INTENSIVE CARE COORDINATION USING HIGH-FIDELITY WRAPAROUND IN FLORIDA

WHITE PAPER

ABSTRACT

Through partnerships and collaboration across multiple counties and cities, Florida has the expertise and capacity to join the multiple states across the nation that have embraced full implementation of intensive care coordination using high-fidelity wraparound. Our workgroup, which began in 2011, is comprised of community stakeholders and system of care leaders from across the state of Florida dedicated to improving the lives of families, children, adolescents, and young adults that are experiencing complex behavioral and emotional issues. The Workgroup consists of providers, family members, youth, direct service practitioners, clinicians, educators, Wraparound trainers, and administrators who have extensive experience with the behavioral health service delivery system. The primary focus is gathering information on the value and efficacy of wraparound implementation through review of outcome data, implementation standards, and financial sustainability models both locally and nationally.

Our purposes are:

- to enhance the understanding of wraparound and peer support service models;
- to provide common language that can be used by locales in Florida to set the foundation for wraparound services to be accessible and obtainable by all those that are in need of the service;
- to increase the diversity and array of services in the Florida Medicaid Plan by the addition of wraparound and peer support services in the plan, thereby assuring long-term sustainability;
- to obtain broad-based use of wraparound and peer support as substitution codes in Florida by educating managed care organizations;
- to provide specific practice examples of outcome data and funding streams from Florida communities;
- To inform current financing strategies in Florida and provide recommendations for funding opportunities based on strategies used in other parts of the nation.

Collectively, we have compiled guidance and recommendations for establishing a statewide, fully funded and sustainable wraparound model as an addition to Florida's service delivery continuum for children, adolescents and young adults with a serious emotional disturbance and their families. Additional attachments and web-links are referenced throughout the document as an enhancement for research and learning.

INTRODUCTION AND BACKGROUND (SYSTEM OF CARE AND WRAPAROUND)

Based on a Surgeon General's report in 2000, mental health among children and youth in the United States has been characterized as a ***public health crisis***. It is estimated that 20 percent of children and adolescents have a diagnosable mental, emotional, or behavioral disorder, which costs the public $247 billion annually. Unfortunately, 75 to 80 percent of children and youth in need of mental health services do not receive them (Katakoka, Zhang, & Wells, 2002).

In February 2001, President George W. Bush created the New Freedom Commission on Mental Health. It established a subcommittee for children and families charged with developing a vision for children's mental health in which "our communities, states, and nation provide access to comprehensive, home and community-based, family-centered services and supports for children with mental health disorders and their families, while at the same time creating conditions that promote positive mental health and emotional well-being and prevent the onset of emotional problems in all children". **HTTP://GOVINFO.LIBRARY.UNT.EDU/MENTALHEALTHCOMMISSION/REPORTS/REPORTS.HTM**

The Commission report was a call to action and was fully aligned with the Comprehensive Community Mental Health Services for Children and Their Families Program (Children's Mental Health Initiative or CMHI), which provides federal funding through Cooperative Agreements from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create a System of Care (SOC) for children and adolescents with a serious emotional disturbance and their families. Since 1993, several hundred Cooperative Agreements have been awarded across States and territories, local communities, and American Indian and Alaska Native communities. Included in these awards are the various cities and counties within the state of Florida that are current grantees or have completed projects: Counties of Hillsborough, Palm Beach, Broward, Sarasota, Orange, Miami-Dade, Seminole, and the City of Jacksonville. The State of Florida became a grantee in 2011 to further expand system of care principles in the Counties of Leon, Gadsden, Bay, Washington, Pinellas, Pasco, Volusia, Putnam, Flagler, and St. John's, and the Glades Communities (Cities of: Belle Glade, Pahokee, South Bay, and Canal Point). Additionally, several sites obtained an expansion grant which began in October 2015 to add populations of children, youth and young adults into the SOC continuum: Seminole, Orange, Miami-Dade, Sarasota, and the City of Jacksonville. Lastly, SAMHSA recently awarded Florida a five year Healthy Transitions grant authorized by the Obama administration to serve 16 to 25 year olds with serious emotional/behavioral disturbances. This authorization was in response to the Sandy Hook tragedy and targets those individuals with serious mental health issues that have the potential to cause harm. Hillsborough and Pinellas Counties are the primary pilot areas for the Healthy Transition project.

A requirement of each Cooperative Agreement is to not only build an infrastructure to support system of care, but to provide community based interventions at the individual level utilizing the SOC values of family driven, youth guided, community based, and culturally and linguistically competent (Stroul, Blau, & Friedman, 2012). The most notable of these service delivery models that fully aligns with system of care is "wraparound". For SOC sites across the nation, including Florida, wraparound is the most frequently used intervention.

Wraparound emerged in response to the unique characteristics and needs of children, adolescents and young adults with significant mental health conditions and their families. Typically, they also have

extensive multi-system involvement and are in need of intervention at the family level. The most notable wraparound program began in Milwaukee, Wisconsin. The project Wraparound Milwaukee showed impressive success rates and costs savings that led to the Innovations in American Government Award from Harvard University in 2009.

Wraparound is built on key system of care values**:** family-driven, youth-guided, culturally and linguistically competent, team-based, collaborative, individualized, and outcome-based. The intervention adheres to specified phases of engagement, individualized care planning, identifying strengths, leveraging natural supports, and monitoring progress. Further, Wraparound focuses on building self-efficacy by using a team approach. Preparation for this wraparound process requires an in-depth assessment of the strengths and needs of the family with a strong emphasis on understanding the family's culture as well as how their values and beliefs will impact services. The team works together to develop an integrated plan across child and young adult serving systems. There is continued attention to adapting the plan to the changing needs of the family as well as a significant amount of time spent on crisis and safety planning. Wraparound is an intensive service designed to equip the family with the supports they need and decrease their reliance on traditional services. This is accomplished by effective transition planning that begins on the first day of wraparound enrollment. Implementation of wraparound in a community with strict adherence (high-fidelity) to the model results in better outcomes for children, adolescents and families and provides a significant cost savings to a community. (See Attachment A – Definitions)

An explanation of the requirements for effective implementation of Wraparound, often referred to as intensive care coordination (ICC) is provided below, with a focus on the factors needed for successful implementation (training, roles, functions and core competencies of wraparound staff, eligibility criteria, efficacy, financing and sustainability).

TRAINING

Wraparound began as a grass roots initiative in the 1970's and continued to grow and became more widely used in the 1990s. After 2003, a formal partnership between three research institutions began that is known as the National Wraparound Initiative (NWI) (**HTTP://NWI.PDX.EDU/)**. The initiative has assisted states and communities in standardizing training and resources and serves as a foundation for technical assistance, recommendations for trainers, utilization of materials and assessment of wraparound fidelity. It is also important to note that prior to NWI, wraparound training and coaching was provided by other consultants, some of whom have incorporated the needed vigorous standards for training and implementation. One of the most notable and successful is VroonVDB LLC (**HTTP://WWW.VROONVDB.COM/**).

Wraparound is a complex process, and high-fidelity wraparound implementation requires strict-adherence to the principles and values of the model. **Training for a new community from experienced and knowledgeable trainers who have had direct experience in implementation is a standard that cannot be substituted.** Many skill sets are required; therefore, implementation requires substantial training as well as ongoing coaching and supervision for success. (See Attachment B –Required Training Components).

Wraparound implementation has occurred in multiple areas of Florida using standard phases and activities. At present, each locality represented in this discussion has advanced to the point of being able to sustain wraparound training at the local level. In addition, the advanced sites (Hillsborough, Broward and Brevard, who have 10 plus years of experience) have provided training and consultation to new areas of the state. For example, Hillsborough and Brevard offered wraparound training and certification as a best practice though the statewide SOC implementation expansion grant. As other sites become advanced (have over 5 years of experience) the pool of assets and resources within the state continues to grow.

WRAPAROUND STAFF ROLES

Wraparound is an intensive care coordination and management process focused on building a team comprised of formal (professionals) and informal (natural) supports. Formal supports include representatives from every child system that is involved with the child, adolescent and young adult such as child welfare case manager, probation officer and school teacher. Informal supports are those people that are not paid to be in the families' life and can include whomever the family desires, such as extended family, neighbors, friends, coaches, teachers, pastors, etc. Recruiting and establishing a team of formal and informal supports that becomes cohesive and motivated to work together on a vision, mission, and comprehensive plan that incorporates information from all system partners and is driven by the needs and strengths of the family is not a simple task. Strict adherence to fidelity of the model requires utilization of staff with attributes conducive to engaging others in this singular pursuit and requires diligence on the part of the agency providing the service.

There are three primary types of staff in wraparound, each with specific roles and tasks to complete in each phase. These include:

- Wraparound Facilitator, whose primary role is to facilitate/implement the wraparound process and ensure that system of care values and guiding principles are evidenced in service delivery to children, adolescents, young adults and their families.
- Peer Specialist/Support worker, whose primary role is to be an advocate and support for the family and ensure that the "voice" of the family is leading care planning and implementation. Their goal is to instill hope and recovery through the sharing of their lived experiences.
- Wraparound Coach/Supervisor, whose primary role is to train and support all staff providing wraparound services and ensure fidelity to the model. High-fidelity wraparound requires appropriate supervision, coaching, mentoring and administrative support, as does any other evidenced based practice, and specific roles for coaches and supervisors are provided.

(See Attachment C – Wraparound Staff Qualifications and Roles)

It should be noted that Florida, through the Florida Certification Board, has credentialing for peer specialists identified as Certified Recovery Peer Specialists (CRPS). These individuals "utilize their unique lived experience to ensure client directed care by assisting individuals to build the specific skills and relationships needed to achieve and maintain recovery from substance use and/or mental health conditions." The Board has certifications for those with lived experience as an Adult, Family Member or

a Veteran. Peer support has been widely recognized as a vital tool in helping others achieve and maintain recovery.

HTTP://FLCERTIFICATIONBOARD.ORG/CERTIFICATION/AVAILABLE-CERTIFICATIONS/

ELIGIBILITY CRITERIA

Recommended guidelines for eligibility criteria for enrollment in Medicaid funded wraparound code are as follows.

- A person under the age of 21 (can be expanded to older populations as with the Healthy Transitions grant focused on serving ages 16-25).
- Diagnosed as having a mental, emotional or behavioral disorder that meets criteria specified in the most recent version of the Diagnostic Statistical Manual (DSM) of Mental Disorders of the American Psychiatric Association.
- Exhibiting behaviors that substantially interfere with or limit their ability to function in the family, school or community; these behaviors must not be considered a temporary response to a stressful situation.
- Involved with or at-risk of involvement in multiple systems (e.g. child welfare, justice, school, behavioral health) requiring ***intensive care coordination efforts.***
- Returning from (or at risk of) out-of-home mental health treatment or placement.
- Absence of duplicate care management services from another provider.

Group characteristics of populations with high intensity needs requiring the support and flexibility of wraparound to succeed might include:

- ✓ Children and youth with significant emotional and behavioral challenges that families do not understand how to cope with
- ✓ Families with complex and chronic challenges as evidenced by removal of a child (wraparound is effective for reunification and demonstrates reasonable efforts to the dependency system)
- ✓ Youth without supportive permanent living environments and significant emotional or behavioral challenges (to find the placement and make a successful transition)

EFFICACY

Requirements of the Cooperative Agreement for SOC sites include participation in a longitudinal study, which lasts a period of two years and captures the outcomes for enrollees (children and families) served by individual sites as well as a combination of the sites at the federal level. Results from the national evaluation reports consistently show cost savings due to: decreased use of inpatient psychiatric and residential treatment, decreased use of juvenile correction and other out-of-home placements, and decreased use of physical health services and emergency rooms. Additionally, wraparound offers a

promising approach supported by an emerging evidence base with numerous examples of monetary savings across the nation. For example, Wraparound Milwaukee reduced total child population use of psychiatric hospitalization from an average of 5,000 to less than 200 days annually and reduced its average daily residential treatment facility population from 375 to 50 youth.

Each grantee site, both current and former has a wealth of data from their individual projects that can be accessed by request from contributing members via email at addresses listed below. It is important to note that each site has a distinct population that has been served; therefore, listing all of the data points in this particular format is not effective or feasible. Some examples of significant results are listed below:

Brevard County – Reduction in formal child welfare system census of 50% over a five year period of time. Additionally, a relative risk regression study published in the *Families in Society at the Alliance for Strong Families* found that, of the children whose families completed the program, 94% experienced no incidents of verified maltreatment. For families that did not participate in the program, only 30% had no incidents of verified maltreatment.

HTTP://DX.DOI.ORG/10.1606/1044-3894.2015.96.18

Broward County –Consistent reduction in youth in out of home residential placement .The County went from having over 400 youth in residential placements in 2002 to having 137 in 2006, to less than 100 youth consistently from 2006 to 2015. Currently, there are less than 94 youth in out of home restrictive placements. Additionally, 91% of youth are residing in the community 90 and 180 days post-graduation, 84% improved attendance and /or school behavior, and 89 % reduced delinquent behavior (no additional arrests from intake to 6 months and 90 days post-graduation).

Hillsborough County – Success4Kids&Families consistently met the DCF Substance Abuse and Mental Health outcomes for attending school and improved functioning with a truancy population while maintaining Wraparound fidelity using the Wraparound Fidelity Index-EZ (WFI-EZ) in fiscal years 2013/14 and 2014/15.

Miami-Dade - FACES inpatient psychiatric and residential utilization rates dropped from 17% to 3%. The data demonstrate that after a 12-month period, a total of 54 youth were diverted from residential placement, saving the county $1.5 million.

Jacksonville - 82% reduction in Baker Acts from April 2013 to December 2015.

Orange County – Reduction in arrest rates from 67% to 11% for a sample of 220 children enrolled in the longitudinal study as well as significant improvements in school attendance and performance and reduction in behavioral health symptoms.

SUSTAINMENT - FIDELITY STANDARDS

As with other research based practices, there are many factors to consider in the provision of high-fidelity wraparound. A few of the key standards are listed below:

- The maximum caseload for a wraparound facilitator is 6-15 families depending on the population, the degree of acuity on caseloads, etc. Across Florida there is general agreement that the average caseload size is 10.
- The typical time spent with each family per month is 10-15 hours. However, time is varied based on acuity of the needs of the family, the stage of the process, and other variables related to system involvement or cultural and linguistic needs.
- Staff must receive approved Wraparound training within 3 months of hire. Coaching follows training to assist staff with meeting the minimum fidelity standards.
- Coaching is provided to each wraparound facilitator on an on-going basis to meet proficiency in the required wraparound skill sets.
- Wraparound staff must show proficiency in the model and fidelity to the wraparound process must be assessed at regular intervals through the use of standardized tools such as the Wraparound Fidelity Index.

(HTTP://WWW.NWI.PDX.EDU/NWI-BOOK/CHAPTERS/BRUNS-5E.1-(MEASURING-FIDELITY).PDF).

In wraparound, individual staff are certified, not overall programs. Each staff person is accountable for maintaining the fidelity of the process by learning to do their role effectively. Agencies who believe in high fidelity wraparound use these individual certifications to build a locally self-sustaining system. As stated in Vroon Vandenberg: A system of care, once created with certified Wraparound Facilitator Coaches, Family Support Partner Coaches, and Supervisors, can sustain itself indefinitely, needing only to hire someone to certify new Coaches and Supervisors. The coaches and the supervisors can work together to hire and certify new Wraparound Facilitators and Family Support Partners. These staff can in turn become the next generation of coaches and supervisors. However, programs that want to improve and change with the times and circumstances need another level of certified professional: the Wraparound Fidelity Manager. Wraparound Fidelity Managers (such as the ones contributing to this paper) are experienced wraparound professionals and mentors who serve as catalysts for change within an agency. They design quality assurance and evaluation strategies, and encourage the learning community to grow and evolve with experience and new research. Wraparound Fidelity Managers help agencies stay on the cutting edge of wraparound, providing the best outcomes for children and families. Wraparound Fidelity Managers can also certify new Coaches and Supervisors, **creating a truly self-sustaining system.**

In Florida there are currently several different, yet successful trainers/fidelity managers in the wraparound process. In order to support the individuality of Florida as a diverse state we support the various training models assuming that they meet the minimum basic standard required through NWI. The next step required to support this open market model is an official approval of the training curriculum so that new communities know where they can receive their training and coaching. This step requires further discussion but is central to the continued success of wraparound implementation statewide.

RETURN ON INVESTMENT

The return on investment in systems of care is well documented, with the most recent and comprehensive look at monetary savings published in April 2014.

HTTP://GUCCHDTACENTER.GEORGETOWN.EDU/PUBLICATIONS/RETURN_ONINVESTMENT_INSOCSREPORT6-15-14.PDF.

An excerpt from page 4 indicates, "Although the population of children with the most serious and complex mental health conditions is relatively small, costs for these children are disproportionate to the costs of serving all children with mental health conditions. This finding has been attributed to their high utilization of expensive and restrictive treatment in psychiatric inpatient and residential treatment setting, costs that are borne largely by the public sector. For example, an analysis of Medicaid expenditures for over 29 million children found that Medicaid costs for physical and behavioral health services were 5 times higher for children using behavioral health services than for Medicaid children in general. These costs were an average of $8,250 per child per year, compared with $1,729 per child per year."

FINANCING: NATIONAL MODELS

There are multiple models for financing of wraparound service delivery as well as SOCs as a whole. Specifically for wraparound/intensive care coordination, a Case Rate Scan for Care Management Entities was completed by the Center for Health Care Strategies (CHCS) through its role as the coordinating entity for a five-year Quality Demonstration Grant Project funded by the Centers for Medicare and Medicaid Services.

(**HTTP://WWW.CHCS.ORG/MEDIA/CASE_RATE_SCAN_FOR_CMES.PDF**).

Examples from eight different states are provided as a foundation for those seeking to explore a care management model and to learn ways to structure case rates within this model. Links for informative webinars also are included.

An updated brief from July 2014 by CHCS titled *Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles* provides an overview of wraparound/intensive care amongst states and counties as well as providing a comparison of traditional care coordination approaches to intensive care coordination approaches. Case rate structures are also provided.

HTTP://WWW.CHCS.ORG/MEDIA/ICC-WRAPAROUND-STATE-AND-COMMUNITY-PROFILES1.PDF.

FINANCING: FLORIDA MODELS

Currently, there are multiple funding models being utilized across the state to fund or purchase and support high fidelity wraparound and peer support services. Grantee sites are utilizing a blend of different funding mechanisms as well as federal dollars supplied by the Cooperative Agreement; however, federal dollars for SOC are not listed below as they are time-limited. Federal dollars that are supplied through other grant sources are listed as a potential area for leveraging resources.

Funding Mechanisms for Wraparound/Intensive Care Coordination currently in use:

- Brevard County

    - use of a Title IV-E Wavier – Implemented aggressive front-end prevention model using High Fidelity Wraparound; creating a new level of care within the System of Care Continuum.
- Hillsborough
    - Children's Board of Hillsborough County (CBHC) funding for BRIDGES Initiative for High Quality Wraparound in a place based initiative. $ 350,000.00 annually. Full funding for System Navigation and flexible funding to provide services to meet individual family needs. Met fidelity standards for the last two years using the WFI-EZ.
    - Healthy Transitions: SAMHSA funding to Florida utilizing Wraparound for the most complex 16 to 25 year olds in pilot areas of Hillsborough and Pinellas counties. $999,850.00 annually. Utilize SOC and Wraparound practice to bridge the gap between minors and young adult service delivery. Pilot that is charged with dissemination to the rest of the state in the next 5 years.
    - Successful Students S4KF: Central Florida Behavioral Health Network (CFBHN) funding for a truancy population in Hillsborough County. Utilizes CFBHN funding categories and partners with CBHC's Administrative Services Organization (ASO) for use of an extensive provider network for services to meet family's needs. $163,900.00 fiscal year 2014/15. Consistently met DCF Substance Abuse and Mental Health outcomes for attending school and improved functioning while maintaining fidelity on the WFI-EZ during fiscal year 2014/15.
- Orange County
    - Orange County Government is contributing $1 million per year (indefinitely) to support wraparound teams and provide services to youth ages 0-12.
    - Orange County has funding from the state through the Criminal Justice Reinvestment Grant that supports 3 wraparound teams for youth ages 13 and 14 at risk of entering the juvenile justice system.
    - Orange County Mayor Teresa Jacobs created a Youth Mental Health Commission tasked with creating an effective and efficient children's mental health delivery system with a focus on diversification and reallocation of funding to meet the needs of the community.
- Miami-Dade
    - 3 FACES Supervisors are certified in Wraparound and grant funding is being leveraged to certify coaches in the community.
    - South Florida Behavioral Health Network (SFBHN) provides funding from general revenue to support the Federation of Families organization.
    - The Children's Trust, the local taxing authority for children's services, has leveraged millions of tax dollars to increase the capacity for evidence-based care management models such as wraparound. The Children's Trust is relying on continued collaboration and matching funds from local public and private community-based agencies to support this capacity building.
    - Implementing wraparound in a managed care environment is a challenge. Each managed care organization has a unique set of policies and procedures and its own service array that pose potential barriers to continuity and reimbursement.

CONCLUSION

There is a growing consensus that a wraparound approach is more cost-effective by preventing the need for acute and costly services (Eber, Osuch & Redditt, 1996.) The family and community must be key components of a truly integrated system of care, organized so that families are empowered to manage the complete program of care over the long term, not just to meet the crises that occur (Cole & Poe, 1993).

Wraparound is increasingly being used to accomplish family-driven culturally competent, integrated services (VanDenBerg & Grealish, 1996) within the context of a system of care (Stroul & Friedman, 1994). The process is based on time-tested common sense principles, such as people with complex needs have better lives if services and supports address multiple life areas and these services are developed in a partnership with families (Rosen, Heckman, Carro & Burchart, 1994). (Tighe & Brooks, 1995) showed that the process was fiscally sound when used to serve people with complex needs in less restrictive environments.

Wraparound is most successful in communities that have embedded system of care values on three different levels; systems (child serving systems within a community), organizational (provider agencies) and individual (staff providing services) with each level utilizing actionable steps in their plans to adopt these values in every facet of service delivery. Child-serving ***System*** leadership supports the cause, making necessary contractual changes and allocating resources to implement initiatives such as use of blended or braided funding models, providing leadership development for youth and families or enhancing interpretation and translation services across the community. ***Organizations*** review their policies and procedures and methods of service delivery practice ensuring they are in alignment with the values. This may include adapting documentation requirements, providing training and coaching, recruiting feedback from families and youth and overall supporting of wraparound facilitators and other staff in creating successful team-based processes. At the ***Individual*** level, staff are recruited, hired, coached and assessed based on their ability to implement SOC and wraparound values in their daily work. Ideally, a new community would assess their readiness for system of care and wraparound implementation and determine their communities' needs. The next step is to then build strategic plans with strategies to successfully implement and sustain wraparound service delivery. Additional information on readiness preparation for both SOC and wraparound can be found at http://www.fredla.org/system-of-care-resources/.

The following recommendations are provided to assist leaders in Florida in achieving a children's mental health system that follows SOC principles and values and advances broad based use of high-fidelity wraparound and peers support services to meet the needs of the individual communities while providing the best possible outcomes for families.

RECOMMENDATIONS FOR THE STATE/DEPARTMENT OF CHILDREN AND FAMILIES (DCF):

- Continue to work on expanding the use of wraparound and peer support as a substitution code through outreach and education with Managed Care Organizations and Managing Entities.
- Add to the list of substitution codes a mechanism for provider/clinician reimbursement for participation in child and family team meetings. Wraparound is a team process and will only be

effective if all systems involved have representation at Wraparound Team Meetings that occur on a monthly basis.

- The DCF Substance Abuse and Mental Health Program office, in collaboration with the Agency for Healthcare Administration (AHCA), should identify a mechanism to approve a Wraparound curriculum that can be utilized across the state of Florida (Managing Entities and Florida Alcohol and Drug Abuse Association (FADA) are an option). Additionally, ensure staff providing Wraparound have completed a state approved System of Care and Wraparound Training before providing services to the child/youth and family. Coaching **must** follow training and certification.
- Ensure agencies providing wraparound maintain the fidelity of the model with appropriate training, coaching and utilization of a fidelity monitoring tool to track data, analyze the data, and use the data to make informed staff training and programmatic decisions.
- Create a Website for Wraparound across the state of Florida that provides access to the approved curriculum and other materials, training events, coaching and support, and the latest research and provides information on coaches and trainers available in the state.
- Create a webinar for new communities to understand Florida's commitment to both System of Care and Wraparound.
- Offer "What is Wraparound "training for the Managing Entities to ensure the equivalent high fidelity Wraparound process is available for non-Medicaid youth through their case management providers.
- Provide ongoing "What is Wraparound" education for system partners on wraparound teams (i.e. child welfare/dependency case managers, child protection investigators, DJJ, judges, clinicians, mobile crisis teams).
- Develop a statewide toolkit available to communities planning to implement wraparound as well as to support communities that have already implemented wraparound. This toolkit should include sample forms, assessments, training materials and research to support the wraparound process.
- Increase the diversity and array of services in the Florida Medicaid plan - establish wraparound and peer support as codes as well as other necessary optional services, such as mobile crisis services.
- Engage the Florida Department of Juvenile Justice and the Community Based Care Agencies in discussions about the use of wraparound with their specific populations. Encourage the reallocation of dollars for programs with poor outcomes to programs such as wraparound that show evidence of success.

RECOMMENDATIONS FOR MANAGED CARE ORGANIZATIONS:

- Request the use of substitution codes to increase the diversity of the service array.
- Work with the Department of Children and Families as well as the Managing Entities to join the movement in your region and expand system of care principles through adding contract language, leveraging training opportunities across child serving organizations and working with system partners.
- Prioritize funding to support the implementation of evidence based practices such as high fidelity wraparound.

RECOMMENDATIONS FOR COMMUNITY-BASED CARE LEAD AGENCIES:

- Refer child welfare involved youth with complex needs to a "Targeted Case Management" Agency that utilizes High Fidelity Wraparound Facilitators.
- Require Child Dependency Case Managers/Supervisors to participate in "What is Wraparound" overviews and to learn about their role on Wraparound teams and what to expect from the Wraparound Process.
- Track crossover youth (child welfare and juvenile justice) with a mental health/substance abuse disorder. Ensure these youth are prioritized in your community to receive Wraparound.

RECOMMENDATIONS FOR THE FLORIDA DEPARTMENT OF JUVENILE JUSTICE:

- Refer juvenile justice involved youth with complex needs to a "Targeted Case Management" Agency that utilizes High Fidelity Wraparound Facilitators.
- Require Juvenile Probation Officers/Supervisors to participate in "What is Wraparound" overviews and to learn about their role on Wraparound teams and what to expect from the Wraparound Process.
- Track crossover youth (child welfare and juvenile justice) with a mental health/substance abuse disorder. Ensure these youth are prioritized in your community to receive Wraparound.

  ****In wraparound, Child and Family Teams gather around a youth and family and ask "What does this youth/family need to have better lives?" The team, including the Dependency Case Manager/Juvenile Probation Officer, may meet weekly in the beginning and at least every thirty (30) days to discuss the status of the youth/family and progress towards their treatment goals. Hence, the dependency case management case plan goals and/or probation goals will be included in the Wraparound Plan.*

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ATTACHMENT A – DEFINITIONS

System of care - a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses the cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life. Additionally, system of care is defined by core values with a focus on care that is delivered in a family-driven, youth-guided and culturally and linguistically competent manner. http://gucchdgeorgetown.net/data/documents/SOC_Brief2010.pdf

Family Driven – Family-driven means that families have a primary decision making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. This includes: choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and well being of children and youth.

Youth-Guided– Young people have the right to be empowered, educated and given a decision- making role in their own care, as well as the policies and procedures governing care for all youth. This includes giving young people a voice while keeping the focus on creating a safe environment that enables a young person to gain self-sustainability in accordance with their culture and beliefs.

Wraparound - an intensive, individualized care (coordination) planning and management process which aims to achieve positive outcomes providing a structured, creative and individualized team planning process that , compared to traditional treatment planning, results in plans that are more effective and relevant to the child and family. http://nwi.pdx.edu/wraparound-basics/#whatiswraparound.

Wraparound Facilitator- A Case Manager/Care Coordinator (who ensures that each youth and his/her family have someone to help them access mental health, educational, social services and community resources. The Care Coordinator acts as the resource coordinator for the youth and family and brings together the agencies and family supports needed to develop the plan of care. They ensure that the plan addresses the needs identified by the Child & Family Team and that the team follows the plan. (Plans included DJJ and child welfare goals when those systems are involved.)

Child & Family Team (CFT) - The team of individuals identified by the youth and family who will work with them during their enrollment in the Wraparound program. This includes individuals the family will identify along with others such as the, Child Welfare Worker or Probation Officer, Teachers, Therapists and other Mental Health Providers. The team should be composed of informal and formal members and people who will continue to support the family after disenrollment from the Wraparound program. The Child & Family Team should meet as frequently as needed, but no less than once per month.

Child & Family Team Meeting - A meeting of some or all of the identified members including formal and informal supports on the Child & Family Team.

Formal Supports – System representatives that are formally involved with a family in times of need. Examples include therapists, child welfare worker, probation officers, teachers or other school personnel.

Informal Supports - Community relationships that are formed to support the family. Examples include spiritual leaders, next-door neighbor, AA sponsors or support group leader

ATTACHMENT B – REQUIRED TRAINING COMPONENTS

TRAINING – OVERVIEW OF CONTENT AND COMPETENCIES

The Wraparound Workgroup was formed in order to establish a framework and a set of core competencies for consistent, best practice, wraparound practice in Florida. It is not meant to be a specific set of training modules. This framework would be a guide to stakeholders and direct service providers, funders, and family and youth. The best practice competencies and content for wraparound training is an overview of what is provided in all of the sites represented by this workgroup and is aligned with the Resource Guide for Wraparound Training from NWI. http://nwi.pdx.edu/NWI-book/

REQUIRED TRAINING COMPONENTS

System of Care – Provides the foundation for trainees to understand the fundamentals of system of care, including:

- National and state perspective SAMHSA, SOC/ Wraparound movement
- System of Care (SOC) values and principles
- Family, Youth, and Young Adult Driven Care
    a. Definition, Guiding Principles, and Key Concepts
    b. Family Centered practice
    c. Youth movement in the US
    d. Engagement
    e. Strength-based vs deficit-based language
- Cultural and Linguistic Competence (CLC)
    a. Essential elements of CLC from family to system level
    b. Cultural Discovery with family and youth
    c. Awareness, sensitivity, and responsiveness
    d. CLC and informal supports
    e. Wraparound Facilitator responsibility with CLC

Wraparound - Provides Overview of wraparound model:

- Wraparound definition, history, and principles
- Importance of model fidelity, and paradigm shift from traditional model
- Concept of teams at family, organizational, and system level
- Outcomes and benefits, (evidence base)
- Qualities and roles of Wraparound Facilitator, Family Partners and team members
- Formal and informal supports
- Strengths Based Assessment and Planning in Wraparound
    a. Strength based process and discovery with families and youth
    b. Hope
    c. Descriptive and functional strengths

    d. Identification of resources, formal and informal
- Ecograms in Wraparound
    a. Identifying team members and resources using Ecograms
- Needs Discovery in the Wraparound Process
    a. Identification of family and youth needs, not service options
    b. Prioritizing needs
    c. Needs-based planning language and strategies
- Setting well-formed goals
    a. Goals; specific, measurable, tangible
    b. Matching strengths and needs to family and team goals

Wraparound – Review of the four phases of wraparound in detail along with common language

- Phase 1 - Engagement and Team Preparation
    - Orient/Engage the Child and Family
    - Stabilize Crises/Safety and Crisis Planning
    - Strength- Based Assessment/Strengths, Needs and Cultural Discovery
    - Engagement of Team Members
- Phase 2 – Initial Plan Development
    - Develop an Initial Plan of Care
    - Crisis Safety Planning
        - General safety planning
        - Strategies; Predict, Prevent, Plan
        - Creating a Culturally Competent plan based on Family and youth strengths and specific needs
        - Documentation
- Phase 3 – Implementation
    - Care Plan Implementation
    - Revisit/Track and update the Plan
- Phase 4 – Transition
    - Transition plan for cessation of formal wraparound

Other topics identified as important and beneficial to enhance learning and improve wraparound implementation from various sites include incorporation of the following:

- Trauma Informed Care – as a philosophical framework for care.
- Child and Adolescent Needs and Strengths (CANS) Assessment – to prioritize the needs of the child/youth and family, set measureable goals, and obtain relevant outcome data.
- Motivational Interviewing – to enhance the staff's ability to engage children/youth and families and encourage change.

To use the Medicaid Wraparound code it is recommended that:

- All agencies must demonstrate that they meet the minimum standards for Targeted Case Management according to the Medicaid handbook.

Staff must complete System of Care and Wraparound training prior to providing wraparound service delivery. Training must include a plan for coaching and adherence to the minimum certification standards.

ATTACHMENT C – WRAPAROUND STAFF QUALIFICATIONS AND ROLES

***While roles remain the same, it should be noted that different areas of the state and nation utilize differing names for particular positions as noted in parenthesis where applicable.*

WRAPAROUND FACILITATOR (SPECIALIST, CARE COORDINATOR, INTENSIVE CARE COORDINATOR, CASE MANAGER)

- **Role -** The primary role is to implement the wraparound process and ensure that system of care values and guiding principles are evidenced in service delivery to families with complex needs in an individualized manner while still meeting national evidence based practice standards. The wraparound facilitator assists the family in identifying both strengths and needs and then teaches the family to meet their needs through the utilization of their existing strengths. Prior to transition from services, the facilitator supports the family in the utilization of skills to develop their own plans, access their own resources and develop their own natural support network.

- **Qualifications** - Bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development) and have a minimum of one year of full time or equivalent experience working with children with serious emotional disturbances; OR

  Have a bachelor's degree from an accredited university or college and three years full time or equivalent experience working with children with serious emotional disturbances.

Note: The facilitator roles and functions has some similarities to those of a targeted case manager (TCM), however adherence to high-fidelity wraparound requires additional trainings, ongoing coaching, fidelity measurements, monthly family team meetings for care planning (treatment plans), access to discretionary funds for food items/small tokens/rewards and additional supervisory support beyond those of a TCM and not currently supported by allowable expenses under Florida Medicaid or Private Insurance.

FAMILY PARTNERS (PEER SUPPORT SPECIALISTS)

- **Role –** As a formal member of the wraparound team, the primary role is to serve the family, help them engage and actively participate on the team and make informed decisions that drive the process. Additionally, the Family Partner can be a mediator, facilitator, or bridge between families and agencies. Family Partners have a strong connection to the community and are very knowledgeable about resources, services, and supports for families. Their personal experience raising a child with emotional, behavioral or mental health needs is critical to earning the respect of families and establishing a trusting relationship that is valued by the family.

- **Qualifications** – A Family Partner must be: a Certified Recovery Peer Specialist – Family (CRPS-F) certified by the Florida Certification Board; OR
  Has had "lived experience" as a primary caregiver to another individual who has or is in recovery from a substance use or mental health condition and will complete the (CRPS-F) certification within two years of employment.

Certified Recovery Peer Specialists (CRPS) utilize their unique lived experience to ensure client directed care by assisting individuals to build the specific skills and relationships needed to achieve and maintain recovery from substance use and/or mental health conditions. (See Attachment D – Peer Certification). Currently in Florida, the Florida Certification Board has certifications for those with lived experience as an Adult, Family Member, or a Veteran. At this point there is not a Youth Peer certification but stakeholders are working to establish this credential. Peer support has been widely recognized as a vital tool in helping others achieve and maintain recovery. Peers are able to instill hope and recovery through the sharing of their lived experiences. Data from the NWI strongly recommends utilizing peer supports and or family partners in the Wraparound Process. These services are now billable under Florida's Medicaid Regulations as substitution codes.

High-fidelity wraparound also requires appropriate supervision, coaching, mentoring and administrative support, as does any other evidenced based practice, and specific roles for coaches /supervisor are provided.

WRAPAROUND COACH/SUPERVISOR (CS)

- **Role -** The wraparound CS is responsible for supporting the facilitator in the learning process, educating the facilitator on every phase of the process and providing support and feedback to ensure that the facilitator is implementing the phase with high-fidelity. This process occurs through a series of documentation reviews, role-play activities and on-site observations in the family home. The coach engages each facilitator individually and gives them ongoing feedback about their practice. Additionally, wraparound requires that data is collected to ensure that the process is outcome-driven. This attention to both process and outcome ensures fidelity to the model.
- **Qualifications -** A Wraparound Coach/Supervisor must meet the following certification requirements: A Master's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field and three years of full time or equivalent professional experience serving the target population; OR
  A Bachelor's degree from an accredited university or college and five years of full time or equivalent experience serving the target population, and at least three years' experience with care coordination (Targeted Case Management, Wraparound, Social Work, etc.) AND each supervisor/coach must complete the approved wraparound training before supervising/coaching Wraparound staff.

It is recommended that CSs are already certified in the wraparound process; however, this is not always feasible, especially in communities that are new to implementing wraparound. In this instance, an external coach (EC) should be utilized. The requirement for certification as a coach is direct experience with a family in the implementation of the wraparound process with the support of an EC. Once the CS

has become certified as a facilitator, then they work along-side the EC to provide coaching to their facilitators while the EC teaches them the skills required for coaching the wraparound process. The Coach must be proficient in the wraparound process and have the ability to provide wraparound and system of care training and show evidence of the desire and abilities/skills to implement each phase of the process and coach facilitators in wraparound. The Coach/Supervisor must provide ongoing coaching (weekly, strength-based group or individual sessions or observations).

*Note. Some sites utilize completely separate staff for supervision and coaching with distinguished roles and responsibilities, such as Supervisors monitoring day to day operations while coaches focus on fidelity monitoring.

**Next, is an option to help communities ensures consistency and monitor the overall reliability of the certification process. A recommendation is being made to the state to set aside funds for the ME to staff this position as needed.

WRAPAROUND FIDELITY MANAGER

- **Role -** The wraparound fidelity manager's role could be varied across communities. Some of the specific duties might include:
    - Coordinating delivery of the comprehensive training that is currently used to train all case managers/wraparound facilitators in a three -day certification program. Including scheduling, training, ongoing curriculum development and maintenance.
    - Providing direct coaching, training and mentoring to Coaches, System Supervisors, and Facilitators on implementation of Wraparound and the Certification Process.
    - Collecting and organizing the collection of Wraparound data including tracking the number of certified Wraparound facilitators and certified trainers.
    - Facilitate a monthly Wraparound workgroup to advance wraparound practice in a community.
    - Attend local and national meetings/trainings to obtain the most updated information on wraparound advances.
- **Qualifications -** A Wraparound Fidelity Manager must meet the same criteria as a Wraparound Supervisor/Coach.

ATTACHMENT D – FLORIDA STATEWIDE CORE COMPETENCY REQUIREMENTS

FLORIDA STATEWIDE CORE COMPETENCY REQUIREMENTS- FACILITATORS

Core Competency	Training/Coaching Requirement	Evidence of Completion	Needed Action on the State Level
1. Orientation of staff to Wraparound	Attend a state approved Wraparound 101 Training	Certificate of completion	Determine state approved curriculum (AHCA approved) and approved trainers Create toolkit for Supervisors of Wraparound programs
2. Engagement • Initial face to face meeting with the family to explain Wraparound	Coaching	Initial Paperwork explaining Wraparound signed	Create language about Wraparound in Florida to be personalized to each community
3. Crisis Planning • Address immediate Crisis with the family	Coaching and Documentation Review	Crisis Plan	Draft sample Crisis Plan to be shared with local communities
4. Strengths, Needs and Culture Discovery • Complete SNCD with the family and identified representatives	Coaching	Strength, Needs and Culture Discovery Document	Draft sample SNCD to be shared with local communities (work with AHCA to ensure that it meets Medicaid requirements)
5. Team Process • Create a team to work with the family	Coaching	Sign in sheet from Team Meeting	

6. Conduct Child and Family Team Meeting • Active brainstorming to solve complex family challenges resulting in plan development	Coaching and Documentation Review	Wraparound Plan	Draft sample Wraparound Plan to be shared with local communities
7. Crisis/Safety Planning • Work with family to address any on-going crisis	Coaching and Documentation Review	Crisis Plan/Functional Assessment	Draft sample Crisis Plan and Functional Assessment to be shared with local communities
8. Follow up Child and Family Team • Meetings on a monthly basis to revisit the plan and update	Coaching and Documentation Review	Updated Wraparound Plan	Draft sample Wraparound Plan to be shared with local communities
9. Transition Planning • Create plan for on-going support and celebrate success	Coaching and Documentation Review	Transition Plan	Draft sample Transitional Plan to be shared with local communities
10. Follow up • Contact family 30 days after service to ensure stability	Report on Survey	Follow up documentation	Draft sample Follow Up survey to be used in communities

Orientation:

- Attend state approved Wraparound 101 curriculum and receive certificate

Engagement:

- Introduce yourself to the family and actively listen to their concerns
- Describe Wraparound in a way that addresses their concerns
- Help the family make a decision if Wraparound can meet their needs- get invited back for the next session
- The result of the session leaves the family with hope for a better life

Immediate Crisis Planning:

- Identify immediate crisis needs
- Help the family understand the difference between on-going crisis and immediate crisis
- Discuss how to address these needs and ensure that the family has the necessary resources

Strengths, Needs and Culture Discovery:

- The process of the Strengths, Needs and Culture Discovery has been explained to the family
- All primary caregivers have been engaged in the assessment process
- Help the family develop a vision for their future in their own words

- Identify needs based on life domains and have the family prioritize the needs that must be addressed
- Identify family strengths that give them hope
- Help the family identify the people that they want to assist them
- The final document does not leave the reader with open questions about the strengths and needs of the family

Team Process:

- Work with the family to understand the team process-prepare the family for child and family team
- Assist the family in the Identification of which team members will support the family on specific needs

Child and Family Team Meetings:

- Make arrangements for team meeting time and location based on input for the family
- Prepare all necessary documents for the CFT (agenda, sign in sheet, SNCD, crisis plan)
- Ensure that all identified team members have been invited to the CFT
- Explain the process of strength based introductions
- Utilize ground rules developed with the family to manage the CFT process
- Work with the team to develop a decision making process
- Review the family vision and get full team commitment to support this vision
- Brainstorm to identify needs and allow family to prioritize their needs
- Brainstorm to identify strengths and resources to meet those needs
- Allow the family to decide which needs and solutions they choose to work on first
- Develop an initial plan that includes goals, action steps, persons responsible and timeframes
- Ensure that all team members are included on the plan
- Assist the family in identifying other people that can help support the family- identify natural supports
- Ensure that the family is satisfied with the planning process

Crisis and Safety Planning:

- Work with the family to address current crisis behavior and potential future crisis situations
- Develop prevention strategies to keep the crisis from occurring
- Teach families to predict and plan for potential future crisis situations

Follow up Child and Family Team Meeting (implementation):

- The family should provide an update the team since the previous meeting
- Have the team celebrate success since last meeting
- Determine if current plan meets family needs
- Update plan to include any additional needs or changes in interventions since the last plan
- Determine if additional people need to be part of the team

Transition Planning:

- Have the family invite team members to the final meeting
- Celebrate the success of the family and the team
- Provide a written transition summary including team members, resources and phone numbers for the family

- The family should discuss how they will handle potential future crisis situations using natural supports
- Support the family in conducting the meeting

Follow up:

- Based on family preferences create a mechanism to check in on the family after commencement

FLORIDA STATEWIDE CORE COMPETENCY REQUIREMENTS-SUPERVISORS AND COACHES

Core Competency	Training/Coaching Requirement	Evidence of Completion	Needed Action on the State Level
1. Certification as a coach in the wraparound process	Attend a state approved Wraparound 101 Training Attend a Coach/Trainer Training	Certificate of completion	Determine state approved curriculum (AHCA approved) and approved trainers Utilize toolkit for Supervisors of Wraparound programs
2. Engagement • Initial face to face meeting with the family to explain Wraparound	Coach to observe or listen via telephone to ensure compliance	Fidelity tools	Provide state approved fidelity materials
3. Crisis Planning • Address immediate Crisis with the family	Coaching and Documentation Review of Crisis Plan	Fidelity tools	Draft sample Crisis Plan to be shared with local communities Provide state approved fidelity materials
4. Strengths, Needs and Culture Discovery • Complete SNCD with the family and identified representatives	Coaching and Documentation Review of SNCD	Fidelity tools	Draft sample SNCD to be shared with local communities (work with AHCA to ensure that it meets Medicaid requirements)

			Provide state approved fidelity materials
5. Team Process • Create a team to work with the family	Coaching		
6. Conduct Child and Family Team Meeting • Active brainstorming to solve complex family challenges resulting in plan development	Coaching and Documentation Review of Wraparound Plan	Fidelity tools	Draft sample Wraparound Plan to be shared with local communities Provide state approved fidelity materials
7. Crisis/Safety Planning • Work with family to address any on-going crisis	Coaching and Documentation Review of Crisis Plan/Functional Assessment	Fidelity tools	Draft sample Crisis Plan and Functional Assessment to be shared with local communities Provide state approved fidelity materials
8. Follow up Child and Family Team • Meetings on a monthly basis to revisit the plan and update	Coaching and Documentation Review of Updated Wraparound Plan	Fidelity tools	Draft sample Wraparound Plan to be shared with local communities Provide state approved fidelity materials
9. Transition Planning • Create plan for on-going support and celebrate success	Coaching and Documentation Review of Transition Plan	Fidelity tools	Draft sample Transitional Plan to be shared with local communities Provide state approved fidelity materials

10. Follow up • Contact family 30 days after service to ensure stability	Review follow up documentation	Report outcomes	Draft sample Follow Up survey to be used in communities

Fidelity tools that are created should include the following action steps to be monitored by supervisors and coaches.

Orientation:

- Attend state approved Wraparound 101 curriculum and Coach/trainer training-receive certificates

Engagement:

- Introduce yourself to the family and actively listen to their concerns
- Describe Wraparound in a way that addresses their concerns
- Help the family make a decision if Wraparound can meet their needs- get invited back for the next session
- The result of the session leaves the family with hope for a better life

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- Identify immediate crisis needs
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Strengths, Needs and Culture Discovery:

- The process of the Strengths, Needs and Culture Discovery has been explained to the family
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- Help the family develop a vision for their future in their own words
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- The final document does not leave the reader with open questions about the strengths and needs of the family

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- Utilize ground rules developed with the family to manage the CFT process
- Work with the team to develop a decision making process

- Review the family vision and get full team commitment to support this vision
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- Brainstorm to identify strengths and resources to meet those needs
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- Develop an initial plan that includes goals, action steps, persons responsible and timeframes
- Ensure that all team members are included on the plan
- Assist the family in identifying other people that can help support the family- identify natural supports
- Ensure that the family is satisfied with the planning process

Crisis and Safety Planning:

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Follow up Child and Family Team Meeting (implementation):

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- Determine if additional people need to be part of the team

Transition Planning:

- Have the family invite team members to the final meeting
- Celebrate the success of the family and the team
- Provide a written transition summary including team members, resources and phone numbers for the family
- The family should discuss how they will handle potential future crisis situations using natural supports
- Support the family in conducting the meeting

Follow up:

- Based on family preferences create a mechanism to check in on the family after commencement

ATTACHMENT E – PEER CERTIFICATION IN FLORIDA

PEER CERTIFICATION IN FLORIDA

The Florida Certification Board is a nonprofit organization that certifies and regulates professionals for 32 health and human services professions. One area of certification they oversee is the Certified Recovery Peer Specialists certification. This entry level credential can be obtained by individuals with lived experience along with professional training who want to work with others on their journey to recovery in mental health and substance use. There are three areas of certification:

- Certified Recovery Peer Specialist-Adult
- Certified Recovery Peer Specialist-Family
- Certified Recovery Peer Specialist-Veteran

Individuals seeking these certifications can access the credentialing information and process for certification by utilizing the Florida Certification's website at

http://flcertificationboard.org/certifications/certified-recovery-peer-specialist-adult-family-or-veteran/