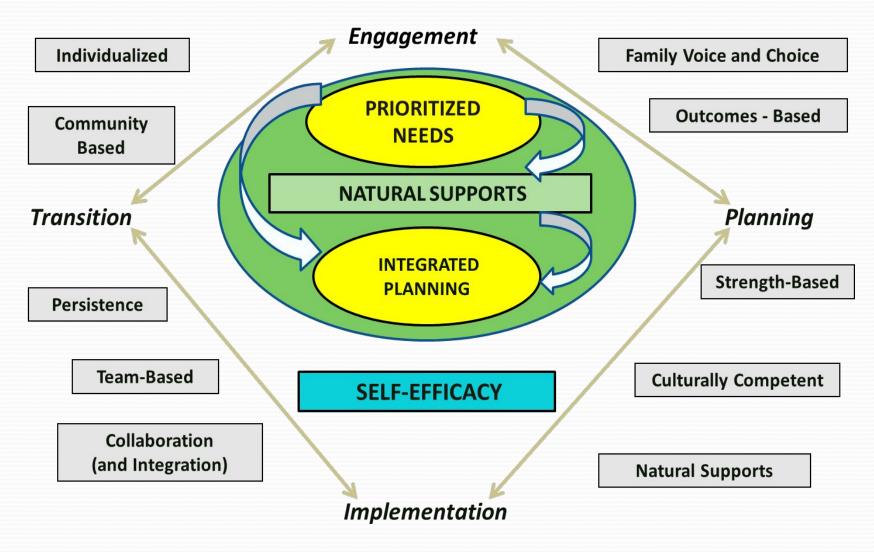
Effective Tools for Sustaining and Maintaining High Fidelity Wraparound

Middle Peninsula Northern Neck CSB Lessons Learned and Celebrations Karen Grabowski, LPC

Learning Objectives

- Participants will understand what High Fidelity
 Wraparound Services look like at MPNNCSB
- Participants will have knowledge of how we educated, promoted, and executed a plan for sustainability and enhancing fidelity
- Participants will understand the benefits to the youth, families, community, and system partners
- Participants will have some ideas of how to replicate this in your locality, have awareness of the necessary elements

The Model



High Fidelity Wraparound (HFW)

- 10 principles
 - Individualized
 - Community Based
 - Persistence
 - Team Based
 - Collaboration (and integration)
 - Family voice and choice
 - Outcome based
 - Strength based
 - Culturally competent
 - Natural Supports

HFW

- Four phases
 - Engagement
 - Planning
 - Implementation
 - Transition

HFW

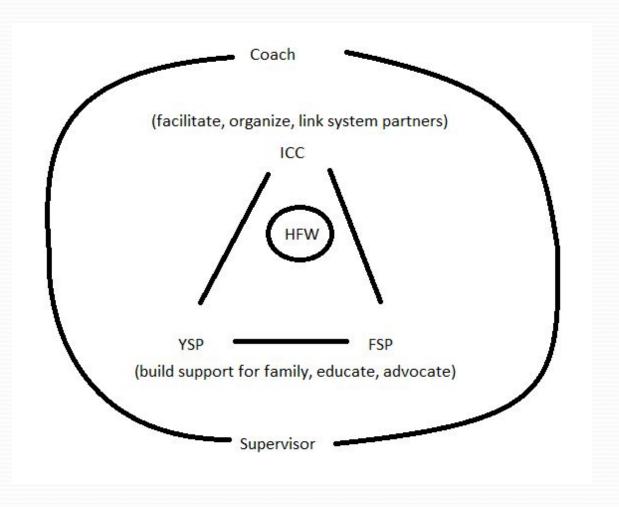
- One Theory of Change
 - What makes a model evidenced based is typically having a replicable service with a theory of change. So although this is not a clinical service, it can be a very therapeutic process for families. Therapy is one avenue to improved mental well being but there are many avenues. The point of HFW is to explore with families their avenue to improving the functioning, mental well being, etc. for their family.

Model Description

The State Executive Council (SEC) requires that all ICC services be delivered through the High Fidelity Wraparound (HFW) model. HFW is an evidenced-informed practice grounded in System of Care values:

- Individualized and family and youth driven services
- Strengths-based practice
- Reliance on natural supports and building self-efficacy
- Team- based practice
- Outcomes-based service planning
- Cultural and linguistic competence

At MPNNCSB



Roles in the HFW Workforce

- Intensive Care Coordinator (ICC) or Facilitator
- Family Support Partner
- Youth Support Partner
- HFW Coach

Facilitator (ICC)

Coordinates the work of system partners and other natural supports so there is one coordinated plan: Have scripted and monitored HFW expectations

- Orientation Meeting
- Discovery
- Crisis Plans
- Action Plans
- Transition Plans

Family Support Partner (FSP) and Youth Support Partner

Two support partners each with lived experience best suited to assist the family and youth will provide services to each family.

- One will focus on the support and advocacy for the parents/guardians
- One will focus on the support and advocacy of the youth/children
- Follow HFW expectations
- Work collaboratively with Facilitator

HFW Coach

The Coach is an additional support and works closely with the ICC facilitator, the FSP and the YSP in order to:

- Monitor fidelity
- Quality Assurance
- Mentoring professional development plans
- Improve skills of the HFW process using a specific coaching model based on adult learning

Planning for Sustainability

- Building partnerships and understanding of the services
- Assess necessary referrals needed to sustain
- PRN staff to start with, hoping to increase to FT
- Coaches had been Lead positions during the System of Care grant period, had them join the coaching process in preparation for self sustainability
 - Obviously if this is not an option, then you can have them provide a service (FSP/ICC) while they are participating in a coaching process in order to cover wages/salary

Education and Promotion

- Presentations at each FAPT/CPMT
- Recorded a presentation on Zoom for people to watch at the leisure
- Education within our own CSB
- Highlighting the areas of concern from the past (being receptive to the feedback from our community) and how this new approach to service provision can help mitigate some of the concerns

3 C's of the HFW Package

- Consistency of Service
- Cost Effective
- Cohesive Planning

Time Commitment

Intensive Care Coordinator: Approx. 8-10 hours per month Family Support Partner: Approx. 8-10 hours per month Youth Support Partner: Approx. 8-10 hours per month Coach or Coach in Training: Approx. 2-4 hours per month

*Consistency of services- Multiple staff checking in regularly with youth/family keeps services moving forward if one of them is out sick or on vacation, etc.

Residential Costs:

Residential	Room and	Educational	Total	Monthly
Placement	Board	Cost	Daily	Cost
	(daily rate/avg 30 days)	(daily rate/avg 20 days)	Cost	
Jackson-Fields	\$160.00	\$190.00	\$350.00	\$8,600
Childhelp	\$393.50	\$183.75	\$577.25	\$15,480
Hallmark	\$393.50	\$163	\$556.50	\$15,065
VA Home for	\$265.00	\$210.12	\$475.20	\$12,152.50
Boys & Girls				
Intercept			\$350.16	\$10,504,80
(group home)				
Kids in Focus			\$396.42	\$11,892.60

Private Day Placement Costs:

Private Day Placement	Cost per day	Cost per school year (approximately 180 days)
Rivermont Schools (Fredericksburg)	\$369 per day	\$66,420
Gateway Schools	\$210 per day	\$37,800
Dominion Academy	\$229.50 per day	\$41,310
The Faison Center, Inc.	\$316 per day	\$56,880

Costs throughout the state:

Agency	ICC	FSP
	(flat monthly rate)	
UMFS	\$1,020	\$51/hour
Region 10	\$875	\$50/hour
Life Push	\$875	
Fairfax Falls Church	\$1,270	
Danville Pittsylvania	\$1,000	
Community Services		
Hampton-Newport News	\$845	\$40/hour
CSB		

HFW Cost of Services:

<u>Current Cost</u>: <u>Future Cost</u>:

Up to 20 hours/month Approximately 34

hours/month

ICC only

\$1,200 per month \$600 ICC/Facilitator

\$450 FSP

\$450 YSP

\$400 Coach

\$1,900 Monthly flat rate

** If services begin after the 15th of the month, rate will be half the cost (\$950)

Think about it...

Average monthly cost of Residential Treatment

Center: \$12,282.48

That's <u>6.5 months</u> of HFW services

Think about it...

Average yearly cost of identified Private Day

Placements: \$50,602.5

That's <u>2 years, 2.5 months</u> of HFW services

**That doesn't include additional costs (ESY, additional services, etc.)

Additional Benefits

- FSP/YSP intentional and immediate focus on engaging natural supports
- FSP/YSP ability to do "truth speaking" with the family.
 This can help the family and youth become invested in the process faster (hopefully reducing the length of service delivery). This can also help improve cohesive planning.
- Clear division of roles- the ICC will no longer get stuck in the position of being facilitator in one place and advocate in another.

Benefits of cohesive planning

- Organized, intentional work
- Operating from the same plan
- Division of responsibility
- Less overwhelming for the family
- Child and Family Team Meetings run in a manner in which skills are to be transferred to families so that they can continue brainstorming, problem solving, and having self efficacy long after the service is done.

Replication in your community

- Strong partner relationships
- Understand the needs in your community, and speak to them when communicating the why behind HFW
- Ongoing collaboration
- Willingness to allow the process to occur and be an active member in the process
- Advocate and grow the resource of supports to improve provision of services
- Build workforce capacity
 - Ask questions from your HFW providers about their capacity to create these teams

Celebrations

- We have maintained all staff from the grant period and continue to add PRN support partner staff
- We continue to receive referrals from our community partners and have experienced several major success stories
- We have been able to successfully avoid some out of home and out of school placements
- Coaches and fidelity monitoring continues to enhance the workforce and increase the likelihood of positive outcomes

Lessons Learned

- Not yet self-sustaining program for the CSB, but valued enough for the agency to stick with it as we get closer and closer
- Virginia as a whole has several barriers to truly integrated planning as HFW is designed to promote
- Referrals-screening can be difficult
- Lacking resources in the community
 - Complete continuum of care
 - Supporting the Young Adult Peer Work

Next Steps

- Assess your workforce and your community to determine if this might be possible
 - Do we have the collaboration, system partnerships, resources, service availability?
- Attend VWIC office hours or other opportunities for free learning experiences
 - Does OCS need to come out and educate on what HFW is prior to benefiting from VWIC or other training?
- Data gathering locally and state wide

Questions

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