



High-Fidelity Wraparound Overview

MODEL OVERVIEW:

Wraparound is an intensive, team-based, person-centered care planning and management process. It is not a treatment or service *per se*. Wraparound is not a process for all; it is applicable and most effective for those with complex needs and histories of extensive and costly service utilization. Ohio's Wraparound model will be based on the National Wraparound Initiative that will include the fidelity assessment system, which is a multi-method approach to evaluating the quality of individualized care planning and coordination for youth with complex needs. The National Wraparound Initiative was formed in 2004 to define the wraparound practice model, develop standards, compile specific strategies and tools, and disseminate information about how to implement the wraparound model in a way that can achieve positive outcomes for youth and families.

The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process with four specific phases (engagement, plan development, implementation, and transition) that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Additionally, wraparound plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to address a range of life areas. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. Finally, there is an emphasis on integrating the youth into the community and building the youth, young adult, and family's social support network.

ENGAGE selected this model as the values of Wraparound, as expressed in its core principles, are fully consistent with the System of Care framework. Wraparound's philosophy of care begins from the principle of "voice and choice," which stipulates that the perspectives of the family including the youth must be given primary importance during all phases and activities of wraparound. The values associated with wraparound further require that the planning process itself, as well as the services and supports provided, should be individualized, family driven, youth guided, culturally competent, and community based.

In addition, ENGAGE will attempt to incorporate key tenets of the Transition to Independence Process (TIP) that has been developed specifically for the youth and young adult population into Ohio's Wraparound model.

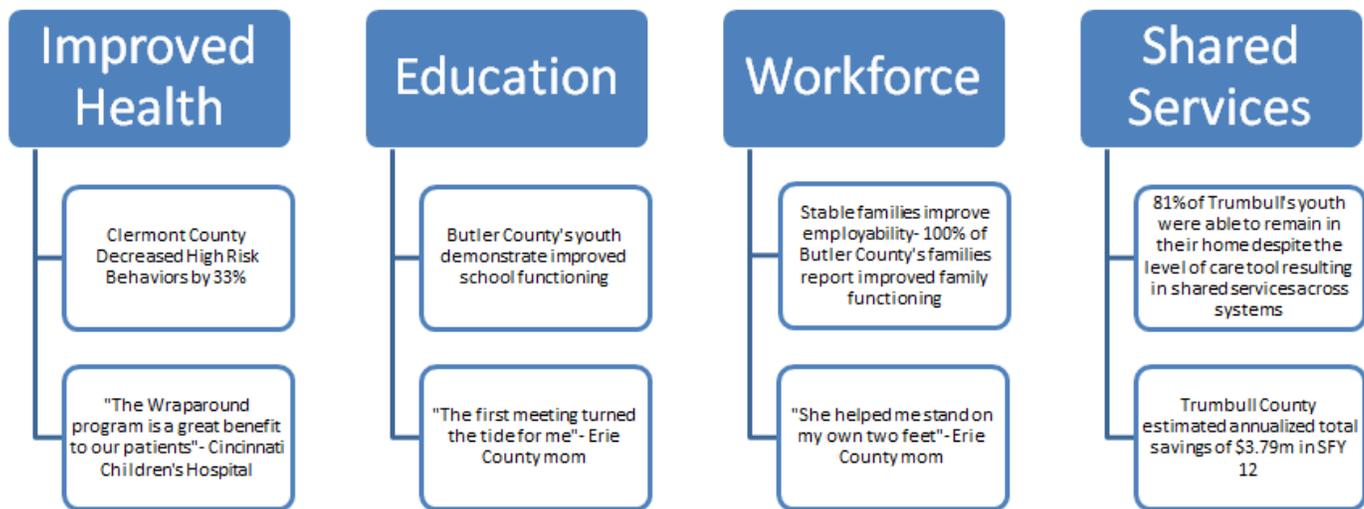
MODEL EVIDENCE:

Wraparound improves lives and saves money. The Center for Health Care Strategies has identified Wraparound as an effective model for improving quality and reducing high-utilization of costs, including Medicaid. In the children's services field, there is broad consensus that for youth and families with multiple and complex needs; the wraparound paradigm is an improvement over more traditional service delivery methods that are uncoordinated, professional-driven, deficit-based, and overly reliant on out of home placements. This is reflected in a national survey conducted in 2007, where 91% of US states have some type of wraparound initiative, with 62% implementing some type of statewide initiative¹.

Nine (9) national controlled studies have been conducted to date that demonstrate significant outcomes resulting from the use of Wraparound. These include, but are not limited to: improved functioning as measured by the Child and Adolescent Functional Assessment Scale (CAFAS), fewer out of home placements, reduced recidivism, increased placement stability, and improved academic performance. From national and county data, it is expected that implementing Wraparound with fidelity could yield anywhere from \$10,500 to \$90,000 savings per youth.

Several of Ohio-based outcomes for currently implementing Wraparound include:

- 33% reduction in high-risk behaviors (Clermont County),
- 100% improved family functioning (Butler County).
- \$3.79 million estimated savings (\$1.2m Medicaid, \$2.6m Non-Medicaid) as a result of sharing services to reduce the use of costly, intensive out of home placements (Trumbull County), and,
- Improved educational achievement (Butler County).



OHIO'S WRAPAROUND HISTORY

While a fourth of the state has cobbled together funding over the years to support local and regional Wraparound trainings, facilitation, some degree of fidelity measuring, and service costs, Ohio has struggled to take this approach statewide in a consistent and cost-effective manner. ENGAGE will address and overcome the challenges and barriers communities have encountered over the years with Wraparound implementation, which include:

- Consistent and ongoing training and technical assistance
- Regional coaches to oversee local team's fidelity
- Consistent assessment tools (e.g., level of care, youth assessment, fidelity measures)
- Statewide data system to track clients' progress, outcomes, and cost savings
- Coordinating children's funding across systems to support service needs

For more information on the National Wraparound Initiative, visit: <http://www.nwi.pdx.edu/>

ⁱ National Wraparound Initiative, Theory and Research, Chapter 3.5, Summary of the Wraparound Evidence Based: April 2010 Update.