# Orpe Advocates' Wrap Around Model

## Operating Standards Manual

Project MOM

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# OHRA Wrap Around Model and Standards

**Orpe Human Rights Advocates Operating Wrap Around Model and Procedures deal with the following subject matters:**

# OHRA WRAP AROUND OVERVIEW

- ***OHRA Wraparound*** is a team-based planning process intended to provide individualized and coordinated family-driven care.

- ***OHRA Wraparound*** is traditionally designed to meet the complex needs of individuals who are involved with several child and family-serving systems (e.g., mental health, child welfare, juvenile justice, special education, etc.), who are at risk of placement in institutional settings, and who experience emotional, behavioral, or mental health difficulties. However, based on its current mission, OHRA theory of change-focused wraparound is designed to meet the complex needs of youth and adult recipients and families, especially pregnant and postpartum women with SUD and their infants who are homeless, or at-risk homelessness.

- The ***Wraparound*** process requires that families, providers, and key members of the family's social support network collaborate to build a creative plan that responds to the particular needs of the child and family. Team members then implement the plan and continue to meet regularly to monitor progress and make adjustments to the plan as necessary. The team continues its work until members reach a consensus that a formal ***Wraparound*** process is no longer needed.

- The values associated with ***Wraparound*** require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, culturally competent and community-based. Additionally, the ***Wraparound*** process should increase the "natural support" available to an individual, family by strengthening interpersonal relationships and utilizing other resources that are available in the individual or family's network of social and community relationships.

- OHRA Wraparound is a "strengths-based", helping the child and family recognize, utilize, and build talents, assets, and positive capacities.

# OHRA Wrap Around Program Goals

OHRA Wrap Around Program Goals are:

- Maintain pregnant, and postpartum women with SUD and their infants with highest levels of mental health and related needs successfully and safely in their homes and communities
- Reduce the rate of Infants born with Neonatal Abstinence Syndromes by eliminating in women the dependency on substance use
- Improve functioning across life domains
- Decrease the risk of homelessness of expectant and women mothers
- Increase in individuals the ability of self-efficacy
- Increase in served customers the ability of becoming self-sufficient income

# OHRA Programs and Service Delivery

Orpe Human Rights Advocates is committed to providing programs and services with relevant, comprehensive standards and procedures that facilitate the highest level of performance. In order to ensure each standard is clear, concise, relevant, and meets all regulatory requirements, ORPE will be conducting an annual review of all standards by compiling feedback from clients, industry consultants, and regulatory bodies. At this time, ORPE standards for behavioral health are available for the following services and programs it will be providing:

## Programs Delivery

- Case Management
- Integrated Behavioral Health and Primary Care Services
- Outpatient Treatment
- Prevention Services
- Psychosocial Rehabilitation
- Residential Treatment
- Medical Management
- Supported Employment Services
- Withdrawal Management with Extended On-Site Monitoring services

## Delivery Setting

This program will be conducted in our :

- Residential Treatment and Respite Facility
- Community-based Centers
- Group or Residential Care

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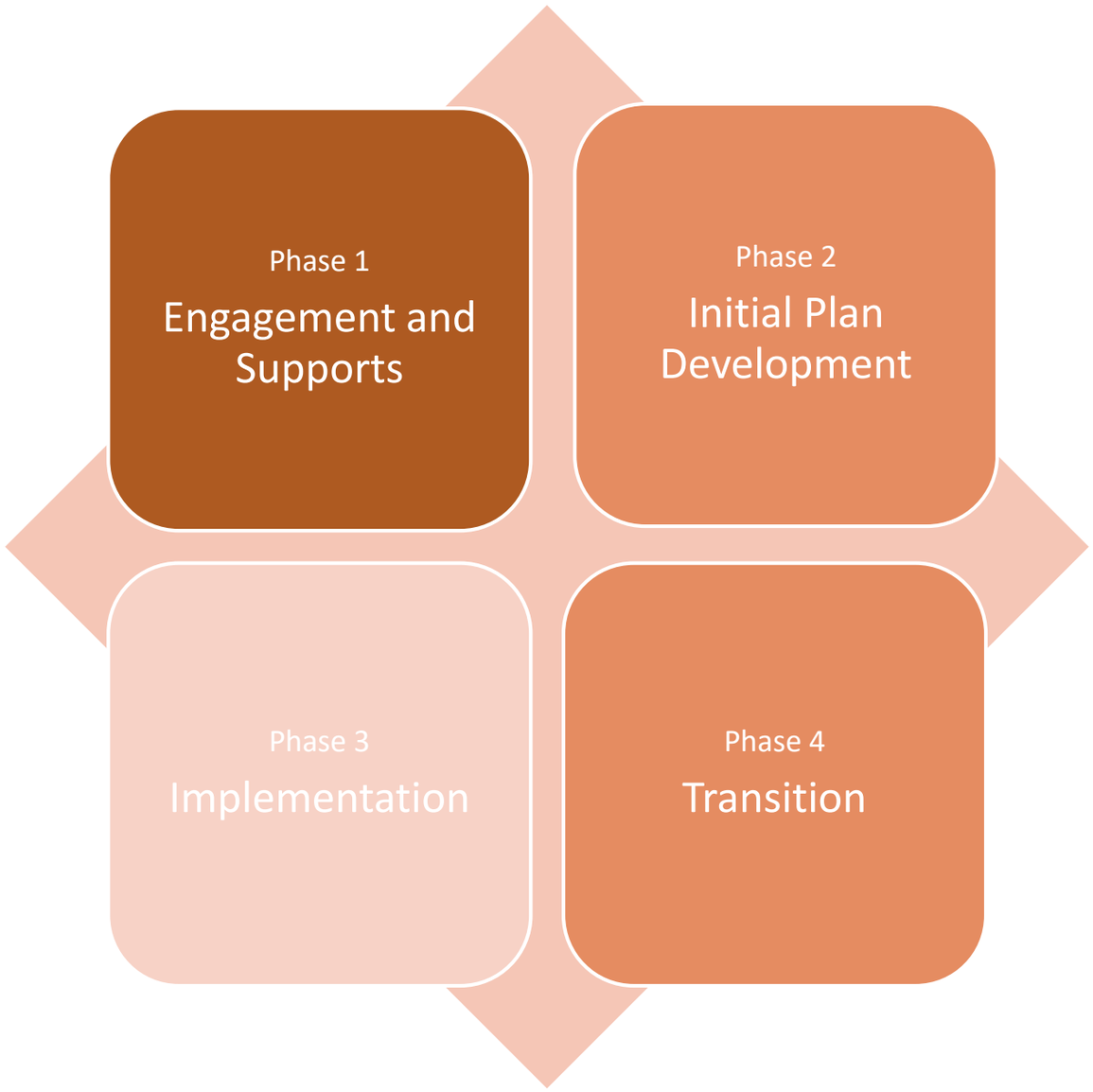

# Essential Component of this Program

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## Goals

- Improve functioning for pregnant women and parenting women with SUD
- Decrease the risk of homelessness
- Contribute to the decrease of the rate of NAS
- Contribute to the elimination of dependency on substance use for pregnant and parenting women with SUD

## Essential Components

The essential component of this wraparound program include:

Orpe Human Rights Advocates Practice conforms with the *Ten Principles of the Wraparound Process* (see wraparound guide) which traditionally specify that care should be family-driven and youth-guided, community- and strengths-based, individualized, outcome oriented, culturally competent, collaborative. Within the scope of OHRA Wraparound activities, this component should add the component "Recipient-driven" as OHRA wraparound is also deemed to serve for pregnant, and postpartum women with substance use disorders.

Our programs also promote the program that empower pregnant and postpartum women with SUD become economic self-sufficient. The program has 4 phases:

**PHASE 1: Engagement and team preparation**

- Orient designated service recipient to wraparound and address legal and ethical issues
- Stabilize crises: Elicit information from family members, agency representatives and potential team members about immediate crises or potential crises, and prepare a response
- Explore strengths, needs, culture, and vision during conversations with child/youth and family, and prepare summary document
- Engage and orient other team members
- Make necessary meeting arrangements

**PHASE 2: Initial plan development**

- Develop an initial plan of care: Determine ground rules, describe and document strengths, create team mission, describe and prioritize needs/goals, determine outcomes and indicators for each goal, select strategies, and assign action steps
- Create a safety/crisis plan to ameliorate risk and respond to potential emergencies
- Complete necessary documentation and logistics

**PHASE 3: Implementation**

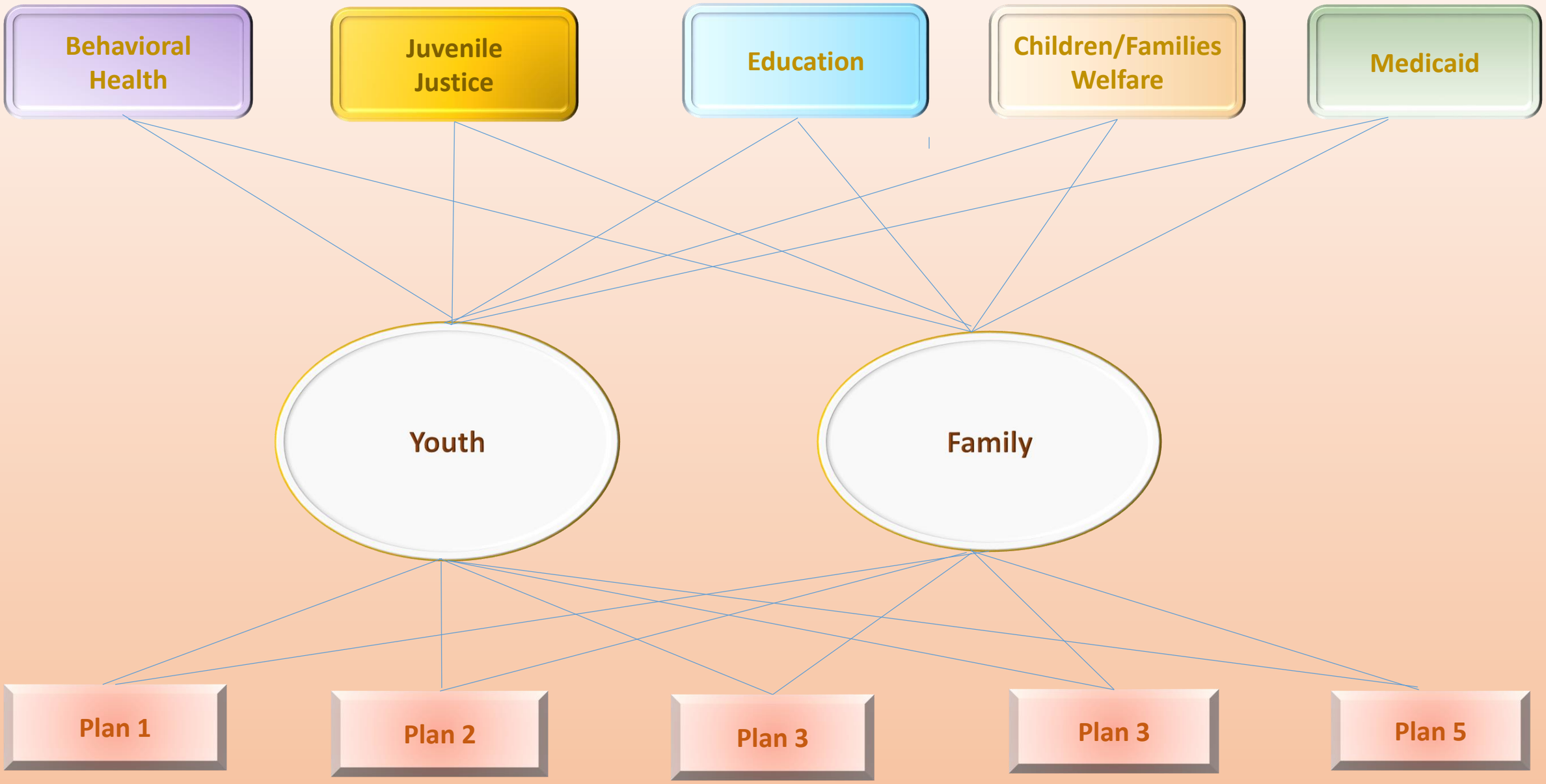
- Implement action steps for each strategy of the wraparound plan, track progress on action steps, evaluate success of strategies, and celebrate successes
- Revisit and update the plan, considering new strategies as necessary
- Maintain/build team cohesiveness and trust by maintaining awareness of team members' satisfaction and "buy-in," and addressing disagreements or conflict
- Complete necessary documentation and logistics

**PHASE 4: Transition**

- Plan for cessation of formal wraparound: Create a transition plan and a post-transition crisis management plan, and modify the wraparound process to reflect transition
- Create a "commencement" by documenting the team's work and celebrating success
- Follow up with the family

# Traditional Wraparound Services that Result on Multi-Plans

**Figure 1**

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# ORPE Integrated Behavioral Change Wraparound Model

**Figure 2**

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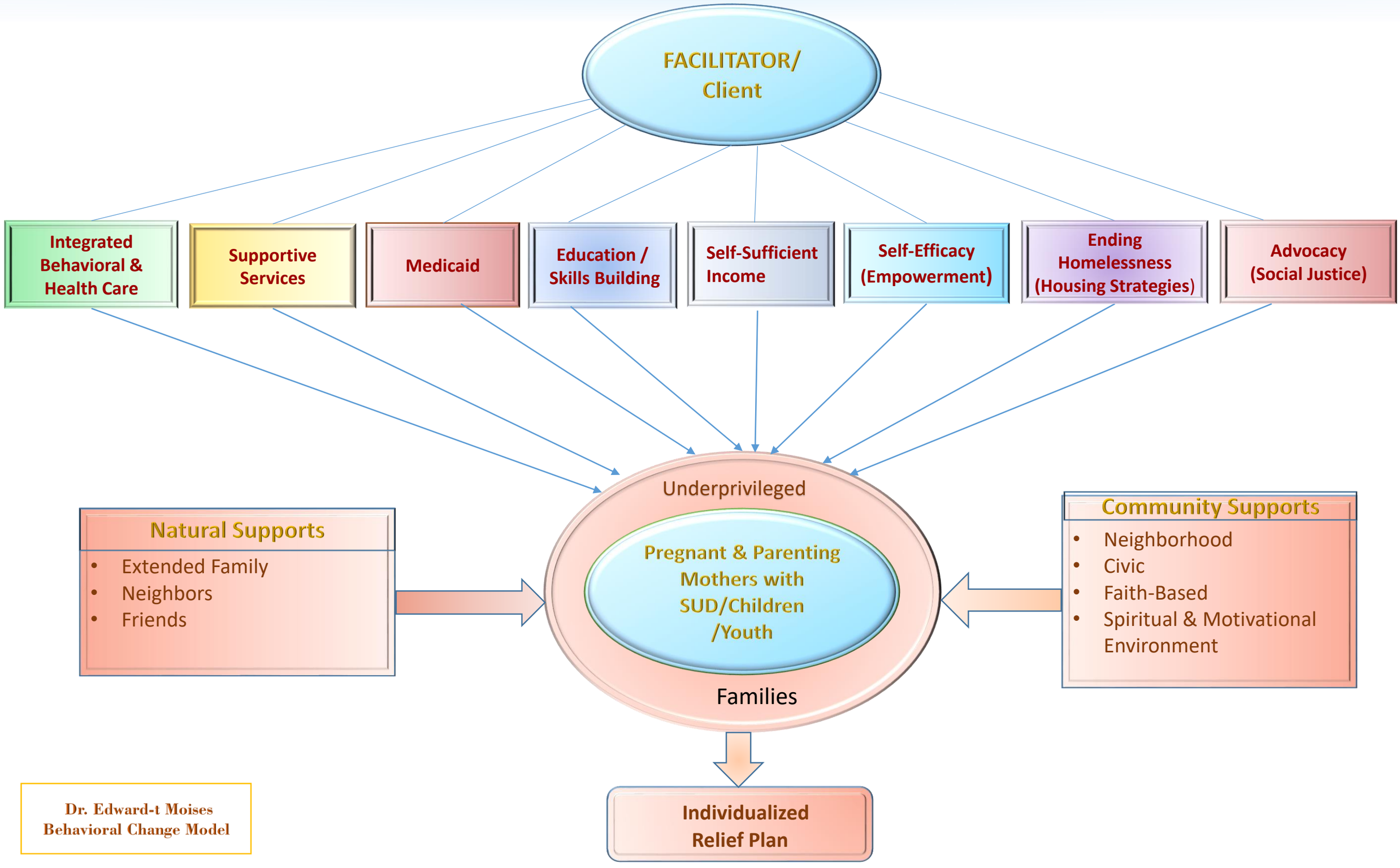


Dr. Edward-t Moises
Behavioral Change Model

# ORPE Wraparound is A Theory of Change-Based Model

## Orpe Human Rights Advocates

Figure in the following page provides a ORPE Model of theory of change. Beginning at the left, the figure illustrates how, when wraparound is “true” to the principles and practice described by the NWI, the result is a wraparound process with certain characteristics. Moving across the figure to the right, the various boxes summarize the short-, intermediate- and long-term outcomes that are expected to occur. The figure illustrates with arrows several “routes” by which the wraparound process leads to desired outcomes. It is important to remember, however, that this figure is a highly simplified representation of an extremely complex process. The various routes to change described here are not independent. They interact with and reinforce one another. Furthermore, the changes that emerge as a result of wraparound do not come about in a linear fashion, but rather through loops and iterations over time. Thus, an intermediate outcome that apparently emerges from one of the various “routes” may stimulate or reinforce a short-term.

# Application of the Theory of Change in OHRA Wraparound Model

Figure 3

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**Ten Principles Wraparound of the Wraparound Process**

**A wraparound process characterized by:**

- High-quality planning and problems solving
- Respect for values, cultures, and expertise
- Blending perspectives / Collaboration
- Family-driven, youth, guided social structure and decisions
- Opportunities for choice
- Individualization
- Evaluation of Strategies
- Recognition/celebration of success

**Phases and Activities of the Wraparound Process**

**Shorty-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:**

- Enhanced effectiveness of services and supports, individually and as a "package

**Intermediate outcomes:**

- Increased resources and capacity for coping, planning, and problem solving
- Self-efficacy, empowerment, optimism, self-esteem
- Social support and community integration
- 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
- Program- specific outcomes
- Achievement of team mission
- Increased assets
- Improved resilience and quality of life

# Implementation of OHRA Wraparound Model in Phases and Activities

*Orpe Human rights Advocates Wraparound Activities starts by identifying a facilitator as responsible for guiding, motivating, or undertaking the various activities. This is not meant to imply that a single person must facilitate all of the activities, and we have not tried to specify exactly who should be responsible for each activity. The various activities may be split up among a number of different people . For example, on many teams, an advocate takes responsibility for some activities associated with client engagement, while a care coordinator is responsible for other activities. On other teams, a care coordinator takes on most of the facilitation activities with specific tasks or responsibilities taken on by other team members . In addition , facilitation of wraparound team work may transition between individuals over time , such as from a care coordinator to other natural support person, during the course of a wraparound process.*

*The use of numbering for the phases and activities described below is not meant to imply that the activities must invariably be carried out in a specific order, or that one activity or phase must be finished before another can be started. Instead, the numbering and ordering is meant to convey an overall flow of activity and attention. For example, focus on transition activities is most apparent during the latter portions of the wraparound process; however, attention to transition issues begins with the earliest activities in a wraparound process.*

## Phases and Activities of the OHRA Wraparound Process: Phase 1

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| | ***PHASE 1:***<br>***Engagement and team preparation***<br><br>*During this phase, the groundwork for trust and shared vision among the family and wrap- around team members is established, so people are prepared to come to meetings and col- laborate. During this phase, the tone is set for teamwork and team interactions that are con- sistent with the wraparound principles, particularly through the initial conversations about strengths, needs, and culture. In addition, this phase provides an opportunity to begin to shift the family's orientation to one in which they understand they are an integral part of the pro- cess and their preferences are prioritized . The activities of this phase will be completed relatively quickly (within 1-2 weeks if possible), so that the team can begin meeting and es- tablish ownership of the process as quickly as possible.* | |
| *1.1. Orient the family,youth ,or concerned individual*<br>GOAL : To orient the client to the wraparound process. | *1.1 a. Orient the family and wraparound*<br>In face-to-face conversations, the facilitator explains the wraparound philosophy and process to client and describes who will be involved and participate in the process.<br>Facilitator answers questions and addresses concerns.<br><br>Facilitator describes alternatives to wraparound and asks service recipients if they choose to participate in wraparound. Facilitator describes types of supports available to clients. | This orientation to wraparound should be brief and clear, and should avoid the use of jargon, so as not to over- whelm clients or family members in case of the youth clients . At this stage , the focus is on providing enough information so that the adult client , family and youth can make an informed choice regarding participation in the wraparound process . For some families , alternatives to wraparound may be very limited and/or non-participation in wraparound may bring negative consequences (as when wraparound is court ordered); however , this does not prevent families/youth from making an informed choice to participate based on knowledge of the alternatives and / or the consequences of non-participation. |
| | *1.1 b. Address legal and ethical issues*<br>Facilitator reviews all consent and release forms with the client , answers questions , and explains options and their consequences . Facilitator discusses relevant legal and ethical issues (e.g., man- datory reporting ), informs family of their rights , and obtains necessary consents and release forms before the first team meeting. | Ethical and legal considerations will also need to be reviewed with the en- tire team as described in phase 2. |

## Phases and Activities of the Wraparound Process: Phase 1 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *1.2. Stabilize crises*<br>GOAL: To address press- ing needs and concerns so that adult client , the family and team can give their attention to the wraparound process. | *1.2 a. Ask client about immediate crisis concerns*<br>Facilitator elicits information from the recipient about immediate safety issues , current crises , or crises that she anticipates might happen in the very near future. These may include crises stemming from a lack of basic needs (e.g., food, shelter, utilities such as heat or electricity). | The goal of this activity is to quick- ly address the most pressing con- cerns. The whole team engages in proactive and future-oriented cri- sis/safety planning during phase<br>2. As with other activities in this phase, the goal is to do no more than necessary prior to convening the team, so that the facilitator does not come to be viewed as the primary service provider and so that team as a whole can feel ownership for the plan and the process. |
| | *1.2 b. Elicit information from agency representatives and potential team members about immediate crises or potential crises*<br>Facilitator elicits information from the refer- ring source and other knowledgeable people about pressing crisis and safety concerns. | Information about previous crises and their resolution can be useful in planning a response in 1.2.c. |
| | *1.2 c. If immediate response is necessary, formulate a response for immediate intervention and/or stabilization*<br>Facilitator and family reach agreement about whether concerns require immediate atten- tion and, if so, work to formulate a response that will provide immediate relief while also allowing the process of team building to move ahead. | This response should describe clear, specific steps to accomplish stabilization. |
| *1.3. Facilitate conversations with* recipient<br>GOAL: To explore individ- ual and family strengths, needs, culture, and vision and to use these to devel- op a document that will serve as the starting point for planning. | *1.3 a. Explore strengths, needs, culture, and vision with recipient.*<br>Facilitator meets with the youth/child and family to hear about their experiences; gather their perspective on their individual and col- lective strengths, needs, elements of culture, and long-term goals or vision; and learn about natural and formal supports. Facilitator helps family identify potential team members and asks family to talk about needs and preferenc- es for meeting arrangements (location, time, supports needed such as child care, transla- tion). | This activity is used to develop in- formation that will be presented to and augmented by the team in phase 2. Family members should be encouraged to consider these topics broadly. |

## Phases and Activities of the Wraparound Process: Phase 1 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *1.3. Facilitate conversations with recipient*<br><br>GOAL : To explore recipient strengths , needs , culture , and vision and to use these to develop a document that will serve as the starting point for planning . *(Continued from pre- vious page)* | *1.3 b. Facilitator prepares a summary document*<br><br>Using the information from the initial con- versations with family members, the fa- cilitator prepares a strengths-based docu- ment that summarizes key information about individual family member strengths and strengths of the family unit, as well as needs, culture, and vision. The family then reviews and approves the summary. | |
| *1.4. Engage other team members*<br><br>GOAL: To gain the participa- tion of team members who care about and can aid the recipient , and to set the stage for their active and collab - orative participation on the team in a manner consistent with the wraparound principles | *1.4 a. Solicit participation/ orient team members*<br><br>Facilitator, together with family members if they so choose, approaches potential team members identified by the youth and fam- ily. Facilitator describes the wraparound process and clarifies the potential role and responsibilities of this person on the team. Facilitator asks the potential team mem- bers if they will participate. If so, facilita- tor talks with them briefly to learn their perspectives on the family's strengths and needs, and to learn about their needs and preferences for meeting. | The recipient may choose to invite potential team members themselves and/or to participate in this activity alongside the facilitator . It is important , however , not to burden family members by establishing (even inadver - tently ) the expectation that they will be primarily respon- sible for recruiting and orient<br>- ing team members. |
| *1.5. Make necessary meeting arrangements*<br><br>GOAL: To ensure that the neces- sary procedures are undertaken for the team is prepared to be- gin an effective wraparound pro- cess. | *1.5 a. Arrange meeting logistics*<br><br>Facilitator integrates information gathered from all sources to arrange meeting time and location and to assure the availability of necessary supports or adaptations such as translators or child care. Meeting time and location should be accessible and comfort- able , especially for the family in case of the recipient youth but also for other team members . Facilitator prepares materials— including the document summarizing family members ' individual and collective strengths , and their needs , culture , and vision—to be distributed to team members. | |

## Phases and Activities of the Wraparound Process: Phase 2

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| | ***PHASE 2:***<br>***Initial plan development***<br><br>*During this phase, team trust and mutual respect are built while the team creates an initial plan of care using a high -quality planning process that reflects the wraparound principles . In particular , recipient adult , youth and family should feel , during this phase , that they are heard , that the needs chosen are ones they want to work on, and that the options chosen have a reasonable chance of helping them meet these needs. This phase should be completed during one or two meetings that take place within 1-2 weeks , a rapid time frame intended to promote team cohesion and shared responsibility toward achieving the team's mission or overarching goal.* | |
| *2.1. Develop an initial plan of care*<br>GOAL: To create an initial plan of care using a high-quality team process that elicits multiple per- spectives and builds trust and shared vision among team mem-bers, while also being consistent with the wraparound principles | *2.1 a. Determine ground rules*<br>Facilitator guides team in a discus- sion of basic ground rules, elicits addi- tional ground rules important to team members, and facilitates discussion of how these will operate during team meetings. At a minimum, this discus- sion should address legal and ethical issues—including confidentiality, man- datory reporting, and other legal re- quirements and how to create a safe and blame-free environment for recipient,<br>especially for youth, family and all team members. Ground rules are recorded in team documentation and distributed to members. | In this activity, the team members define their collective expecta- tions for team interaction and col- laboration. These expectations, as written into the ground rules, should reflect the principles of wraparound. For example, the principles stress that interactions should promote recipient or family and youth voice and choice and should reflect a strengths orientation . The principles also stress that important decisions are made within the team. |
| | *2.1 b. Describe and document strengths*<br>Facilitator presents strengths from the summary document prepared during phase 1, and elicits feedback and addi- tional strengths, including strengths of team members and community. | While strengths are highlighted during this activity, the wrap- around process features a strengths orientation throughout. |
| | *2.1 c. Create team mission*<br>Facilitator reviews recipient's vision and leads team in setting a team mission, introducing idea that this is the overarching goal that will guide the team through phases and, ultimately, through transition from formal wrap- around. | The team mission is the collabora- tively set, long-term goal that pro- vides a one or two sentence sum- mary of what the team is working towards. |

## Phases and Activities of the Wraparound Process: Phase 2 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *2.1. Develop an initial plan of care*<br>GOAL: To create an initial plan of care using a high-quality team process that elicits mul- tiple perspectives and builds trust and shared vision among team members, while also be- ing consistent with the wrap- around principles *(Continued from previous page)* | *2.1 d. Describe and prioritize needs/goals*<br>Facilitator guides the team in re- viewing needs and adding to list. The facilitator then guides the team in prioritizing a small number of needs that the recipient , and team want to work on first , and that they feel will help the team achieve the mission. | The elicitation and prioritization of needs is often viewed as one of the most crucial and difficult activities of the wraparound process. The team must ensure that needs are considered broadly, and that the prioritization of needs reflects recipient views about what is most important. Needs are not services but rather broader statements related to the underlying conditions that, if addressed , will lead to the accomplishment of the mission. |
| | *2.1 e. Determine goals and associated outcomes and indicators for each goal*<br>Facilitator guides team in discuss- ing a specific goal or outcome that will represent success in meeting each need that the team has chosen to work on. Facilitator guides the team in deciding how the outcome will be assessed, including specific indicators and how frequently they will be measured. | Depending on the need being consid- ered, multiple goals or outcomes may be determined. Similarly, for each goal or outcome determined by the team for measurement, multiple indicators may be chosen to be tracked by the team. However, the plan should not include so many goals, outcomes, or indicators that team members become overwhelmed or tracking of progress becomes difficult. |
| | *2.1 f. Select strategies*<br>Facilitator guides the team in a pro- cess to think in a creative and open- ended manner about strategies for meeting needs and achieving out- comes. The facilitator uses tech- niques for generating multiple op- tions, which are then evaluated by considering the extent to which they are likely to be effective in helping reach the goal, outcome, or indica- tor associated with the need; the extent to which they are communi- ty based, the extent to which they build on/incorporate strengths; and the extent to which they are consis- tent with family culture and values. When evaluating more formal ser- vice and support options, facilitator aids team in acquiring information about and /or considering the evi- dence base for relevant options. | This activity emphasizes creative prob- lem solving, usually through brainstorm- ing or other techniques, with the team considering the full range of available resources as they come up with strat- egies to meet needs and achieve out- comes. Importantly, this includes gen- erating strategy options that extend beyond formal services and reach fami- lies through other avenues and time frames. These are frequently brain- stormed by the team, with the youth and family and people representing their interpersonal and community con- nections being primary nominators of such supports. Finally, in order to best consider the evidence base for potential strategies or supports, it may be useful for a wraparound team or program to have access to and gain counsel from a point person who is well-informed on the evidence base. |

## Phases and Activities of the Wraparound Process: Phase 2 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *2.1. Develop an initial plan of care*<br>GOAL: To create an ini- tial plan of care using a high-quality team pro- cess that elicits mul- tiple perspectives and builds trust and shared vision among team members, while also being consistent with the wraparound prin- ciples *(Continued from previous page)* | *2.1 g. Assign action steps*<br>Team assigns responsibility for undertaking action steps associated with each strategy to specific individuals and within a particular time frame. | Action steps are the separate small activities that are needed to put a strategy into place, for example, making a phone call, transporting a child, working with a family member, finding out more information, attend- ing a support meeting, arranging an appointment. While all team mem- bers will not necessarily participate at the same level, all team members should be responsible for carrying out action steps. Care should be taken to ensure that individual team mem- bers, particularly the youth and fam- ily, are not overtaxed by the number of action steps they are assigned. |
| *2.2. Develop crisis/ safety plan*<br>GOAL: To identify po- tential problems and crises, prioritize ac- cording to seriousness and likelihood of oc- currence, and create an effective and well- specified crisis preven- tion and response plan that is consistent with the wraparound princi- ples. A more proactive safety plan may also be created. | *2.2 a. Determine potential serious risks*<br>Facilitator guides the team in a discussion of how to maintain the safety of all family members and things that could potentially go wrong, followed by a process of prioritization based on seriousness and likelihood of occur- rence. | Past crises, and the outcomes of strat- egies used to manage them, are often an important source of information in current crisis/safety planning. |
| | *2.2 b. Create crisis/safety plan*<br>In order of priority, the facilitator guides team in discussion of each serious risk identified. The discussion includes safety needs or con- cerns and potential crisis situations, includ- ing antecedents and associated strategies for preventing each potential type of crisis, as well as potential responses for each type of crisis. Specific roles and responsibilities are created for team members. This information is documented in a written crisis plan. Some teams may also undertake steps to create a separate safety plan, which specifies all the ways in which the wraparound plan addresses potential safety issues. | One potential difficulty with this ac- tivity is the identification of a large number of crises or safety issues can mean that the crisis/safety plan "takes over" from the wraparound plan. The team thus needs to balance the need to address all risks that are deemed serious with the need to maintain focus on the larger wrap- around plan as well as youth, family, and team strengths. |
| *2.3. Complete necessary documentation and logistics* | *2.3 a. Complete documentation and logistics*<br>Facilitator guides team in setting meeting schedule and determining means of contact- ing team members and distributing documen- tation to team members. | |

## Phases and Activities of the Wraparound Process: Phase 3

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| | ***PHASE 3: Implementation*** | |
| *During this phase, the initial wraparound plan is implemented, progress and successes are continually reviewed, and changes are made to the plan and then implemented, all while maintaining or building team cohesiveness and mutual respect. The activities of this phase are repeated until the team's mission is achieved and formal wraparound is no longer needed.* | | |
| *3.1. Implement the wraparound plan*<br>GOAL: To imple- ment the initial plan of care, monitoring completion of action steps and strategies and their success in meeting need and achieving outcomes in a manner consis- tent with the wrap- around principles. | *3.1 a. Implement action steps for each strategy*<br>For each strategy in the wraparound plan, team members undertake action steps for which they are responsible. Facilita- tor aids completion of action steps by checking in and following up with team members; educating providers and other system and community representatives about wraparound as needed; and identi- fying and obtaining necessary resources. | The level of need for educating providers and other system and community represen- tatives about wraparound varies consider- ably from one community to another. Where communities are new to the type of col- laboration required by wraparound, getting provider "buy in" can be very difficult and time consuming for facilitators . OHRA who will be implementing wraparound should be aware of these demands and be prepared to devote sufficient time , resources, and support to this need. |
| | *3.1 b. Track progress on action steps*<br>Team monitors progress on the action steps for each strategy in the plan, track- ing information about the timeliness of completion of responsibilities assigned to each team member, fidelity to the plan, and the completion of the requirements of any particular intervention. | Using the timelines associated with the ac- tion steps, the team tracks progress. When steps do not occur, teams can profit from ex- amining the reasons why not. For example, teams may find that the person responsible needs additional support or resources to car- ry out the action step, or, alternatively, that different actions are necessary. |
| | *3.1 c. Evaluate success of strategies*<br>Using the outcomes/indicators associat- ed with each need, the facilitator guides the team in evaluating whether selected strategies are helping team meet the youth and family's needs. | Evaluation should happen at regular inter- vals. Exactly how frequently may be deter- mined by program policies and/or the nature of the needs/goals. The process of evaluation should also help the team maintain focus on the "big picture" defined by the team's mis- sion: Are these strategies, by meeting needs, helping achieve the mission? |
| | *3.1. d. Celebrate successes*<br>The facilitator encourages the team to acknowledge and celebrate successes, such as when progress has been made on action steps, when outcomes or indica- tors of success have been achieved, or when positive events or achievements occur. | Acknowledging success is one way of main- taining a focus on the strengths and capacity of the team and its members. Successes do not have to be "big", nor do they necessarily have to result directly from the team plan. Some teams make recognition of "what's gone right" a part of each meeting. |

## Phases and Activities of the Wraparound Process: Phase 3 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *3.2. Revisit and update the plan*<br>GOAL: To use a high qual- ity team process to en- sure that the wraparound plan is continually revis- ited and updated to re- spond to the successes of initial strategies and the need for new strategies. | *3.2. a. Consider new strategies as necessary*<br>When the team determines that strate- gies for meeting needs are not working, or when new needs are prioritized, the facilitator guides the team in a process of considering new strategies and ac- tion steps using the process described in activities 2.1.f and 2.1.g. | Revising of the plan takes place in the con- text of the needs identified in 2.1.d. Since the needs are in turn connected to the mis- sion, the mission helps to guide evaluation and plan revisions. |
| *3.3. Maintain/build team cohesiveness and trust*<br>GOAL: To maintain awareness of team mem- bers' satisfaction with and "buy-in" to the pro- cess, and take steps to maintain or build team cohesiveness and trust. | *3.3 a. Maintain awareness of team members' satisfaction and "buy-in"*<br>Facilitator makes use of available in- formation (e.g., informal chats, team feedback, surveys—if available) to as- sess team members' satisfaction with and commitment to the team process and plan, and shares this information with the team as appropriate. Facili- tator welcomes and orients new team members who may be added to the team as the process unfolds. | Many teams maintain formal or informal processes for addressing team member en- gagement or "buy in", e.g. periodic surveys or an end-of-meeting wrap-up activity. In addition, youth and family members should be frequently consulted about their satis- faction with the team's work and whether they believe it is achieving progress toward their long-term vision, especially after ma- jor strategizing sessions. In general, how- ever, this focus on assessing the process of teamwork should not eclipse the overall evaluation that is keyed to meeting identi- fied needs and achieving the team mission. |
| | *3.3 b. Address issues of team cohesiveness and trust*<br>Making use of available information, facilitator helps team maintain cohe- siveness and satisfaction (e.g., by con- tinually educating team members—in- cluding new team members—about wraparound principles and activities, and/or by guiding team in procedures to understand and manage disagree- ment, conflict, or dissatisfaction). | Teams will vary in the extent to which issues of cohesiveness and trust arise. Often, dif- ficulties in this area arise from one or more team members' perceptions that the team's work—and/or the overall mission or needs being currently addressed—is not addressing the recipient's "real" needs. This points to the importance of careful work in deriving the needs and mission in the first place , since shared goals are essential to maintaining team cohesiveness over time. |
| *3.4. Complete necessary documentation and logistics* | *3.4 a. Complete documentation and logistics*<br>Facilitator maintains/updates the plan and maintains and distributes meeting minutes. Team documentation should record completion of action steps, team attendance, use of formal and informal services and supports, and expendi- tures. Facilitator documents results of reviews of progress, successes, and changes to the team and plan. Facili- tator guides team in revising meeting logistics as necessary and distributes documentation to team members. | Team documentation should be kept cur- rent and updated, and should be distributed to and/or available to all team members in a timely fashion. |

## Phases and Activities of the Wraparound Process: Phase 4

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| ***PHASE 4: Transition***<br><br>*During this phase, plans are made for a purposeful transition out of formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). The focus on transition is continual during the wraparound process, and the preparation for transition is apparent even during the initial engagement activities.* | | |
| *4.1. Plan for cessation of formal wraparound*<br><br>GOAL: To plan a purpose- ful transition out of for- mal wraparound in a way that is consistent with the wraparound prin- ciples, and that supports the recipient in maintaining the positive outcomes achieved in the wraparound process. | *4.1 a. Create a transition plan*<br><br>Facilitator guides the team in fo- cusing on the transition from wrap- around, reviewing strengths and needs and identifying services and supports to meet needs that will persist past formal wraparound. | Preparation for transition begins early in the wraparound process, but intensifies as team meets needs and moves towards achieving the mission. While formal supports and ser- vices may be needed post-transition, the team is attentive to the need for developing a sustainable system of supports that is not dependent on formal wraparound. Teams may decide to continue wraparound—or a variation of wraparound—even after it is no longer being provided as a formal service. |
| | *4.1 b. Create a post-transition crisis management plan*<br><br>Facilitator guides the team in cre- ating post-wraparound crisis man- agement plan that includes action steps, specific responsibilities, and communication protocols. Planning may include rehearsing responses to crises and creating linkage to post- wraparound crisis resources. | At this point in transition , adult recipient , or recipient youth and family members , together with their continuing supports , should have acquired skills and knowledge in how to manage crises . Post -transition crisis management planning should acknowledge and capitalize on this increased knowledge and strengthened sup- port system. This activity will likely include identification of access points and entitle - ments for formal services that may be used following formal wraparound. |
| | *4.1 c. Modify wraparound process to reflect transition*<br><br>New members may be added to the team to reflect identified post-tran- sition strategies, services, and sup- ports. The team discusses responses to potential future situations, in- cluding crises, and negotiates the nature of each team member's post-wraparound participation with the team , adult recipient , or family . Formal wraparound team meetings reduce frequency and ultimately cease. | Teams may continue to meet using a wrap- around process (or other process or format) even after formal wraparound has ended. Should teamwork continue , recipient , or family members and youth , or other supports , will likely take on some or all of the facilitation and coordination activities. |

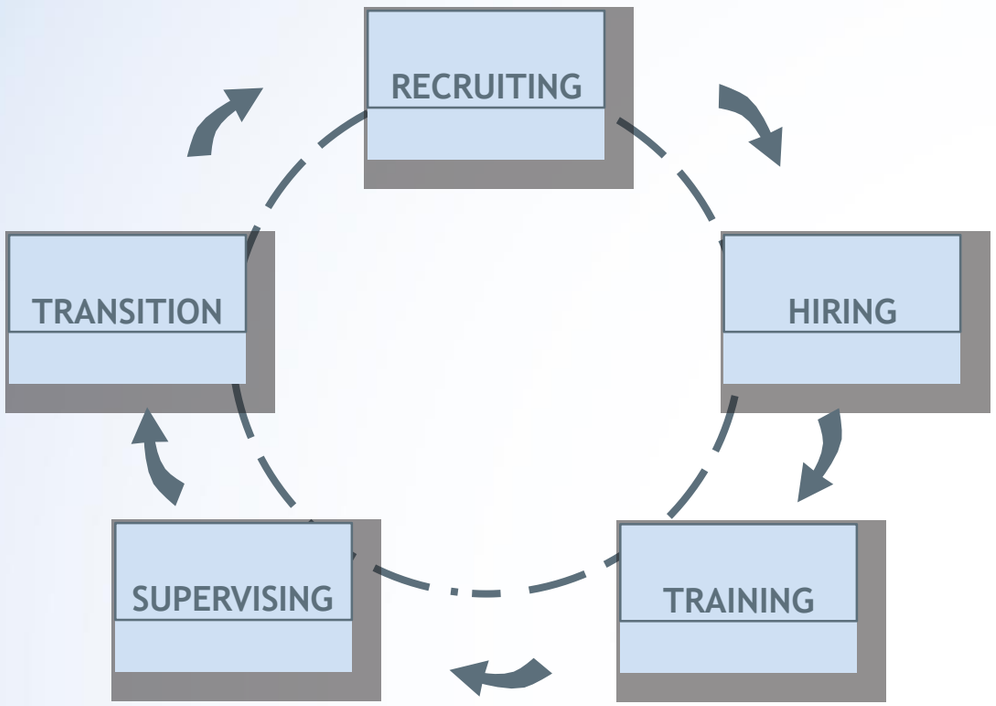
## Phases and Activities of the Wraparound Process: Phase 4 (CONTINTUED)

| MAJOR GOALS | ACTIVITIES | NOTES |
|---|---|---|
| *4.2. Create a "commencement"*<br>GOAL: To ensure that the cessation of formal wrap- around is conducted in a way that celebrates suc- cesses and frames transi- tion proactively and posi- tively. | *4.2 a. Document the team's work*<br>Facilitator guides team in creating a document that describes the strengths of the youth/child, family, and team members, and lessons learned about strategies that worked well and those that did not work so well. Team partici- pates in preparing/reviewing necessary final reports (e.g., to court or partici- pating providers, where necessary) | This creates a package of information that can be useful in the future. |
| | *4.2 b. Celebrate success*<br>Facilitator encourages team to create and/or participate in a culturally ap- propriate "commencement" celebra- tion that is meaningful to the recipient<br>, the youth / family , and team , and that reorganizes their accomplishments. | This activity may be considered optional. Youth/child and family should feel that they are ready to transition from formal wraparound, and it is important that "graduation" is not constructed by sys- tems primarily as a way to get families out of services. |
| *4.3. Follow-up with the family*<br>GOAL: To ensure that the family is continuing to experience success after wraparound and to provide support if necessary. | *4.3 a. Check in with family*<br>Facilitator leads team in creating a pro- cedure for checking in with the recipient periodically after com - mencement . If new needs have emerged that require a formal response , facilitator and / or other team members may aid the service recipient in accessing appropriate services, possibly including a reconven<br>- ing of the wraparound team. | The check-in procedure can be done im- personally (e.g., through questionnaires) or through contact initiated at agreed- upon intervals either by the recipient , or by another team member. |

## Differences in Practice

| | Standard Recipient and Team Practice | Wraparound Practice |
|---|---|---|
| **Engagement** | Engagement is primarily between us and the recipient with secondary engage- ment with others involved. | Engagement is ecological: facilitator, team, family, agencies, broader community and everyone else. |
| **Crisis Stabilization** | Stabilization is a big part of what the case manager does with the recipient. "The team" is recipient and case manager with others. | We try to avoid too much in the stabilization step. We do just enough to hold on until we can get the team process started. |
| **Strengths** | We do strengths discovery, but it's more limited—strengths are seen as grounded in the family and child, and may be less explicit drivers of practice. We share information on strengths with whoever is involved on as-needed basis. | Strengths discovery is more ecological, and we identify and use strengths and capacities of the family, child, community, and poten- tial team members. Reframing the family as people with potential solutions, the gathered information is public and shared with all of the team being present. |
| **Team** | "Teaming" is a verb—something we do with the family usually through a team of two perspectives (case manager and family), though case manager may interact with natural supports. | The team is an entity—something we are. The addition of natural supports is important and their participation is a formalized part of the process as we make decisions. |
| **Who is Served** | All enrolled youth are served through the child and family team process. | Wraparound is utilized with youth for whom formal and traditional services have proven to be ineffective and folks involved don't know what to do. |

## Stages in Building a Strong Family Partner Capacity



# QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

**The standards in this section show Orpe Human Rights Advocates' *plan and implementation of a* Performance Improvement (PI) Program. Items addressed in these standards *include:***

- **Who is responsible for the program**
- **Activities being monitored**
- **How data is compiled, and**
- **Corrective measures being developed from the data and outcomes.**

# OHRA Capacity Management in a Health Care Setting

**Occupation – Specific Competencies**

*Employer Requirements*

- Medical Administration
- Problem Identification & Solving
- Care Coordination & Patient Education
- Comprehensive Assessment of Health Status of Patient
- Evidence-based Practice while using active Listening Skills
- Provide Health Promotion & Patient Safety
- Develop Nursing Intervention
- Implementation of Care Plan

- Quality Improvement
- Resource Utilization and Advocating for Patient Care
- Accountability for the Quality of Care delivered
- Interdisciplinary Teamwork and Collaboration
- Patient and Family-Centered Care
- Nursing Task Delegation

**Possible Certification:**

- Associate of Science in Nursing
- Bachelor of Science in Nursing
- Baccalaureate Degree in Nursing
- Registered Nurse

*Dual-Training program*
- *Competency Model for Health Care Services*
- *Occupation: Registered Nurse (RN)*

**Industry Sector Technical Competencies**

Anatomy and Physiology | Diagnostic Procedures | Nursing Interventions

Pharmacology and Holistic Care | Nursing Process | Strong Oral and Writing Communications

Nursing Approach to Mental Health | Scope of Practice | Medical Ethics | Informatics

**Industry Wide Technical Competencies**

Health Care delivery
Disease Progression
Medical Terminology

Health Information

Health Industry Ethics

Laws & Regulations
Safety Systems

Care of Chronical Conditions

Statistics
Psychology

**Workplace Competencies**

Customer Focus | Teamwork | Workplace Fundamentals | Planning & Organizing | Working with Tools and Technology | Attention to Details | Checking, Examining, and Recording | Problem Solving, and Decision-Making

**Academic Competencies**

Reading and Writing | Information Literacy | Science and Technology | Communication: Listening & Speaking | Critical Analytic Thinking | Basic Computer Skills

**Personal Effectiveness Competencies**

Interpersonal Skills | Integrity | Professionalism / Career Passion | Dependability & Reliability | Adaptability & Flexibility | Life Long Learning | Compassion & Empathy | Cultural Humility

*Orpe Human Rights Advocates*

Orpe Human Rights Advocates addresses this Wraparound Implementation and Practice Quality Standards in alignment with the framework developed by the National Wrap Around Implementation Research Network.

Five implementation-related areas:

Four at the Orpe Human Rights Advocates-level:

1. Competent Staff
2. Effective Leadership
3. Facilitative Organizational Support
4. Utility-focused Accountability Mechanisms

One at the wider-community-level:

5. Hospitable System Conditions

And two output-related areas:

6. Fidelity: High-Quality Wraparound Practice
7. Outcomes: Improved Youth and Family Functioning

While high quality Wraparound services provided to appropriate service recipients (aka, “fidelity”) can produce positive outcomes (Bruns, Suter, Force, & Burchard, 2005; Rast, Peterson, Earnest, & Mears, 2003), programs that only focus on fidelity and outcomes miss the opportunity to boost and sustain efforts to improve Wraparound

# Organizational-Level Standards

Orpe Human Rights Advocates Team provides a concise roadmap for the organizational-level drivers of high-quality implementation of client-service models of its Wraparound:

1. **Competency Drivers** are mechanisms developed by Orpe Human Rights Advocates' Team designated to improve and sustain its staff members' ability to implement an intervention as intended in order to benefit youth, families, and communities.
   a. ***Recruitment and Selection of Staff*:** Orpe Human Rights Advocates leadership team understands the importance of capacity building in the sphere of internal staff. Human resources are key in driving positive outcomes. It is thus a mandatory for recruiter specifies required skills and abilities with the pool of candidates; methods for recruiting likely candidates that possess these skills and abilities; protocols for interviewing candidates, and; criteria for selecting practitioners with those skills and abilities.
   b. ***Training*:** provide knowledge related to the history, theory, philosophy, and values of the model and organization; introduce the components and rationales of key practices, and; provide opportunities to practice new skills to criterion and receive feedback in a safe and supportive training environment.
   c. ***Coaching*:** an effective coach provides "craft" information along with advice, encouragement, and opportunities to practice and use skills specific to the innovation.
   d. ***Performance Assessment (Staff Fidelity)*:** designed to assess the use and outcomes of the skills that are reflected in the selection criteria, taught in training, and reinforced and expanded in coaching processes.
2. **Organization Drivers** are mechanisms to create and sustain hospitable organizational and system environments for effective services.
   a. ***ORPE Systems Intervention Team*:** ensure strategies for leaders and staff within an organization to work with external systems to ensure the availability of the financial, organizational, and human resources required to support the work of the practitioners.
   b. ***Facilitative Administrative Supports*:** careful attention given to policies, procedures, structures, culture, and climate to assure alignment of these aspects of an organization with the needs of practitioners.
   c. ***Decision Support Data Systems*:** making use of a variety of measures to assess key aspects of the overall performance of an organization; provide data to support decision making, and; assure continuing implementation of the evidence-based intervention and benefits to children and families over time.

3. **Orpe Human rights Advocates' Leadership Driver** focuses on providing the right leadership strategies for the type of leadership challenges. These leadership challenges often emerge as part of the change management process needed to make decisions, provide guidance, and support organization functioning…Leadership needs change as implementation progresses—"adaptive leadership" styles are needed to "champion change" in the beginning; more technical leadership styles are needed to manage the continuing implementation supports (e.g., selection interviews, performance assessments, system interventions) for effective organizations over the long run.

All of Orpe Human Rights Advocates' drivers stated above will be integrated and compensatory to ensure they connect together in a logical and efficient way that allows for a balance between implementation strengths and weaknesses over time. For example, results from staff performance assessments should be fed back to supervisors and coaches to enhance training and coaching activities, and information gleaned from decision support data systems should be used to inform targeted system interventions to remove barriers from improved organizational performance.

# COMMUNITY AND SYSTEM-LEVEL STANDARDS

Although many of the above issues are controlled by the Orpe Human Rights Advocates leadership team, given the integrated nature of the ORPE's Wraparound model, community and system conditions have considerable influence on the program (including staff competency, organizational climate, and leadership), program fidelity, and clients outcomes. Fiscal and policy decisions by leaders at multiple levels (including the federal level) can substantively affect the degree to which Wraparound initiatives are run. Providing comprehensive care through the Wraparound process also requires a high degree of collaboration and coordination among client agencies as well as community organizations. These agencies and organizations need to work together to provide access to flexible resources and a well-developed array of services and supports in the community. Walker and her colleagues (2003; 2011) have defined these essential community and system supports for Wraparound, and organized them by six themes, which we have integrated into the standards we set forth in this document:

- ***Community partnership*:** Representatives of key stakeholder groups, including families, young people, agencies, providers, and community representatives have joined together in a collaborative effort to plan, implement and oversee Wraparound as a community process.
- ***Collaborative action*:** Stakeholders involved in the Wraparound effort work together to take steps to translate the Wraparound philosophy into concrete policies, practices and achievements that work across systems.
- ***Fiscal policies and sustainability*:** The community has developed fiscal strategies to support and sustain Wraparound and to better meet the needs of children and youth participating in Wraparound.
- ***Access to needed supports and services*:** The community has developed mechanisms for ensuring access to the Wraparound process as well as to the services and supports that Wraparound teams need to fully implement their plans.
- ***Human resource development and support*:** The system supports Wraparound staff and partner agency staff to fully implement the Wraparound model and to provide relevant and transparent information to families and their extended networks about effective participation in Wraparound.
- ***Accountability*:** The community implements mechanisms to monitor Wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall Wraparound effort.

## FIDELITY STANDARDS AND OUTCOMES

As explained above, the purpose of this document is to provide needed clarity on Orpe Human Rights Advocates system and organizational standards that are likely to impact quality of Wraparound implementation, and thus meaningfully affect the experience of enrolled youth, families, or pregnant and parenting women with SUD. Because elucidating program and system standards for Wraparound is intended first and foremost to promote fidelity and outcomes, this document also provides indicators of adherence to the Wraparound practice model, as well as the most common outcomes Wraparound initiatives strive to achieve, based on the Wraparound theory of change and the ever-evolving work of the community of practice.

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Ultimately, the goal of Orpe Human Rights Advocates should be to meet or surpass all of the standards outlined in this document— so positive outcomes, consistently high fidelity, as well as a strong system support, and well-developed and *balanced* organizational-level implementation drivers. Balanced attention to the core implementation drivers within a hospitable system context should lead to sustainable program fidelity and positive youth, family, pregnant and parenting women with SUD outcomes.

# Behavioral Health is Essential to Health

## Orpe Human Rights Advocates

# Managerial Aspect of the Wraparound

## Ore Human Rights advocates

### Managing Wraparound requires a multi-dimensional approach to supervision and leadership

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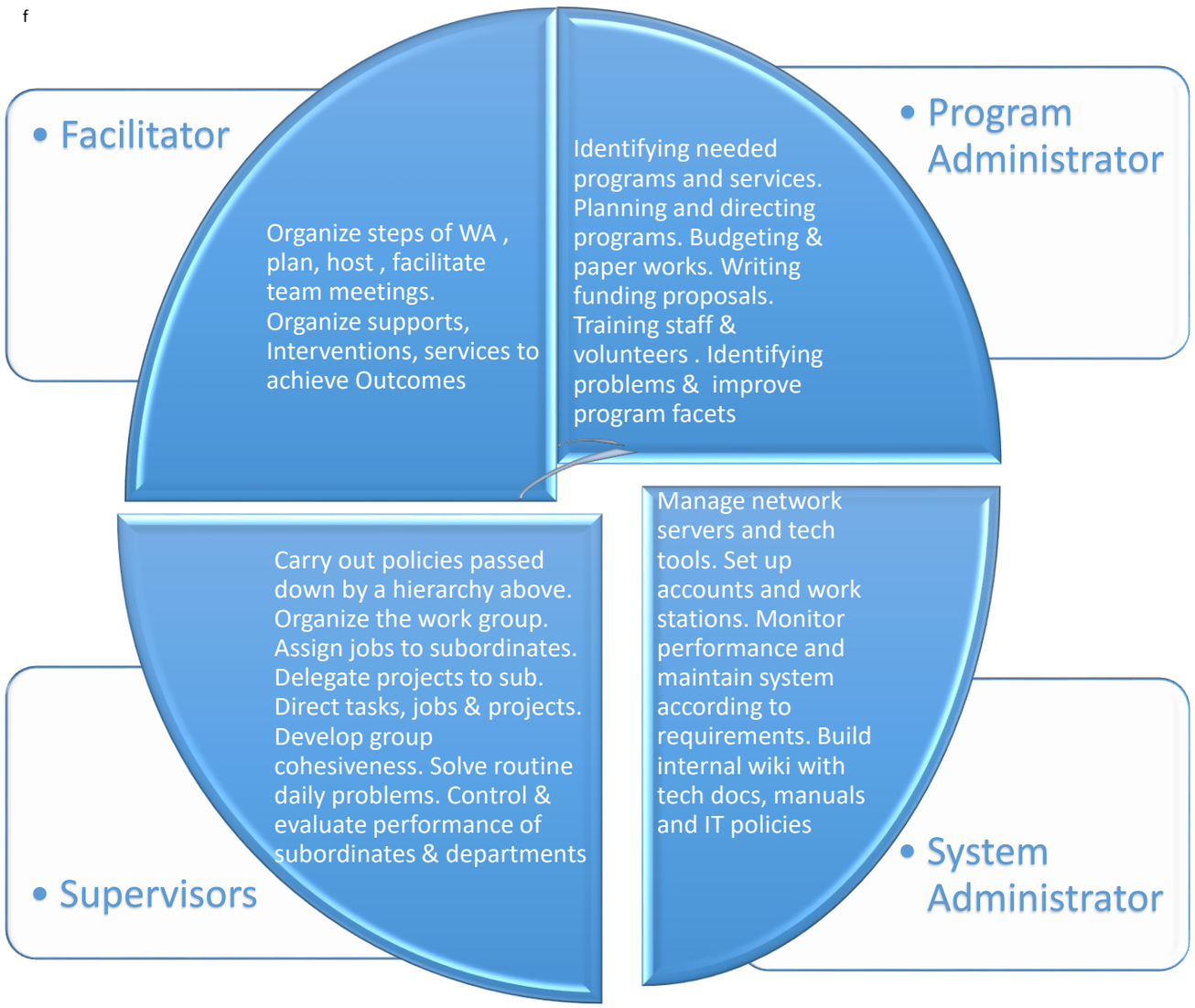


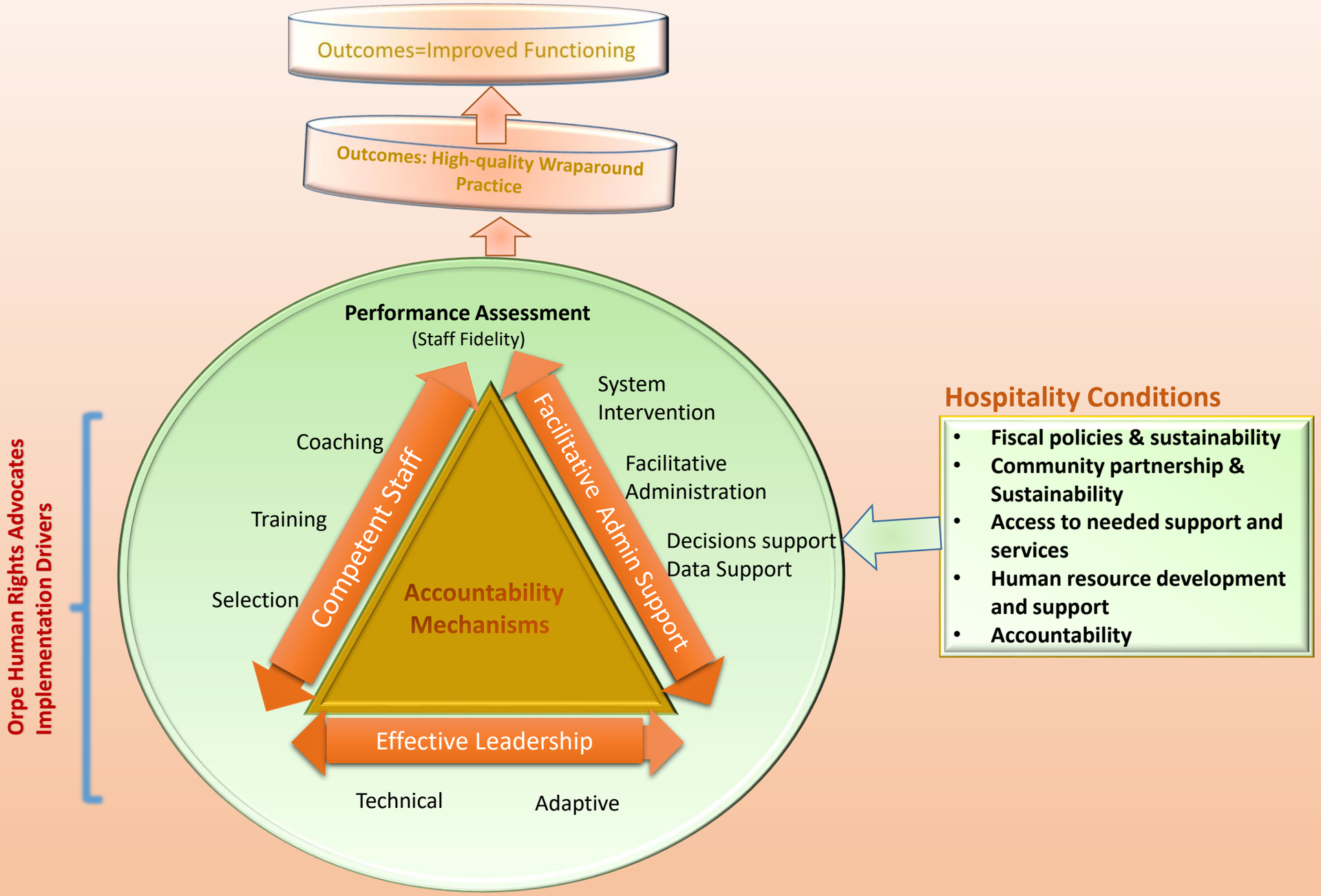

### Outcomes Depend on Implementation

- ORPE Wraparound Model is an interactive process responding to people who are suffering
- Team-Based Model / Outcome-Based Model

The Wraparound Team of the Orpe Human Rights Advocates:

- Engage key individuals in the Wraparound team
- Connect clients in community activities and things they do well; activities to help develop healthy friendships
- Use family/community strengths
- Incorporate natural supports, such as extended family members and community members
- Use evidence-based clinical strategies to meet needs
- Continuously assess progress, satisfaction, and outcomes

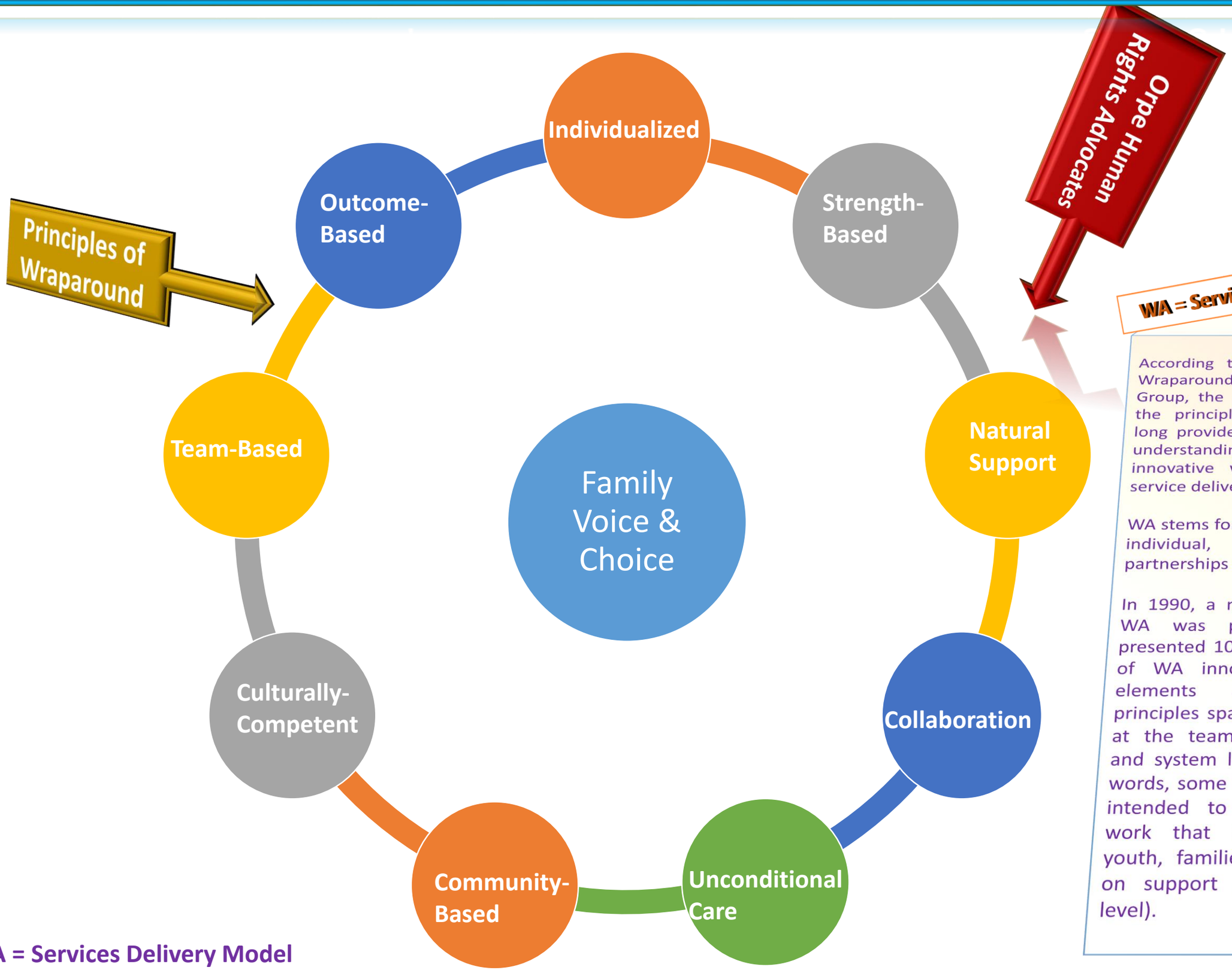
# Wraparound Quality Improvement and Performance Standards




## Hospitality Conditions

- **Fiscal policies & sustainability**
- **Community partnership & Sustainability**
- **Access to needed support and services**
- **Human resource development and support**
- **Accountability**

# The U.S. National Wraparound Initiative has standardized ten guiding principles




Orpe Human Rights Advocates

**WA = Services Delivery Model**

According to the National Wraparound Advisory Group, the philosophical of the principles of WA has long provided the basis for understanding this innovative widely-practiced service delivery model.

WA stems for collaborative , individual, and family partnerships process.

In 1990, a monography on WA was published and presented 10 core elements of WA innovators. These elements and practice principles spanned activities at the team, organization, and system levels; in other words, some elements were intended to guide, direct work that happens with youth, families and hands-on support people (team level).

**WA = Services Delivery Model**

# Implementation Organized into Seven Areas

## Orpe Human Rights Advocates

**Wraparound**
**At the Level of Orpe Human Rights Advocates**
**( At Organizational Level)**

### Five Wraparound Implementation Areas

- Hospitable System Conditions
- Competent Staff
- Effective Leadership
- Facilitative Organizational Support
- Utility-focused Accountability Mechanisms

### Two Output-Related Standards Areas

- Fidelity: High Quality Wraparound Practice
- Outcomes: Improved Youth and Family Functioning

# Implementation of Fidelity and Outcome Areas

## Orpe Human Rights Advocates

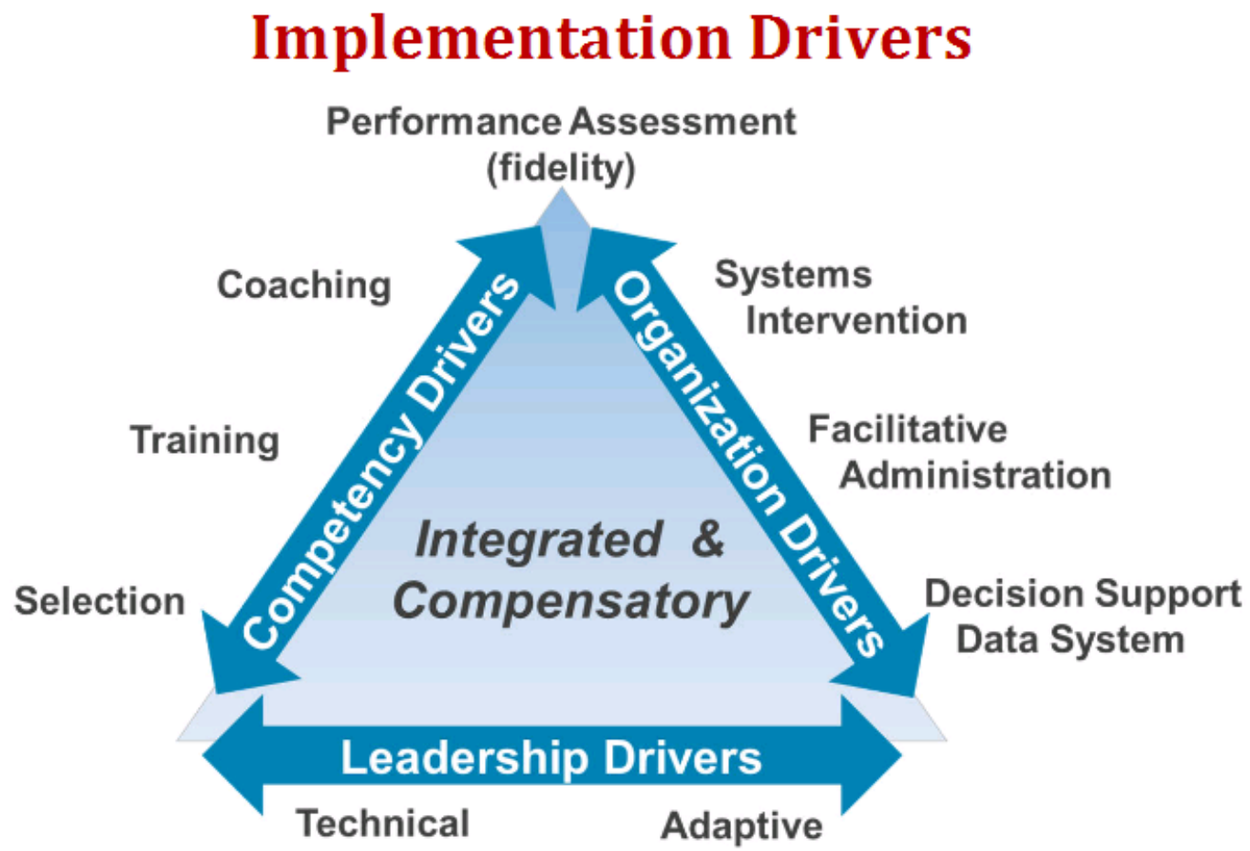
### Six key elements of Wraparound practice:

- Effective Teamwork
- Empowerment
- Use of Natural and Community Supports
- Driven by Strengths and Families
- Supportive Services Based on Needs
- Outcomes-based Process

### Outcome domains for Pregnant and Parenting Women with SUD:

- Satisfaction
- Skills and Community Functioning
- Interpersonal Functioning
- Caregiver confidence
- Residential Stability and Restrictiveness

Orpe Human Rights Advocates




Fixsen, D. L., Blase, K. A., Naoom, S. F., & Duda, M. (2015).*Implementation Drivers: Assessing Best Practices*. Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill

# Necessary Support Conditions

## Pregnant and Parenting Women with SUD



**Community partnership**
Among key stakeholder groups to plan, implement and oversee Wraparound as a community process

**Collaborative action**
To take steps to translate the Wraparound philosophy into concrete policies, practices and achievements that work across systems

**Fiscal policies and sustainability**

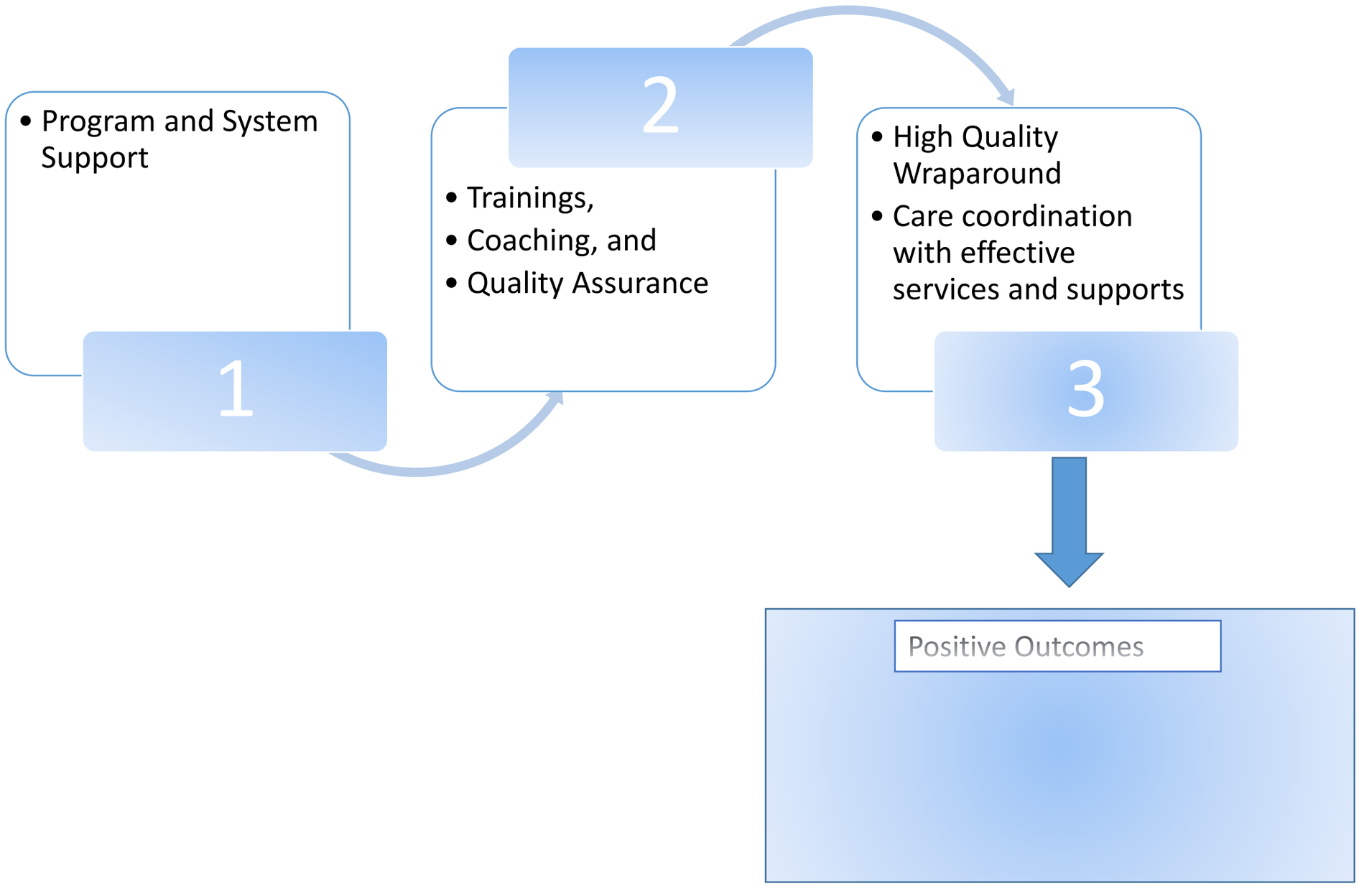
**Access to needed supports and services**
That Wraparound teams need to fully implement their plans

**Human resource development and support**
To fully implement the Wraparound model

**Accountability**

# What Lead To Positive Outcomes?





# Outcomes will be Depending on the Implementation

**At a system and program level, within the scope of our Wraparound initiatives we will work hard to:**

- **Build broad, diverse community coalitions to support and oversee the program and its implementation**
- **Invest in ongoing skill development for workers in key Wraparound roles**
- **Invest in and organize a comprehensive array of community-based services and supports**
- **Ensure services are based on research for "what works"**
- **Provide effective data-informed supervision**
- **Build and use data systems that can provide needed information and continual quality improvement**

# Implementation Area 1: Competent Staff



| Competent Staff indicators | |
|---|---|
| A | Stable Workforce |
| B | Qualified Personnel |
| C | Rigorous Hiring Processes |
| D | Effective Training |
| E | Initial Apprenticeship |
| F | Ongoing Skills-based Coaching |
| G | Meaningful Performance Assessments |

**Note:** Please refer to the page 52 for the definitions the above indicators

## Effective Leadership Indicators

A High-quality Leadership
**B** Transparent Organizational Practices
**C** Strong Wraparound Implementation Leadership

Supervisors and the wider organizational leadership *plan for and support the high-quality implementation of Wraparound*. They are seen as *reliable thought leaders*, and effectively *address barriers and find solutions* as they come up during Wraparound implementation

**Note:** Please refer to the page 53 for the definition of the above addressed leadership indicators

# Implementation Area 3: Rigorous Hiring Process



**Orpe Human Rights Advocates will be focusing on *high-quality written job descriptions* and *interviewing and hiring protocols* for each of the relevant positions. Job descriptions will be *reflecting best practices and state of the art knowledge* about Wraparound skills and expertise, and have *clear expectations for performance*.**

**Interview and selection protocols include b*ehavioral questions or direct observation of tasks*, and require a *writing exercise or sample***

# Implementation Area 3:  Facilitative Organizational Support Indicators

A. **Manageable Work Loads**
B. **Adequate Compensation and Resources**
C. **High Morale and Positive Climate**
D. **Fiscally Sustainable**
E. **Routine Oversight of Key Organizational Operations**

**Note:** Please refer to the page 53 for the definitions associated with the "Facility Organizational Support indicators."

# Implementation 4:  Utility-focused Accountability



| Utility-focused Accountability Indicators |
|---|
| A Effective Data Management |
| B Purposeful Training & Coaching Evaluation |
| C Routine Fidelity Monitoring |
| D Routine Outcomes Monitoring |

**Note:** Please refer to the page 54 for the definitions associated with utility-focused Accountability indicators

## Hospitable System Conditions Indicators

**A Appropriate Wraparound Population**
**B Empowered Community Leadership and Support**
**C Active Caregiver and Youth Leadership**
**D Implementing a Single Plan of Care**
**E Collaborative Action**
**F Sustainable Fiscal Policies**
**G Adequate and Appropriate Wraparound Access**
**H Robust Array of Supports and Services**
**I System Accountability**

**Note:** Please refer to the page 55 for definitions associated with “Hospitable Systems Conditions Indicators.”

# Manageable Work Loads

## Orpe Human Rights Advocates

Facilitators have *manageable caseloads* (e.g., 8-12 cases or less, depending on the complexity of their needs). Supervisors *supervise 6 or fewer facilitators* and/or other individuals. There is adequate staffing for staff to successfully do their jobs

# Routine Fidelity Monitoring



Orpe Human Rights Advocates will *routinely and reliably measure fidelity* to the Wraparound model. This information is *analyzed and shared with relevant stakeholders* (staff, administrators, families, payers, etc.). Even if collected by an external party, fidelity data will clearly *built into internal practice routines* within the ORPE organization, and will be using strong feedback loops *to enact program improvements*.

# Robust Array of Supports and Services



Our clients eligible for and enrolled in Wraparound are pregnant and parenting women with SUD who are homeless or at risk-homelessness. But the program will also focuses actions to the poor or low-income people. In some circumstances it may work with youth ***at risk for out-of-home placement*** or are ***among those with the most complex needs*** in the community. For example: 75% of more of the youth engaged in Wraparound were transitioning home from or at imminent risk of an ***out-of-home placement*** at the time of referral; 90% of more of the youth engaged in Wraparound have ***two or more Axis 1 diagnoses***, ***multi-system/agency involvement***, ***multiple actionable items*** on an assessment such as the CANS, and/or three or more ***adverse life events or traumas***.

# Appropriate Wraparound Population



This program is first intended in providing therapeutic treatment and residential services to pregnant and parenting women with SUD who are homeless or at-risk of homelessness. While the program may serve Youth on especial program, the focus is pregnant and parenting women with SUD. At the time the program will become available, Youth eligibility will for Wraparound will be based ***at risk for out-of-home placement*** or, ***among those with the most complex needs*** in the community. For example: 75% of more of the youth engaged in Wraparound were transitioning home from or at imminent risk of an ***out-of-home placement*** at the time of referral; 90% of more of the youth engaged in Wraparound have ***two or more Axis 1 diagnoses***, ***multi-system/agency involvement***, ***multiple actionable items*** on an assessment such as the CANS, and/or three or more ***adverse life events or traumas***.

# Fiscally Sustainable



Orpe Human Rights Advocates has a *sustainable funding plan for the next 3-5 years*. Data demonstrating *costs and cost-effectiveness* are available and disseminated

# IMPLEMENATION AREA 1: COMPETENT STAFF

| Indicator | | Definition |
|---|---|---|
| **1A** | **Stable Workforce** | **Care Coordinator turnover is reasonably low (less than 25% a year) and the average tenure of the program's supervisor(s) is 2 or more years or since the program began.** |
| **1B** | Qualified Personnel | Wraparound care coordinators and supervisors have relevant and appropriate experiences and attributes to carry out their job responsibilities. Care Coordinators have prior experience working with youth with complex behavioral health needs, and are strengths-based, flexible, creative, and can ally with youth and their caregivers while building positive relationships that extend beyond families. Supervisors possess strong conflict resolution and facilitation and leadership skills, and have a deep understanding of Wraparound, preferably with prior experience as a care coordinator. |
| **1C** | Rigorous Hiring Processes | The Wraparound provider organization has high quality written job descriptions and interviewing and hiring protocols for each of the relevant positions. Job descriptions reflect best practices and state of the art knowledge about Wraparound skills and expertise, and have clear expectations for performance. Interview and selection protocols include behavioral questions or direct observation of tasks, and require a writing exercise or sample. |
| **1D** | Effective Training | Wraparound care coordinators and supervisors are required to attend initial and booster trainings relevant to carrying out their job responsibilities. There is a written training protocol outlining the timing of required trainings, and staff are oriented to the requirements upon hiring. Training attendance is tracked. |
| **1E** | Initial Apprenticeship | Before taking on a full caseload, care coordinators go through a minimum 30-day "apprenticeship" during which time they shadow a more experienced care coordinator or coach and practice under observation with feedback until they demonstrate enough competence (via objective measures in multiple settings) to practice on their own. |
| **1F** | Ongoing Skills- based Coaching | Care Coordinators have at least bi-weekly contact with a coach or a supervisor who serves as a coach. Coaching activities are integrated into practice and aimed at improving the staff's skills in working with youth and caregivers. Coaching includes at least quarterly formal assessment of practice in multiple settings via observations, recordings, and/or review of documentation. |
| **1G** | Meaningful Performance Assessments | Care Coordinators' performance is assessed at least every six months using objective measures (e.g., observations, fidelity measures, etc.) that are tied to their job descriptions and quality indicators. The information is used to shape skill development, such as serving as a basis for certification, and to facilitate coaching. Assessment is viewed by staff as a proactive component of skill development, and not seen as punitive. |

We chose to focus specifically on Wraparound care coordinators and supervisors because they are the minimum personnel necessary to provide Wraparound services. However, we recognize that there may be other individuals in key Wraparound roles (e.g., therapists, behavioral support providers, respite workers, mentors, etc.) within a particular organization or initiative; we encourage users of the Standards to think about what type of workforce development expectations may be relevant to these other professionals.

## IMPLEMENATION AREA 2: EFFECTIVE LEADERSHIP

| Indicator | | Definition |
|---|---|---|
| 2A | High-quality Leadership | Supervisors and the wider organizational leadership are inspiring, thoughtful, and innovative. They provide well-defined performance goals, while ensuring staff have the tools and flexible policies and procedures to meet these expectations. They recognize staff members' unique contributions and concerns, and proactively monitor performance, resolve problems, and make decisions. |
| 2B | Transparent Organizational Practices | There are clear and transparent procedures for decision making within the Wraparound provider organization, and supervisors and the wider organizational leadership routinely involve staff and act to build consensus. Care Coordinators and other organizational personnel are dealt with in a respectful and truthful manner. |
| 2C | Strong Wraparound Implementation Leadership | Supervisors and the wider organizational leadership plan for and support the high-quality implementation of Wraparound. They are seen as reliable thought leaders, and effectively address barriers and find solutions as they come up during Wraparound implementation. |

## IMPLEMENATION AREA 3: FACILITATIVE ORGANIZATIONAL SUPPORT

| Indicator | | Definition |
|---|---|---|
| 3A | Manageable Workloads | Care Coordinators have manageable caseloads (e.g., 8-12 families or less, depending on the complexity of their needs). Supervisors supervise 6 or fewer care coordinators and/or other individuals. There is adequate staffing for staff to successfully do their jobs. |
| 3B | Adequate Compensation and Resources | Care Coordinators and supervisors are adequately compensated (commensurate to their experience and comparable to local competition), and have the physical resources they need (office space, computers, etc.) to do their jobs. |
| 3C | High Morale and Positive Climate | Care Coordinators and supervisors are satisfied with their jobs and are not burnt out or over-stressed. There is a high degree of collective responsibility for program quality and improvement, cohesion among staff members, open communication, and a clear sense of mission and alignment with Wraparound. |
| 3D | Fiscally Sustainable | The Wraparound provider organization has a sustainable funding plan for the next 3-5 years. Data demonstrating costs and cost-effectiveness are available and disseminated. |
| 3E | Routine Oversight of Key Organizational Operations | "There are individuals responsible for each of the following at the Wraparound provider organization:<br>1) overseeing human resources (staff recruitment, selection, training, coaching, performance assessment, and retention),<br>2) collecting/compiling, analyzing, and communicating data related to Wraparound fidelity, youth and caregiver satisfaction and outcomes, and service costs,<br>3) overseeing Wraparound implementation and sustainability, and<br>4) advocating for necessary system-level change.<br><br>These people have relevant and appropriate experience and training to carry out their job responsibilities, and adequate time to fulfill them. |

# IMPLEMENATION AREA 4: UTILITY-FOCUSED ACCOUNTABILITY INDICATORS

| Indicator | | Definition |
|---|---|---|
| **4A** | Effective Data Management | The Wraparound provider organization uses a client information database that serves as the youth and family's primary record; all relevant team members, including those external to the organization, have access to relevant information. The system generates reports that are routinely used to facilitate and monitor effective team process, supervision, and program management. |
| **4B** | Purposeful Training & Coaching Evaluation | The Wraparound provider organization routinely evaluates trainings, and the information is used to improve training content and policies. In addition, coaching activities are routinely evaluated via a formal assessment of practice using a standardized data collection tool. There is a feedback mechanism to improve staff and coach performance based on the formal assessments. If the training and/or coaching and their evaluations/assessments are done by an external party, data is still reviewed by the Wraparound provider organization to inform decision making. |
| **4C** | Routine Fidelity Monitoring | The Wraparound provider organization routinely and reliably measures fidelity to the Wraparound model. This information is analyzed and shared with relevant stakeholders (staff, administrators, families, payers, etc.). Even if collected by an external party, fidelity data are clearly built into internal practice routines within the Wraparound provider organization, and there are strong feedback loops that are used to enact program improvements. |
| **4D** | Routine Outcomes Monitoring | Youth and family satisfaction and outcomes, as well as service costs and savings, are routinely and reliably measured by the Wraparound provider organization. This information is analyzed and shared with relevant stakeholders (staff, administrators, families, payers, etc.). Even if collected by an external party, outcome and cost data are clearly built into internal practice routines within the Wraparound provider organization, and there are strong feedback loops that are used to enact program improvements. |

# IMPLEMENATION AREA 5:
# HOSPITABLE SYSTEM CONDITIONS

| Indicator | | Definition |
|---|---|---|
| **5A** | Appropriate Wraparound Population | Youth eligible for and enrolled in Wraparound are at risk for out-of-home placement or are among those with the most complex needs in the community. For example: 75% of more of the youth engaged in Wraparound were transitioning home from or at imminent risk of an out-of-home placement at the time of referral; 90% of more of the youth engaged in Wraparound have two or more Axis 1 diagnoses, multi- system/agency involvement, multiple actionable items on an assessment such as the CANS, and/or three or more adverse life events or traumas. |
| **5B** | Empowered Community Leadership and Support | There is community leadership for the Wraparound initiative in the form of a formal collaborative structure that includes empowered leaders from child serving systems and community agencies. Relevant child serving agencies (e.g., mental health, child welfare, juvenile justice, schools, and courts) participate actively and "buy in" to the Wraparound initiative. |
| **5C** | Active Caregiver and Youth Leadership | Family and youth are influential members of decision-making entities within the Wraparound initiative and take active roles in Wraparound planning, oversight, and evaluation. |
| **5D** | Implementing a Single Plan of Care | Stakeholders within the Wraparound initiative recognize that a Wraparound plan of care structures and coordinates the work of all partner agencies and providers on behalf of a given youth and family. Staff from agencies in the community respect and work from a single Wraparound plan when working with Wraparound-enrolled youth and families. |
| **5E** | Collaborative Action | Stakeholders within the Wraparound initiative take specific steps to translate the Wraparound philosophy into concrete policies, practices, and achievements, such as statements of principles and mission, clear population of focus and eligibility requirements, a strategic plan, and Memoranda of Understanding (MOUs). Agency staff are informed of Wraparound principles and practice and participate actively and productively on teams. |
| **5F** | Sustainable Fiscal Policies | The Wraparound initiative has developed fiscal strategies to meet the needs of children participating in Wraparound and methods to collect and use data on expenditures for Wraparound-eligible children. Funds are available to pay for services and supports and to fully implement strategies needed to meet needs. |
| **5G** | Adequate and Appropriate Wraparound Access | Wraparound is adequately publicized, available, and accessible so that the youth and families who would benefit are able to participate if they wish. There is a single entry point or other convenient way for high-needs youth to be screened for and referred to Wraparound. The Wraparound initiative or provider organization has written Wraparound eligibility rules that focus on youth with the most complex needs who are at risk for out-of-community placement, regardless of type of system involvement. |
| **5H** | Robust Array of Supports and Services | Wraparound-enrolled youth and families have access to a full array of services and supports that Wraparound teams need to fully implement their plans and meet the youth's and families' needs, including, but not limited to, intensive in-home services, mentoring, respite, family and youth peer support, and mobile crisis response and stabilization. Evidence-based clinical treatments and therapies for major clinical needs are readily available. |
| **5I** | System Accountability | The Wraparound initiative has implemented mechanisms to monitor Wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall Wraparound initiative. |

# IMPLEMENTATION AREA 6: FIDELITY HIGH-QUALITY WRAPAROUND PRACTICE

| Indicator | | Definition |
|---|---|---|
| **F1** | Timely Engagement and Planning | Youth and families are engaged in Wraparound services within 10 days of a referral and develop their initial Wraparound plan within 30 days of being engaged. Then, teams meet regularly (at least every 30-45 days) to review and modify the plan of care as needed. |
| **F2** | Outcomes-based Process | Success of the Wraparound plan—including progress toward meeting needs, strategy implementation, and task completion—is measured objectively, reviewed routinely, and used to inform changes to the plan as needed. Needs statements are linked to measurable outcomes and data from standardized instruments are integrated into the planning process where possible. |
| **F3** | Effective Teamwork | Diverse teams consisting of formal and natural supports work together to develop, implement, and monitor individualized service plans that meet the unique needs of the youth and family. All team members take ownership over their assigned tasks and work together to meet the youth's and family's needs. |
| **F4** | Use of Natural/ Community Supports | Natural supports are integral team members. Involvement in Wraparound strengthens the support received by youth and families from natural and community supports. When possible, strategies in the plan are undertaken by natural supports within the youth's and family's community. |
| **F5** | Based on Needs | Services and supports are focused on addressing the high-priority underlying needs of the youth, as well as their family members. Needs statements refer to the underlying reasons why problematic situations or behaviors are occurring, not simply stated as deficits, problematic behaviors, or service needs. The Wraparound process continues until needs are sufficiently met. |
| **F6** | Driven by Strengths | Functional strengths of the youth, family, all team members, and the family's community are collectively reviewed and utilized when developing and choosing strategies. Identified strengths are functional in nature, and describe how the individual successfully copes with challenging situations. Team members avoid blaming and remain focused on solutions, rather than dwelling on negative events. |
| **F7** | Determined by Families | The youth's and family's culture, capabilities, interests, and skills are elicited, fully understood, and celebrated. They are viewed as critical to a successful Wraparound process and are the basis for decision making and creative problem solving. The youth's and family's perspective is prioritized in developing and modifying the mix of strategies and supports to assure the best fit with their preferences. |
| **F8** | Planned for Transitions and Follow-Up | Transitions are planned for in advance and celebrated with full youth and family participation. Transitions only happen when the youth and family have sufficiently met their needs, not due to an adverse event or an administrative requirement. In addition, the Wraparound provider organization follows up with youth and families 3- 6 months after transition to ensure improvements have been maintained and that the youth is stable and the family is adequately supported. |

# AREA 7: OUTCOMES: IMPROVED ADULT RECIPIENT / YOUTH AND FAMILY FUNCTIONING

| Indicator | | Definition |
|---|---|---|
| **O1** | Satisfied Youth and Families | Youth and families are satisfied with their Wraparound experience and their progress while engaged in the process. |
| **O2** | Improved School Functioning | Youth experience improved educational and vocational functioning as a result of their involvement in Wraparound. They have more consistent attendance and are performing at or above grade level and/or are developing needed vocational experience. |
| **O3** | Improved Functioning in the Community | Youth experience improved functioning in the community as a result of their involvement in Wraparound. Youth have not experienced or have reduced the frequency of ER visits and police contact, and they are participating in community activities. |
| **O4** | Improved Interpersonal Functioning | Youth experience improved interpersonal functioning as a result of their involvement in Wraparound. There is less stress and strain at home attributed to them and they are able to develop or maintain positive family relationships and friendships. |
| **O5** | Increased Caregiver Confidence | Families have access to effective, needed services. Caregivers feel increased confidence in their ability to manage future problems; they know how to find and access services and effectively address crises. |
| **O6** | Stable and Least Restrictive Living Environment | Youth are stably cared for in the community. Youth have not had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home) and/or have not moved between residential settings. |
| **O7** | Positive Exit from Wraparound | Youth and families exit Wraparound based on stabilization and adequate progress toward meeting needs, not due to an adverse event. |

## GLOSSARY

It takes an entire community to implement and sustain high-quality Wraparound. While there are myriad successful system structures and terms for participating entities, the standards have to have consistent and clear terminology to distinguish between different groups of community members and professionals. Therefore, the standards use following terms:

***Caregiver(s):*** The person(s) primarily responsible for supervising the youth and meeting their basic needs. Often, but not always is, a biological parent or relative. Typically, the caregiver(s) and youth live in the same residence.

***Community support:*** an organization within the youth's physical or cultural community that provides programming capable of increasing a youth or family member's social ties and/or improving their functioning. Examples include: parks and recreation programs, volunteer mentoring programs, religious services, affinity groups, etc.

***Care Coordinator:*** the professional primarily in charge of facilitating team meetings, coordinating the family's service plan, and generally moving the Wraparound process forward. Other local terms for this position may include a "facilitator" or "intensive case manager."

***Formal Services:*** Services provided by a professional paid to work directly with a youth or family member. Examples include: Wraparound, therapy or counseling, educational services, parent training, probation, medical treatment, etc.

***Natural support:*** an individual within a youth or family's social network that provides consistent and/or meaningful support above and beyond any formal organizational ties and without remuneration. Examples include: relatives, friends, neighbors, clergy, business owners, etc.

***Supervisor:*** the person directly responsible for supervising care coordinators.

***Wider organizational leadership:*** higher-level administrators within a Wraparound provider organization, such as a program or division director, an Executive Director or CEO, etc., who manage and oversee administrative details, such as human resources, strategic decision making, community outreach, etc.; the people that make up the hierarchy above the supervisor.

***Wraparound initiative:*** the collective momentum and activities undertaken by a wide variety of stakeholders to develop, strengthen, and oversee a System of Care and the implementation of the Wraparound model within their community. The work of this entity is often executed within a formal collaborative structure, sometimes called a "Community Team." An Initiative may have multiple Wraparound provider organizations. The Wraparound initiative is the focal point of the standards in the System Support Domain.

***Wraparound provider organization:*** the entity responsible for hiring and overseeing Wraparound care coordinators. A single organization is the focal point of the standards in the Implementation Domain.

***Youth and family:*** the constellation of people, *including* a youth and their caregiver(s), that present and engage in Wraparound. This could include siblings, extended family members, etc.

***Youth:*** person whose problematic behaviors warranted enrollment in Wraparound; may also be referred to as the child, adolescent, young adult, etc.

# Bibliography


Browne, D. T., Puente-Duran, S., Shlonsky, A., Thabane, L., & Verticchio, D. (2016). A Randomized Trial of Wraparound Facilitation Versus Usual Child Protection Services. *Research on Social Work Practice, 26*(2), 168-179. doi: 10.1177/1049731514549630

Bruns, E. J. (2015). Wraparound is worth doing well: An evidence-based statement. In E. J. Bruns & J. S. Walker (Eds.), *The Resource Guide to Wraparound*. Portland, OR: National Wraparound Initiative.

Bruns, E. J., Pullmann, M. D., Sather, A., Brinson, R. D., & Ramey, M. (2014). Effectiveness of Wraparound versus case management for children and adolescents: Results of a randomized study. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(3), 309-322.

Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. (2008). Is it Wraparound yet? Setting quality standards for implementation of the Wraparound process. *The Journal of Behavioral Health Services & Research, 35*(3), 240-252.

Bruns, E. J., Suter, J. C., & Leverentz-Brady, K. M. (2006). Relations between program and system variables and fidelity to the Wraparound process for children and families. *Psychiatric Services, 57*(11), 1586-1593.

Bruns, E. J., Suter, J. S., Force, M. D., & Burchard, J. D. (2005). Fidelity to the Wraparound process and its association with child and family outcomes. *Journal of Child and Family Studies, 14*, 521-534.

Effland, V. S., Walton, B. A., & McIntyre, J. S. (2011). Connecting the dots: Stages of implementation, Wraparound fidelity and youth outcomes. *Journal of Child and Family Studies, 20*(6), 736-746. doi: 10.1007/s10826-011-9541-5

Fixsen, D. L., Blase, K. A., Naoom, S. F., & Duda, M. (2015). *Implementation Drivers: Assessing Best Practices*. Frank Porter Graham Child Development Institute, University of North Carolina, Chapel Hill.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review, 5*(4), 233-253.

Glisson, C., & Hemmelgarn, A. L. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect, 22*(5), 401-421.

Glisson, C., & Schoenwald, S. (2005). The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments. *Mental Health Services Research, 7*(4), 243-259.

Rast, J., Peterson, C., Earnest, L., & Mears, S. L. (2003). *Service process as a determinant of treatment effect--the importance of fidelity*. Paper presented at the The 16th annual research conference proceedings, a system of care for children's mental health: Expanding the research base, Tampa, FL.

Snyder, E. H., Lawrence, C. N., & Dodge, K. A. (2012). The impact of system of care support in adherence to Wraparound principles in Child and Family Teams in child welfare in North Carolina. *Children and Youth Services Review, 34*(4), 639-647. doi: 10.1016/j.childyouth.2011.12.010

Walker, J. S., Koroloff, N., & Schutte, K. (2003). Implementing high-quality collaborative individualized service support planning: Necessary conditions. Portland, OR: Research and Training Center on Family Support and Children's Mental Health.

Walker, J. S., & Sanders, B. (2011). The Community Supports for Wraparound Inventory: An assessment of the implementation context for Wraparound. *Journal of Child and Family Studies, 20*(6), 747-757. doi: 10.1007/s10826-010-9432-1