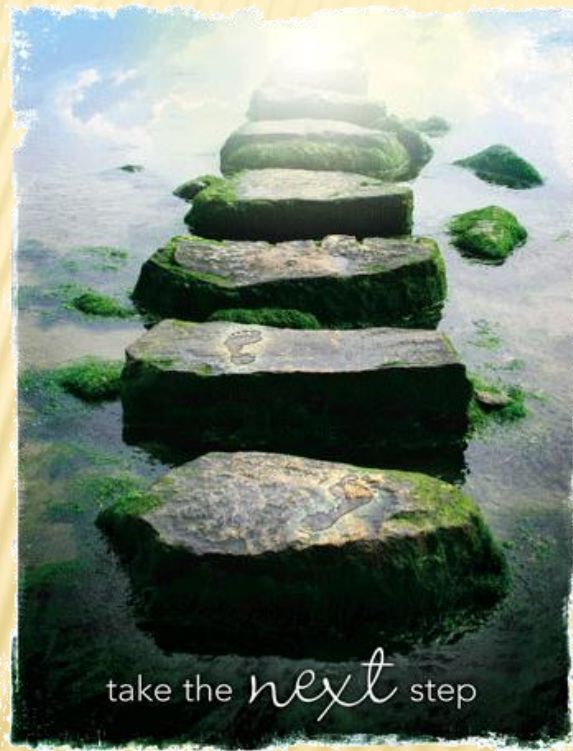at minimum every 30 days

ESSENTIAL PROCESS COMPONENTS

Phase 3:

1. Team continues to identify and make meaningful use of strengths, supports and resources in an ongoing fashion.

2. Team deepens their understanding of the underlying reasons behind situations and adapts strategies based on that new information

3. Team delivers and modifies strategies that align with chosen outcomes and reflect family perspective

4. Family perspective is used in modifying the mix of strategies & supports to assure best fit with family preferences

PHASE 4:
TRANSITION

The plan should be shifting over time in preparation for transition

ESSENTIAL PROCESS COMPONENTS

Phase 4:

1. Purposeful connections including aftercare options are negotiated and made based on family strengths & preferences and reflect community capacity
2. Team forecasts potential unmet needs and strategizes options post wraparound
3. Team mission is achieved and family is closer to their stated vision
4. Family perspective of met need is used to identify and develop transition activities.

CARE COORDINATORS

Care Coordinators are individuals generally hired through a care management entity who are responsible for coordinating and facilitating the wraparound process throughout all of the phases which includes:

1. Bringing a team of people together around all the components of a family's life that incorporates their history, culture, relationships and other relevant information to address their challenges and formulate possible solutions

2. Facilitating collective action by mobilizing resources and talents from a variety of sources that start with the family and lead to the development of an effective team

3. Gathering information from multiple perspectives of important people in a family's life including family members, friends, community resources, system representatives, and service providers, that is integrated to create a future-oriented plan of care

4. Facilitating the development of a POC that results in the best fit between the family vision, team mission, strengths, needs, and strategies through a proactive and reactive planning process that is inclusive of a connected crisis plan

PARENT PEER SUPPORT PARTNERS

A Parent Peer Support Partner (PSP) is person who is parenting or has parented a child experiencing mental, emotional or behavioral health disorders and can articulate the understanding of their experience with another parent or family member. This person may be a birth parent, adoptive parent, family member standing in for an absent parent or a person chosen by the family or youth to have the role of parent.

The PSP is responsible for:

1. Bringing shared feelings, history, connection and common experience; this needs to happen between team meetings in order for wraparound to be effective and healing to happen

2. Assisting and supporting family members to navigate through multiple agencies and human service systems through mutual learning that comes from common lived experience

3. Assisting the family in reducing isolation and stigma related to emotional, behavioral and mental health disorders

4. Working with the family to reinforce hope and build confidence about their ability to manage life without formal wraparound support

2 BIG IDEAS

On why Partnership between PPSPs and Care Coordinators is essential:

1. Wraparound is complex, it is more effective and errors can be corrected when the responsibility is shared with two people.

2. Getting teams to move forward is hard work; it helps to have a partner who can make the team work more creatively.

CONCLUSION

The ultimate goal of a family's participation in Wraparound is to increase the youth and caregiver(s) sense of:

Competence
Autonomy
Hope
Connectedness

REFERENCES

Based on:

Bruns, E.J. Walker, J.S., VanDenburg, J.D., Rast, J., Osher, T.W., Miles, P., Adama, J., & National Wraparound Initiative Advisory Group. *Phases and Activities of the Wraparound Process*

Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University..

Pires, S.A. *"Primer Hands On": Skill Building in Systems of Care*

RESOURCES

- The Institute for Innovation and Implementation
  - www.umaryland.edu/theinstitute
- National Wraparound Initiative
  - http://www.nwi.pdx.edu
- Wraparound resources
  - www.paperboat.com
  - http://www.milwaukeecounty.org/WraparoundMilwaukee7851.htm
- System of Care Resources
  - http://systemsofcare.samhsa.gov/
  - http://youthmove.us/
  - http://www.tapartnership.org/
  - http://www.ffcmh.org/

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