



## **Implementing the wraparound process: What the *National Wraparound Initiative* can offer communities**

Collaborative consumer-provider teams have become an increasingly popular mechanism for creating and implementing individualized care plans for adults, children, and families with complex needs. Within children's mental health, a team-based approach known as *wraparound* has become one of the primary strategies for providing community-based care for children experiencing emotional and behavioral problems. It is estimated that over 200,000 young people nationally receive services via some type of wraparound process.

Wraparound's popularity and visibility stems from its philosophy for service delivery, which is appealing to a broad range of stakeholders. In addition, wraparound is viewed as a means for accomplishing several goals for well-functioning systems of care as presented in the President's *New Freedom Commission Report* on Mental Health:

- Creating an individualized plan of care for every child or youth;
- Administering a culturally competent, family-driven care process based on the perspectives of the family;
- Bringing flexible resources and natural supports to bear on behalf of the youth and family, through use of a child and family team; and
- Creatively mobilizing all resources necessary to keep the child in the community.

These features of the wraparound process have led most SAMHSA-funded *Children's Mental Health Initiative* systems-of-care communities to use the wraparound process to plan and manage care for youth with the most serious needs and their families. In fact, the most recent SAMHSA Request for Applications for the Children's Mental Health Initiative (RFA number SM-05-010; found at <http://www.samhsa.gov/grants/2005/grants.aspx>) requires that an applicant community describe how they will develop the capacity to administer the wraparound process, and support its high-quality implementation.

Unfortunately, though there is general agreement about the philosophy that should guide wraparound, the children's services field has historically been hindered by the lack of a standard model for wraparound practice and a dearth of well-articulated descriptions of what is needed to support wraparound. As a collaborative effort seeking to overcome these longstanding gaps in understanding (and thus promote the implementation of high quality wraparound), the ***National Wraparound Initiative*** is poised to help prepare communities to meet these challenges. For communities who are interested in implementing the wraparound process, we have prepared this brief introduction to how the materials on the National Wraparound Initiative website may help your efforts.

### **Q: What is wraparound?**

Wraparound has traditionally been defined by a set of principles about how family members, people in their support system, and service providers should work together to support the family or individual who needs help. The National Wraparound Initiative and its collaborating partners have undertaken a research project that included a consensus building process to refine and crystallize these principles at a child and family level. Enacting these principles should be considered the foundation of high quality wraparound practice. To view information about the consensus-building process, and the resulting document, click here: [10 Principles of the Wraparound Process](#)

In addition, in 2003, some members of the National Initiative contributed several articles to a special issue of [Focal Point](#) on “Quality and Fidelity in Wraparound,” including a [history of wraparound](#) by John VanDenBerg, Eric Bruns, and John Burchard.

Finally, Eric Bruns, a researcher from the University of Washington, has written a newsletter article about wraparound’s status as an empirically supported approach for child and family services. This piece can be found here:

<http://www.wraparoundsolutions.com/newscontent.asp?pg=2>

***Q: What happens during the wraparound process?***

During the Wraparound process, a team, guided by a facilitator, creates an individualized plan of care to improve the life of a child or youth and his or her family. Wraparound team members—the identified child/youth, parents/caregivers and other family and community members, mental health professionals, educators, and others—meet regularly to design, implement, and monitor a plan to meet the unique needs of the child and family. Though this may sound relatively simple, actually implementing this process is challenging. Through an interactive process employing many advisors, the National Wraparound Initiative has described a model of procedures that typically occur within a high-quality wraparound process. This document can be found here: [Phases and Activities of the Wraparound Process](#).

***Q: What kinds of administrative and system supports does wraparound require?***

Clearly, the model described in the “Phases and Activities of the Wraparound Process” is a complex one that will require significant supports to be implemented. Researchers at Portland State’s Research and Training Center conducted a series of studies intended to determine what kinds of supports are necessary for a community to administer a wraparound process. These supports, which can be described at the wraparound, team, organizational, and system levels, are described in a [full monograph](#), as well as an abbreviated [primer](#) created for the National Wraparound Initiative, and in a [Focal Point article](#) from 2003.

***Q: How does a community measure implementation of wraparound and conduct quality assurance around the process?***

Collaborators participating in the National Wraparound Initiative have developed several methods for measuring wraparound implementation. Researchers at the Portland State RTC have developed methods for communities to assess the adequacy of organizational and system supports, which can be found in the [monograph](#) described above. In addition, there are several methods for assessing adherence to wraparound principles in as administered to individual families. These include the Wraparound Observation Form<sup>1</sup> (which measures wraparound as administered in a team meeting) and the [Wraparound Fidelity Index](#), originally developed by John Burchard at the University of Vermont, which measures wraparound implementation via interviews with the youth, caregiver, and resource facilitator.

***Q. Where can I review more information?***

The above resources represent only a small cross-section of the information available through the National Wraparound Initiative. As you consider the requirements for implementing a high-quality wraparound process in your community, we invite you to review the full sample of materials we have compiled on the [website](#). Please let us know what you have found to be most helpful – or areas in which you require more information – by emailing the coordinators of the project, Eric Bruns ([ebruns@u.washington.edu](mailto:ebruns@u.washington.edu)) and Janet Walker ([janetw@pdx.edu](mailto:janetw@pdx.edu)).

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<sup>1</sup> Epstein, M.H., et al. (2003). Assessing the Wraparound Process During Family Planning Meetings *Journal of Behavioral Health Services & Research*, 30, 352-362.