Hi-Fidelity Wraparound Proposal for the Service Coordination Workgroup
March 16, 2009

Ohio is primed to implement the Hi-Fidelity Wraparound process through the 88 Family and Children First Councils as the model to provide a single point of entry for service coordination for families with children, 0-21 years of age, who have intense, complex, multi-system needs that cannot be effectively met through the services of a single system. This proposal provides the overview of the model with recommendations for a phased-in strategy to bring to a scale on a statewide basis. Included is a description of the infrastructure, implementation plan, and resources needed to achieve the strategy. It will take the support, commitment, collaboration, and resources of a cross-system approach, occurring not only horizontally at the state and local levels, but vertically between the FCFCs and the state, in order to successfully implement such a model.

Problem Statement

Currently, Ohio parents report difficulty and distress over the task of having to manage multiple case managers and navigate multiple systems to obtain the needed services and supports for their children and themselves. Some parents describe feeling overwhelmed, outnumbered, and discounted, even as they acknowledge that everyone involved is trying to help. Meeting the daily demands of being the parent of a child with intensive and complex needs in and of itself requires extraordinary effort, dedication, and resourcefulness. Doing so with the help of Ohio's public systems, should not be more taxing than doing it alone.

In addition, the current system is duplicative and costly. For example, multiple case managers may all be financed by Medicaid for providing a similar service to a family and/or attending the same family team meeting. Some case managers involved in serving the family are able to be reimbursed while others are not, and for some activities while not for others. As a result, figuring out who will do what among the collection of case managers on a family team is often determined not by who can be most effective or most efficient or who has the most confidence from the family, but by these fragmented financial and regulatory constraints.

While quite a few care coordination models exist in Ohio (i.e., HMG, medical homes, regional hubs, Care Teams, FCFC service coordination), this continuum of care is in a constant state of evolution, whether due to advances in clinical practice, evidenced gleaned from research, resource or geographic differences, to name a few. Moreover, in the wake of the national economic downturn, Ohio must maximize its limited resources by reducing unnecessary costs associated with service/care coordination. Eliminating duplication of efforts; removing barriers to effective and efficient service coordination; and prioritizing high-risk populations can accomplish this.

In this context, this proposal addresses how Ohio will transition to a specific model for delivering the "enhanced" component of the service coordination continuum for families with children, 0-21 years of age, who have intense, complex, multi-system needs that cannot be effectively met through the services of a single system.

Hi-Fidelity Wraparound is being proposed as the enhanced service coordination model for Ohio. When implemented statewide through a system of care approach, duplication of efforts and

barriers to effective and efficient service coordination will be reduced. Children and youth (aged 0-21) with complex multi-system needs who are at-risk of an out-of-home placement, who are transitioning home from out-of-home placement and/or whose families are in need of intense services to support a stable home environment will be targeted (estimated to be approximately 7,000 children). A screening will be applied to ensure the identified high-risk population is truly being served. Those who do not qualify will be referred to more appropriate service/care coordination models in the community. Adherence to the model will be critical to achieving the projected impact.

In order to be successful, this will be phased in over four years. Funding to support the initial phases of this proposal could come from available federal stimulus money so not to impact state department budgets over the next two years. However, a fiscal sustainability plan that would identify possible funding from state departments will have to be developed in SFY 10-11, and applied in SFY 12. This should be viewed as a cross-system initiative that would impact all OFCF Cabinet agencies as the children and families to be served will have multi-system needs. In addition, when implemented fully this model will successfully impact several departments' initiatives such as the ODJFS' Child and Family Services Review, ODMH & ODADAS' System of Care, ODMRDD's interagency autism work, ODYS reentry efforts, ODRC's reentry efforts, ODE's community and family engagement teams and efforts, and ODH's HMG. This proposal's implementation may also inform ODA's Long-Term Care's service coordination efforts.

Overview of Hi-Fidelity Wraparound

Wraparound is based on a normalization model, and has developed as a way of multiple systems coming together with the child, youth, and family and creating a highly individualized plan to address complex issues and needs. The process roots are from Belgium and Canada, and has been widely funded and used in the U.S., and has the largest research base of all team based planning models.

The wraparound process is a way to improve the lives of children with complex needs and their families. It is not a program or a type of service, but a team based planning process used to develop plans of care that are individualized based on the strengths and culture of the children and their family.

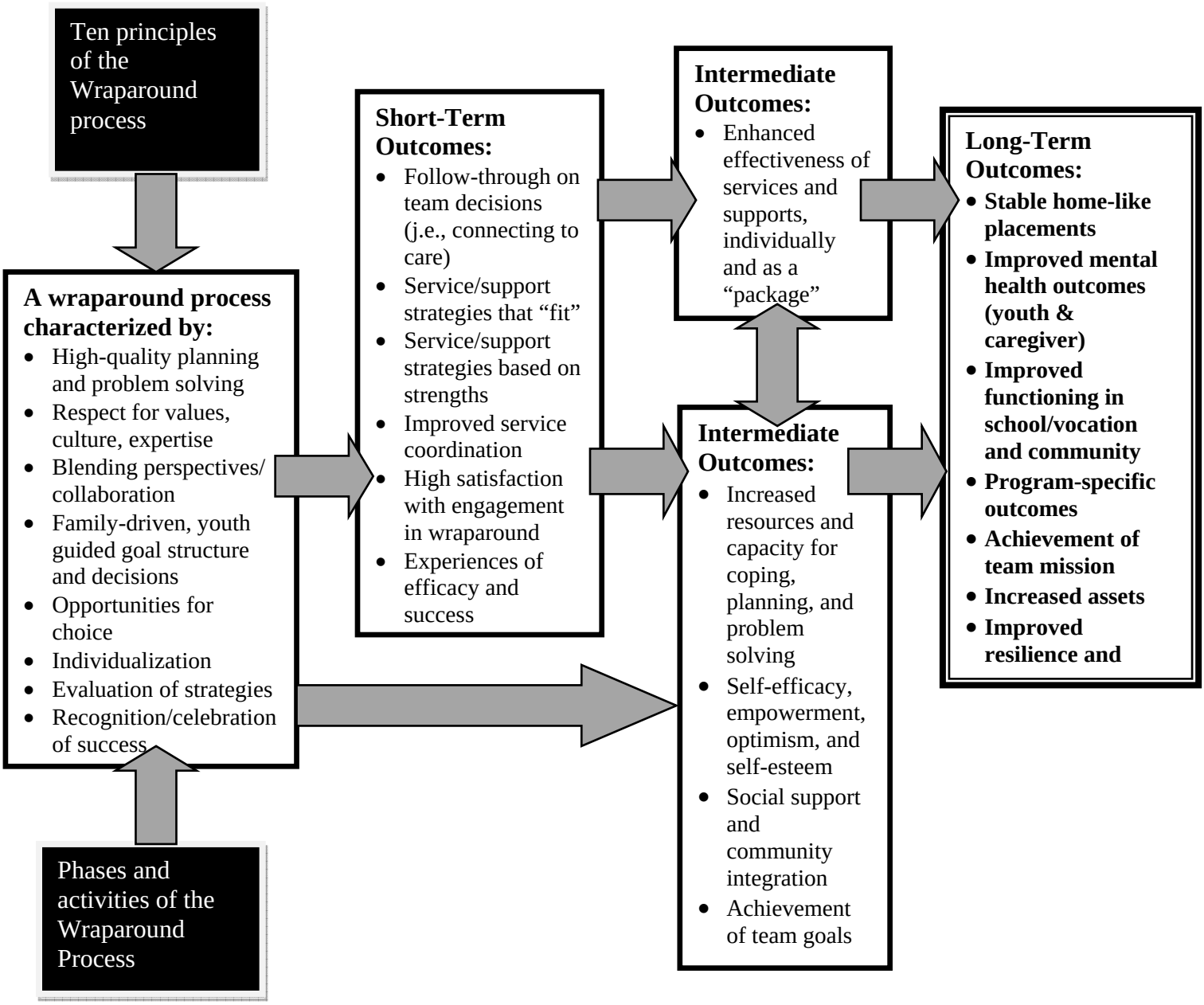
The plan is needs-driven rather than service-driven, although a plan may incorporate existing categorical services, if appropriate to meet the needs of the consumer. The initial plan should be a combination of existing or modified services, newly created services, informal supports, and community resources, and should include a plan for a step-down of formal services.

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

1. **Family voice and choice**: Family and youth/child perspectives are intentionally elicited and prioritized during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences.
2. **Team-based:** The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.
3. **Natural Supports:** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaboration:** Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.
5. **Community-Based:** The Wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible, and that safely promote child and family integration into home and community life.
6. **Culturally Competent:** The Wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child/youth and family, and their community.
7. **Individualized:** To achieve the goals laid out in the wraparound plan, the team develops and implements a customized set of strategies, supports, and services.
8. **Strengths based:** The Wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and the assets of the child and family, their community, and other team members.
9. **Persistence:** Despite challenges, the team persists in working toward the goals included in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer required.
10. **Outcome based:** The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

A Theory of Change for Wraparound

The below figure developed by the National Wraparound Initiative (NWI) illustrates how and why wraparound works. It is important to remember, that the figure is a highly simplified representation of an extremely complex process. The various routes to change described below are not independent.



Wraparound and System of Care

Wraparound plays a vital role within Systems of Care. The notion of the need for development of integrated services was first documented in the landmark book Unclaimed Children by Jane Knitzer (1982). Knitzer wrote of the lack of and fragmentation of services for children who were severely emotionally disturbed and their families. At the core of the systems of care concept is the premise that: if children with problems have needs that go across systems (mental health, juvenile justice, schools, child welfare, etc.), then working together will produce better outcomes. Although this sounds simple and makes intuitive sense, systems and agencies have not evolved in this direction. In this age of specialization, agencies and professionals have their own niches, funding is not integrated, agency cultures are different, and the result has been fragmentation, duplication and lots of children being "unclaimed." It is not unusual for a child with problems across systems to have multiple and perhaps conflicting plans of care. When these plans do not work, the family is typically blamed rather than a flawed system. The system of care seeks to establish an integrated system that corrects these problems. One of the primary vehicles to getting everyone on the "same page", reduce duplication of resources and efforts, and removing barriers to effective and efficient service coordination is Hi-Fidelity Wraparound.

For communities to be successful with Hi-Fidelity Wraparound, a system of care approach must be taken (refer to Attachment A). There could be multiple and quality care coordination models existing in a community, such as medical homes, regional/community hubs, Help Me Grow with Early Intervention service coordination, evidence-based intensive home-based treatment services (e.g., Multi-Systemic Therapy); Care Teams; individual agency's child and family teams, and individual agencies' care/service coordination efforts. Hi-Fidelity Wraparound is not for everyone, but can be a referral source to other care coordination models and a process for those families that other models are unable to serve. Through a collaborative effort, the community must work to establish a system of care among these models by determining the entry point for families; referral source(s); and the levels of care coordination to meet the family's needs. For example, regional hubs could provide the information and referral function to eliminate duplication and assure service connection, and document outcomes; home visitation that is coordinated among case managers; and data to the Hi-Fidelity Wraparound. FCFCs will also need to develop a system of care approach for how wraparound will relate to the newly proposed Community and Family Engagement Teams and the redesigned Help Me Grow program.

Hi-Fidelity Wraparound Process

The Hi-Fidelity Wraparound (HFWA) model being proposed is based on the Ohio Model developed by Vroon Vandenburg (www.vroonvdb.com), and modified to align with the National Wraparound Initiative (http://www.rtc.pdx.edu/nwi/) guidelines, recommendations, and tools.

PHASES:

The U.S. National Wraparound Initiative has developed the concept of phases and activities of wraparound practice, to describe the overall tasks of the process. On average, a family will remain in the wraparound process for a year. Refer to Attachment B to view the Phases, Activities, and Skill Sets of the Wraparound Process.

Phase 1: Engagement and Team Preparation. During this phase, the groundwork of trust and shared vision among the family and wraparound team members is established, so people are prepared to come to meetings and collaborate. This phase, particularly through the initial conversations about strengths, needs, culture, and vision, sets the tone for teamwork and team interactions that are consistent with the wraparound practices. The activities of this phase should be completed relatively quickly (within 1-2 weeks if possible). The Wraparound Team consist of four to ten people who know the child(ren) and family best, and includes the family. The team must be no more than half professionals.

Phase 2: Initial Plan Development. During this phase, team trust and mutual respect are built while creating an initial plan of care using a high quality planning process that reflects the wraparound principles. In particular, the youth and family should feel, during this phase, that they are heard, that the needs chosen are the ones they want to work on, and that the options chosen have a reasonable change of helping them meet their needs. This phase should be completed during one or two meetings that take place within 1-2 weeks.

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.

Phase 4: Transition. 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.

For each of these phases, OFCF will work with some counties that are currently implementing HFWA to develop a consistent process and individual case plans through the use of CQI/fidelity tools; measurable outcomes; and other supporting tools and materials.

Hi-Fidelity Wraparound Infrastructural Components

Several conditions are necessary for wraparound to be truly successful. System level needs include supporting policies by agencies; appropriate reimbursement strategies; adequate continuum of community services; data collection across agencies; provider flexibility in funding and service delivery; braided funding streams; low caseloads; and adequate support for training and supervision. To accomplish these needs, long-term planning must occur for Hi-Fidelity Wraparound to be successful and integrated into a larger System of Care effort.

In the short-term, the following infrastructural components will aid Ohio in implementing the HFWA model statewide.

STATE LEAD:

Ohio Family and Children First (OFCF) Cabinet Council will serve as the infrastructure at the state level to support the development, implementation, maintenance and sustainability of the model.

The following state level infrastructural components will need to be addressed:

- Statutory changes will need to be made to ORC 121.37 to align with the changes outlined in this proposal. These changes will be recommended by the OFCF Service Coordination Committee after the meeting on March 12, 2009.

- The OFCF Service Coordination Mechanism guidance will need to be revised to reflect the statutory changes, unless prescribed through rules.
- If the decision is made to adopt administrative rules, a state department (ODMH serves as the Administrative/Fiscal Agent) will need to be selected to promulgate those rules on behalf of Ohio Family and Children First.
- Designated state level staff will need to be identified, hired or contracted with to be responsible for oversight, monitoring, continued planning and development, training, coaching, and possibly supervision.
- An evaluation system will need to be developed for data collection and analysis. The state could purchase Synthesis which is used by Wraparound Milwaukee and Cuyahoga County Tapestry program. Currently, set aside funding ($340,000) for a service coordination database exists until June 30, 2009.
- Funding sources will need to be identified to assist with the costs of implementing, maintaining and sustaining this model *(refer to page 11 for estimated cost breakdown).*

LOCAL LEAD:

The county Family and Children First Councils (FCFC) will serve as the infrastructure at the local level to support the development, implementation, maintenance, and sustainability of the model. In addition, the responsibilities of FCFCs for service coordination are currently mandated in ORC 121.37. Smaller counties may combine and share their resources across multi-county regions to implement the HFWA when it is fiscally necessary and feasible to accomplish.

At the local level, the following infrastructural support will need to occur:

- The county Service Coordination Mechanism will need to be revised as prescribed in statute, unless process is through rules only.
- Technical assistance consisting of trainers and consultants that could be provided regionally;
- Training provided to FCFC's staff and member agencies, community members, facilitators, supervisors, coaches that could be provided regionally.
- Establishment of a central location and phone number to serve as the point of intake to access service coordination with trained staff available to respond. *A "*No Wrong Door" or "HUB" concept could be used to assure that community members are appropriately assisted in response to every call. This should be accomplished through a System of Care approach.
- Parent Advocacy training and access to advocates.
- An evaluation system will need to be developed for data collection and analysis. The state could purchase Synthesis which is used by Wraparound Milwaukee and Cuyahoga County Tapestry program. Currently, set aside funding ($340,000) for a service coordination database exists until June 30, 2009.
- Flexible braided state funding for services and supports for families.
- Funding resources to assist with administrative and staffing support (*refer to page 11 for estimated cost breakdown)*.

Hi-Fidelity Wraparound Implementation Plan

TARGET POPULATION:
The target population for this model will be children/youth aged 0-21 with complex multi-system needs that cannot be met effectively through the services of a single system and their families. The target will be for children/youth are at-risk of an out-of-home placement and/or their family who are in need of intense services to support a stable home environment. A screening process (e.g., CAS II) will be applied to ensure the identified high-risk population is truly being served and for those who may not qualify, that they will be referred to more appropriate service/care coordination models in the community.

The purpose is to:

- Provide service coordination through a definable planning process resulting in a unique set of community services and natural supports that is individualized for a child and their family to achieve a positive set of short, intermediate, and long-term outcomes.
- Reduce out-of-home placements.
- Reduce recidivism and increase positive community level outcomes for children and youth returning from out of home placements to their home communities.

The statutory requirements for the service coordination model will not preclude a county council from expansion of the local target population to include children or adults beyond the state prescribed target population. Those county councils who decide to broaden the System of Care, through planning, selection of local priorities and development of their Service Coordination Mechanism to serve children beyond the multi-system children with complex needs (0-21) are encouraged to use local supports and resources and other state resources for this purpose. Maximizing the use of the resources and training offered to build the Ohio HFWA Model in order to serve other children, when feasible and appropriate, will only serve to strengthen families and increase community capacity. Minimally, those children defined in statute/rule must be served.

MODEL:
A number of Ohio's counties have modified the Vroon Vanderburg Model with National Wraparound Initiative resources. This will be the model and curriculum that Ohio will use for statewide consistency.

TIERED LEVELS:
County FCFCs vary in terms of their current service coordination process. Therefore, counties will be phased in to the HFWA process over a 4 year period. The more advanced counties (up to 25) will be fully phased in during the first year of implementation. Each year, as the fully implemented counties become more competent in the wraparound process, these counties will assist in strengthening the competencies of their own counties and neighboring counties, by assisting with coaching, mentoring, and training. They will also provide valuable feedback to the state on how to continuously improve the process. The counties and state will be true partners as we build this system together. All counties will receive some level of support each year to move toward full implementation.

To determine the county's level of implementation, OFCF will provide assistance in the assessment of counties' readiness and selection. The assessment for readiness will be based on the county FCFC completing a readiness tool (refer to Attachment C to view a possible tool), the Partnerships for Success Collaborative Assessment Tool, and the revisions made to the county Service Coordination Mechanism.

The four-tiered level is defined below in addition to the estimated number of counties in each level. The third row indicates the type of assistance and support that would be provided for the level to be able to move to implementing the HFWA model. Finally, the fourth row describes the resources and funding to be provided based on the level of implementation.

	Level 1	Level 2	Level 3	Level 4
Tiered Implementation Levels	County is in the process of implementing Hi-Fidelity WA and needs assistance from the state to fully implement. Community is engaged and participating in the process.	County has implemented wraparound or a service coordination model that uses elements of a wraparound model, has community engaged and would like to move to Hi-Fi Wraparound Model with training and support from the state.	County's currently implemented service coordination model does not meet minimum statutory requirements, does not include families in process, and/or primarily functions as a clinical level treatment team or group to make funding decisions. County may or may not have community engaged in supporting the process.	No functional service coordination process being used. Community not engaged in supporting the process.
Estimated Counties	9 counties	45 counties	30 counties	4 counties
Training and Support Required Depending on Need	Orientation, Basic HFWA, Facilitator, Supervisor/Coaching, Train the Trainers all including use of CQI/Fidelity and other process tools. TA in Building Collaborative Partnerships. Other defined training, as identified.	Orientation, Basic HFWA, Facilitator, Supervisor including the use of CQI/Fidelity and other process tools. TA in Building Collaborative Partnerships. Other defined training, as identified.	Orientation, Basic HFWA, review statutory requirements and rules/guidance with council. TA in restructuring council to meet statutory requirements and rewriting Service Coordination Mechanism. TA in Building Collaborative Partnerships. Other defined training, as identified.	Orientation, TA in restructuring council to meet statutory requirements and rewriting Service Coordination Mechanism. Basic HFWA. TA in Building Collaborative Partnerships through PfS if necessary
Resources and Funding Provided	Training, coaching, technical assistance, and resource materials. Administrative funding to support county level staff (facilitators, supervisors) and data collection/evaluation system.	Training, coaching, technical assistance, and resource materials. Administrative funding to support county staff (facilitators, supervisors) and data collection/evaluation system.	Technical assistance, training, and resource materials.	Technical assistance and training.

WRAPAROUND STAFF:
There are several required staff needed to successfully implement HFWA. The National Wraparound Initiative contains several job descriptions for each staff position. Below is a brief description of the required staff Ohio will need to work on acquiring at the county and regional level.

Supervisor
This individual is the direct supervisor for the wraparound facilitators. Primary duties include ensuring the implementation of high fidelity wraparound and family support services; provide direct coaching with staff; monitor the team process; ensure training is provided; monitor individualized plan development and delivery; educate and seek resources from the community; model and problem solve with teams; and work with other systems to implement an organized system of care for children and families.

The caseload for a supervisor is 4-5 HFWA facilitators.

Facilitator
This person ensures that the values and steps of the process are delivered with the highest possible fidelity to national best practices as possible, while still allowing for local individualization of the process. The facilitator is not just a neutral coordinator of services, but someone who brings added value to the table. The wraparound facilitator works with the family to build and strengthen their natural support network; teaches and supports the family to learn and use the skills to develop their own plans and access their own resources; and helps the family learn to address and work through challenges to make change in their lives. A preferred facilitator has an understanding and experience with different systems, including schools, mental health, child welfare, juvenile justice, health and others.

The caseload for a high fidelity wraparound facilitator is 8-15 families.

Coach
Coaching is a process of teaching someone to do wraparound by showing them the process, consulting with them on how to use the process, and helping them discover the knowledge over time. A study conducted by Jim Rast and John VanDenBerg showed that training and coaching resulted in higher fidelity in practice than when facilitators received training alone. Coaching tools are the primary tools for developing, maintaining, and assuring fidelity of the wraparound process with the staff who are responsible for facilitating the process. Coaches are not supervisors of the facilitators. However, over time facilitators can become coaches for newly trained facilitators.

Family Support Provider/Partner
This is a position designed to provide intensive levels of direct support for families who need it. These positions are called advocates, family support specialists, family support providers, family aides, and other terms. Many times, the family support partner/provider is a graduate of wraparound, or a family member of a person with complex needs. In Ohio, this position may be served through NAMI Ohio Parent Advocacy Connection (if accessible throughout Ohio) or through locally established parent advocacy programs.

Data-Entry Staff Support

This position provides data analysis to the wraparound teams. This position provides support with completing case studies using evaluation tools; provides follow up with team members to complete evaluation instruments within prescribed time frames; and input data and develop graphs depicting the youth's progress and need areas.

Refer to page 11 for a cost breakdown of Ohio supporting these positions.

TRAINING AND SUPPORT:

Ohio Family and Children First will, along with its state and local partners:

- Provide technical assistance to counties in the form of regional presentations that explain statutory changes, rules (if needed), and expectations.
- Assist in providing technical assistance through the Partnerships for Success Initiative to support community capacity building,
- Provide assistance and support as a partner to the state training team to ensure adequate number of trainers, coaches, and supervisors at the local level.

The county FCFCs will be responsible for ensuring those responsible for the HFWA model receives the necessary training, technical assistance, and support. Counties may be asked to share resources, training opportunities, supervisors, and/or coaches across counties when appropriate.

HFWA Curriculum:

The HWFA Curriculum will be the Ohio Wraparound Model by Vroon Vanderberg LLP, but modified to incorporate the National Wraparound Initiative resources. This is the curriculum currently being used by several northeast Ohio counties. There will be no cost for this curriculum.

HFWA Trainers:

There is currently a pool of twenty-six (26) trainers available to train the HFWA model. The cost of training, if purchased, could range from $500-1000/day depending on the trainer/organization providing the training. To save on cost, regional training will be provided as much as possible. Overtime, counties will build their local and regional training capacity. This will lead to local trainers who can train future facilitators, coaches, and supervisors. Over time, trainers may become staff of county FCFCs.

Refer to Attachment D for more information about the HFWA trainings as well as other trainings that may be needed to fully implement this model. Refer to page 13 for the estimated cost of trainings.

HWFA CERTIFICATION:

Certification of HFWA model is currently being developed and tested from several sources. Cuyahoga County has developed a certification process that could be used as a model for a state level certification process to provide consistency in identifying competence levels of HFWA facilitators, supervisors, trainers and coaches. Refer to Attachment E to view the Cuyahoga County Certification draft process.

MONITORING AND EVALUATION:

An evaluation strategy will be developed to assure accountability at the team level, the organization level, and the system level. The purpose of the evaluation will be to:

1. ensure collection of relevant data
2. monitor and report data reflective of:
   a. client demographics,
   b. service utilization (connection to care, services, and supports);
   c. individual and systemic outcomes
   d. cost, and
   e. quality of services
3. ensure a system of continuous quality improvement through assessment of performance on a regular basis
4. monitor implementation of wraparound to the fidelity to phases and activities of process.

The intended results and indicators of success will be based on the high fidelity to the wraparound process; meeting child and family needs; accomplishing team goals; and achieving ultimate outcomes established by policy makers, funders, and other stakeholders.

Below is chart describing possible evaluation tools that can be utilized to monitor and evaluate the effectiveness and efficiency of the HFWA process.

Monitoring & Evaluation Tools	Where From	Purpose
CQI/Fidelity Tools	Tools developed by NWI	Process for monitoring and evaluation of HFWA process
CASII	Research-based tool	To be used as a comparison tool of the level of care needed for an individual child at intake and at the end of service coordination
Family Development Matrix	Used as a part of outcome evaluation by some counties	Measure change in the family and facilitator's perceptions of the family's needs over 10-12 life domains at different points in the service coordination process
Ohio Scales	ODMH	Multi-source measures of outcomes for children and adolescents receiving mental health services.
Family Caregiver Wants and Needs	Developed by Steve Gavazzi at the OSU Center for Family Research	Measures changes in the family's perception of how their wants and needs are being met over time.
Statewide, web-based data collection system	Synthesis is being used by Cuyahoga County HFWA program. This could be taken statewide. The state could build a system internally if timely and possible.	To measure consistent statewide outcomes and outputs related to service coordination, monitor and evaluate the process.

ORGANIZATION AND SYSTEM SUPPORT:
According to the National Wraparound Initiative, achieving broad scale, high quality implementation of wraparound has proven to be challenging for a number of reasons. Many of these challenges occur at the practice level, where teams have difficulty implementing the wraparound process in a way that reflects the principles of wraparound. However, experience has also shown that the successful implementation of creative, individualized wraparound plans at the team level requires extensive support from the larger organizational and system contexts within which the teams operate. Achieving the necessary level of collaboration and support can be very challenging, given entrenched agency cultures and ways of doing business, inter-agency barriers, funding exigencies, and skepticism regarding the effectiveness of family-driven, and strengths-based practice.

Extensive collaboration is required from the agencies and organizations that collaborate to provide wraparound, and as a result, the organizational and system context (or policy and funding context) is extremely complex. Research by the Research and Training Center on Family Support and Children's Mental Health (Walker, Koroloff & Schutte, 2003; Walker & Koroloff, 2007) used qualitative methods to develop a framework of "necessary conditions" that must be met in the implementation context to support wraparound. Based on interviews and feedback from more than 75 experts from communities around the nation, the authors proposed a framework of "necessary conditions" to support wraparound implementation. The framework grouped the necessary conditions into five themes at the system level: philosophy of care, collaboration/partnerships, capacity building/staffing, acquiring services and supports, and accountability.

Building on this conceptual framework of necessary conditions, members of the National Wraparound Initiative worked to develop the *Community Supports for Wraparound Inventory* (CSWI), a survey tool that assesses the adequacy of the implementation context for wraparound. The CSWI was designed to be used by researchers--to determine the impact of contextual features on fidelity and outcomes of the wraparound process—and community evaluators—to provide information about system support that can be used as an input to strategic planning for sustainable wraparound implementation. Ohio should look into administering this tool to evaluate state and local capacity for sustainable wraparound implementation.

<u>Funding the Hi-Fidelity Wraparound Model</u>
This model will need to be phased in for cost efficiency and implementation success. Funding to support this proposal could come from available federal stimulus money so not to impact state department budgets over the next two years. However, a fiscal sustainability plan that would identify possible funding from state departments will have to be developed in SFY 10-11, and applied in SFY 12. The Hi-Fidelity Wraparound Model will require funding on the levels defined below. In addition, a Medicaid Cross-Walk is attached (refer to Attachment F) that could possibly support some of the activities of the below components.

For families receiving HFWA funding needs to be available and flexible to meet the needs of the family, the state needs to provide braided state funding to locals to meet such needs. Flexible funding, such as System of Care (aka Access to Better Care) provides resources to meet the needs

of families not covered by traditional funding streams. Such funding could be used to cover the cost of services and supports families may need, such as out-of-home placements, intensive home-based treatment, respite, and equipment.

Components	Purpose	State/Regional/Multi-County/Local Level & FT/PT	Cost Estimated	Funding Source(s)
State Level Consultant(s)	To assist with the implementation of HFWA; coordinate trainings for consistency among trainers; oversee the development of the evaluation system; develop consistent process forms	State Level on contract– FT	$300,000	
Evaluation System	To provide accountability at the team, organization, and system level	State level	$540,000	$340,000 is available for SFY 09
Community Capacity Building	To increase the FCFCs and their community's capacity to fully implement HFWA	State level – with onsite support provided to counties through the Partnerships for Success Academy located at the OSU Center for Learning Excellence	$500,000	
HFWA Supervisors	To provide supervision to the facilitators	Regional Level – for counties with 10 or less facilitators	$2000/family (for example, estimating 2500 children served in SFY 10 - $5.0m)	
HFWA Coaches	To provide instructive feedback to facilitators on the fidelity of the process	Regional Level – for counties with 10 or less facilitators		
HFWA Data Entry Support	To enter and maintain data for HFWA	Regional Level – for counties with 10 or less facilitators		
HFWA Facilitators	To coordinate the HFWA process for an individual family.	Local Level – depending on population, FT or PT with larger counties having more than 1		
Parent Support/Advocate	To provide support to parents obtaining service coordination/HFWA through FCFC	Local Level with regional support	$475,000	ODMH/ODJFS
Braided Services and Supports	To provide flexible funding to HFWA families to receive services and supports	Local level	$4.1m available through System of Care; additional $1m targeted only for HFWA counties	$4.1m (ODMH, ODJFS, ODYS, ODADAS) $1.0m

Ohio's HFWA Model Roll-Out Strategy for FY 10

The below chart depicts the roll-out strategy for Ohio to begin implementing HFWA statewide. It is important to note that while much will be accomplished in the first year, Ohio must work to enhance its System of Care approach to serving children and families and undergo a planning process to be successful and sustain HFWA for years to come.

Phase	Activity	Purpose	By When
Phase 1	**Planning**	Develop statewide plan for development and implementation of HFWA system including objectives; identified outcomes and indicators; and action steps to accomplish the plan.	July 1, 2009
	Statutory language changes/Administrative Rules	Establish clear expectations through statute and rules.	March, 2009
	Research and Identify Financial Support/Medicaid?	Establish feasible funding sources.	March, 2009
	Development of Model and selection of components/tools.	Establish one statewide model.	July 1, 2009
	Evaluation and Monitoring System	Establish accountability.	June 30, 2009
	Community Awareness/ Marketing Plan	Establish method to promote public awareness.	August 30, 2009
Phase 2	**State Infrastructure Building**	Develop state infrastructure to support implementation	December 1, 2009
	Administrative, training, monitoring and other resources put in place.		October 15, 2009
	Develop training schedule and "roll out" plan including strategies for phasing in counties as they are ready.		December 1, 2009
	Develop sustainability plan		December 1, 2009
Phase 3	**County Readiness**	Assess counties and select for level of implementation	November 15, 2009
Phase 4	**Implementation**	Begin training, implementation and sustainability efforts	January 1, 2010

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