Exhibit A

DCFS Child Welfare Advisory Committee
CWAC Sub-Committee Organization

George Sheldon
Director

Trish Fox
CWAC Chair
Zack Schrantz
CWAC Chair

Well-Being/ Outcomes
Margaret Vimont
Larry Small - DCFS

Oversight and analysis of data needs and system performance outcomes for indicators of youth well-being across levels of care/ treatment to include but not limited to: specific developmentally sensitive indicators for 0-3 early childhood pre-school/school readiness, elementary age, middle school age, high-school age and young adult/youths in transition; Indicators for outcomes for these developmental/age groups should follow the ACYF* well-being framework for outcome domains.

System of Care
Arlene Happach
Kristine Herman - DCFS

Monitors performance and makes recommendations regarding pilot programs and new methods of service delivery. Identifies and addresses inter-agency service delivery gaps and duplications in order to ensure the best care for children, youth and families in child welfare.
Oversees Medicaid Workgroup.

Finance & Administration
Melissa Riddle
Matt Grady - DCFS

Provides input, oversight, and monitoring that supports overall improvements in efficiency and accountability across broad functional areas:
-- DCFS budget review and recommendations
-- Reasonable rates and reimbursement
-- IT/SACWIS* planning and priorities
-- Workforce development and training
-- Diversity and inclusion (including Transformation Teams)

Front-End/Intact
Kathy Grzelak
Nora Harms-Pavelski - DCFS

Monitors, reports on and makes recommendations related to front-end/intact service delivery needs, initiatives and performance outcomes. Works closely with DCP Leadership to identify Front-End system improvement opportunities.

Foster Care
Hope Carbonaro
Deborah Kennedy -DCFS

Monitors, reports on and makes recommendations related to foster care service delivery needs, initiatives, outcomes, rule, monitoring, and contracts. Makes recommendations related to Foster Parent recruitment, licensing, development and retention. Bridges with Residential and Front-End as needed to strengthen transition process and client outcomes.

Residential/ Transitional & Independent Living
Ann Pearcy
Michael C. Jones - DCFS

Monitors, reports on and makes recommendations related to service delivery needs, initiatives and performance outcomes in residential treatment, transitional and independent living programs/ opportunities. Reviews service needs/outcomes related to psychiatric hospitalization utilization. Considers implications related to possible development of PRTF* and locked facilities. Bridges with Foster-Care to strengthen transition process and client outcomes.
Identifies and makes recommendations for 18+ population service delivery reform and federal reimbursement opportunities.

Workforce Development Ad Hoc
Bev Jones
Pete Digre

* ACYF – Administration of Children, Youth & Families - US Department of Health & Human Services
* IT/SACWIS – Information Technology/Statewide Automated Child Welfare Information System
* PRTF – Psychiatric Residential Treatment Facilities

Updated February 2016

	Name	*Agency*	*Email Address*	*Contact Number*	*Sub-Committee Co-Chairs*	*Tenure Class*
1	Andrea Durbin	Illinois Collaboration on Youth	adurbin@icoyouth.org	312-718-6085		2019
2	Ann Pearcy	One Hope United	apearcy@onehopeunited.org	217-354-6554	Residential/TLP/ILO	2018
3	Arlene Happach	Children's Home + Aid	ahappach@childrenshomeandaid.org	312-424-6803	System of Care	2018
4	Beverly Jones	Lutheran Child & Family Services	bev_jones@lcfs.org	708-488-5547	Workforce Development	2018
5	Christopher L. Cox	Hoyleton Ministries	ccox@hoyleton.org	618-493-9409		2017
6	Debbie Reed	Chaddock	dreed@chaddock.org	217-222-0034 x- 333		2017
7	Dan Kotowski	ChildServ	dkotowski@childserv.org	773-693-0300		2019
8	John Schnier	Lutheran Social Services of Illinois	john.schnier@lssi.org	847-635-4682 630-797-6104 - cell		2017
9	Kara Teeple	Lawrence Hall Youth Services	kteeple@lawrencehall.org	773-769-3500		2019
10	Kathy Grzelak	Kaleidscope	kgrzelak@kaleidscope4kids.org	773-292-4076	Front End/Intact	2019
11	Malia Arnett	ChildLink	malia.arnett@childlnk.org	312-377-4735 312-339-5508 - cell		2018
12	Margaret Berglind	Child Care Association Illinois	ilccamb@aol.com	312-819-1950		2019
13	Margaret Vimont	Jewish Child and Family Services	margaretvimont@jcfs.org;	312 673-3230	Well-Being/Outcomes	2018
14	Mary Shahbazian	Allendale Association	mshahbazian@allendale4kids.org	847-245-6218		2017
15	Nancy Hughes	Volunteers of America of Illinois	nhughes@voail.org;	312-564-2300		2018
16	Raul Garza	Aunt Martha's Youth Services	rgarza@auntmarthas.org	708-747-7100		2017
17	Rick Velasquez	Youth Outreach Services, Inc.	rickv@yos.org	773-777-7112		2017
18	Steve Budde	Juvenile Protective Association	sbudde@juvenile.org	312-698-6945		2019
19	Toleda Hart	Methodist Youth Services	thart@myschicago.org	773-846-4600 x-2224		2017
20	Tricia Fox	The Center for Youth and Family Solutions	tfox@cyfsolutions.org	309 657-3076		2018
21	Zack Schrantz	Uhlich Children's Advantage Network (UCAN)	zack.schrantz@ucanchicago.org	773-588-0180		2018
22	Open					
23	Open					
24	Open					
	Appointed Advisors ~ Non-Providers					
25	Allison Cugier	Foster Parent Advisory Council	Allison.cugier@illinois.gov	618-213-3170 x-1205		2017
26	Darrin Holt	Foster Parent Advisory Council	darrin_holt@lcfs.org	618-234-8904 x-38		2018
27	Elizabeth Richmond	IL Adoption Advisory Council	erichmondf2f@yahoo.com	309-697-9720		2017
28	Fred Long	Former Youth in Care		773-419-0015		2019
29	Layla Suleiman-Gonzalez	Illinois Latino Family Commission	layla.suleiman@illinois.gov grace.leon@illinois.gov	312-758-9352		2019
30	Roxy Kozyckwj	IL Assoc. Rehabilitation Facilities	rkozyckwj@iars.org	217-753-1190 x109		2017
31	Michael Holmes	African American Family Commission	mholmes@aafc.org	312-326-0368		2018
32	Yvonne Zehr	Cook County Public Guardian Office	yvonne.zehr@cookcountyil.gov	312-433-5174		2018

Name	Agency	Email Address	Contact Number	Sub-Committee Co-Chairs	Tenure Class
DCFS Staff					
George Sheldon	Director	george.sheldon@illinois.gov	312-814-6800		
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Cynthia Tate	Senior Deputy Director	cynthia.tate@illinois.gov	312-808-5000		
Carolyn Ross	Chief Deputy Director	carolyn.ross@illinois.gov	312-814-5983		
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Pete Digre	Deputy Director	michael.C.jones2@illinois.gov	312-814-6848	Workforce Development	
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Kristine Herman	Associate Deputy Director	kristine.herman@illinois.gov	217-278-5540	System of Care	
Nora Harms-Pavelski	Deputy Director	Nora.Harms-Pavelski@illinois.gov	217-785-4015	Front End/Intact	
Michael C. Jones	Deputy Director	Michael.C.Jones2@illinois.gov	312-814-6848	Residential/High End	
Jody Grutza	Deputy Director	jody.grutza@illinois.gov	312-758-3216		

Updated February 23, 2016

Exhibit B

Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews
Executive Summary–AMENDED May 13, 2015

On October 10, 2014, and May 13, 2015, the Administration for Children and Families (ACF) published public notices in the Federal Register of statewide data indicators and national standards that the Children's Bureau will use to determine substantial conformity with titles IV-B and IV-E of the Social Security Act through the Child and Family Services Reviews (CFSRs).

Background

The Children's Bureau (CB) implemented the CFSRs in 2001 in response to a mandate in the Social Security Amendments of 1994. The legislation required the U.S. Department of Health and Human Services to issue regulations for the review of state child and family services programs under titles IV-B and IV-E of the Social Security Act (see § 1123A of the Social Security Act). CB uses the required reviews to determine whether such programs are in substantial conformity with title IV-B and IV-E plan requirements. The review process, as regulated at 45 CFR § 1355.31-37, grew out of extensive consultation with interested groups, individuals, and experts in the field of child welfare and related areas.

The CFSRs enable the CB to: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes. We conduct the reviews in partnership with state child welfare agency staff and other partners and stakeholders involved in the provision of child welfare services. We have structured the reviews to help states identify strengths as well as areas needing improvement within their agencies and programs.

The CB uses the CFSRs to assess state performance on seven outcomes and seven systemic factors. The seven outcomes focus on key items measuring safety, permanency, and well-being. The seven systemic factors focus on key state plan requirements of titles IV-B and IV-E that provide a foundation for child outcomes.[1] If we determine that a state has not achieved substantial conformity in one or more of the areas assessed in the review, the state must develop and implement a program improvement plan within two years addressing the areas of nonconformity. The CB supports the states with technical assistance and monitors implementation of their program improvement plans. We withhold a portion of the state's federal title IV-B and IV-E funds if the state is unable to complete its program improvement plan successfully.

The CB uses national standards for state performance on statewide data indicators to determine whether a state is in substantial conformity with two outcomes. Statewide

[1] See the Quick Reference Items List at http://kt.cfsrportal.org/action.php?kt_path_info=ktcore.actions.document.view&fDocumentId=73093 for a brief summary of the items subject to review in the CFSR.

data indicators are aggregate measures, and we calculate them using administrative data available from a state's submissions to the Adoption and Foster Care Analysis and Reporting System (AFCARS),[2] the National Child Abuse and Neglect Data System (NCANDS),[3] or a CB-approved alternate source for safety-related data. If we determine that a state is not in substantial conformity with a related outcome due to its performance on an indicator, the state must include that indicator in its program improvement plan. The improvement a state must achieve is relative to the state's baseline performance at the beginning of the program improvement plan period.

In the April 23, 2014, Federal Register notice (79 FR 22604), the CB proposed statewide data indicators and an approach to national standards for the third round of CFSRs that differed from that used for the second round of reviews. In that notice we provided a detailed review of the consultation with the field and information considered in developing the third round of the CFSRs. We reviewed research literature, consulted with an expert panel, considered the availability and quality of data available, and conducted statistical testing to examine relationships between available data and outcomes. During the 30-day public comment period following the notice, we received 52 unique responses from state and local child welfare agencies, national and local advocacy and human services organizations, researchers, and other interested persons. CB reviewed and considered all public comments and questions before making final decisions regarding the statewide data indicators and the methodology.

We considered all public comments and issued a final notice in the October 10, 2014, Federal Register (79 FR 61241). That public notice includes a summary of our response. The public comments and questions that were submitted are available in their original form (http://www.regulations.gov). CB made some corrections to the October notice and published a new notice in the Federal Register on May 13, 2015. The May 2015 notice is published at https://federalregister.gov/a/2015-11515.

Summary of Final Statewide Data Indicators and Methods

Most commenters expressed strong support for the proposed statewide data indicators and national standards. We changed two indicators in response to the public comments. We will measure the recurrence of maltreatment instead of repeat reports of maltreatment, as we proposed in the April 2014 Federal Register notice. We will also add a new indicator to measure permanency in 12 months for children who have been in foster care for 12 months to 23 months.

Therefore, our final plan is to use two statewide data indicators to measure maltreatment in foster care and recurrence of maltreatment in evaluating Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect. We will use statewide data indicators to measure achievement of permanency in 12 months for children entering foster care, permanency in 12 months for children in foster care for 12 months to 23 months, permanency in 12 months for children in foster care for 24 months or more, re-

[2] AFCARS collects case-level information from state and Tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement. Title IV-E agencies must submit AFCARS data to the Children's Bureau twice a year.

[3] NCANDS collects child-level information on every child who receives a response from a child protective services agency due to an allegation of abuse or neglect. States report these data to the Children's Bureau voluntarily. In FFY 2013, all 50 states, the District of Columbia, and Puerto Rico submitted NCANDS data.

entry to foster care in 12 months, and placement stability. We will use these five permanency indicators in evaluating Permanency Outcome 1: Children have permanency and stability in their living situations.

A description of each of the seven statewide data indicators, how we will calculate them, our rationale for each indicator, inclusions, and exclusions is provided in the final public notice and notice of corrections. These Federal Register notices include our approach to measuring a state's program improvement on the indicators should the state not meet a national standard. We provide information on how we will share data and information related to state performance as well as data quality issues that may affect the indicators and methods.

On May 13, 2015, CB issued CFSR Technical Bulletin #8A, which provides additional technical information and discussion relevant to the statewide data indicators, national standards, and states' performance on them. Technical bulletin #8A is available on the CB's website at http://www.acf.hhs.gov/programs/cb/laws-policies/technical-bulletins/cw-monitoring.

The seven statewide data indicators are described briefly below.

Statewide Data Indicators for CFSR Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Maltreatment in foster care
This indicator is described as: Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?

Numerator: Of children in the denominator, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode within the 12-month period (NCANDS, AFCARS)

Denominator: Of children in foster care during a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period (AFCARS)

We include this indicator to measure whether the state child welfare agency ensures that children do not experience abuse or neglect while in the state's foster care system. The indicator holds states accountable for keeping children safe from harm while under the responsibility of the state, no matter who perpetrates the maltreatment while the child is in foster care.

Recurrence of maltreatment
This indicator is described as: Of all children who were victims of a substantiated or indicated maltreatment report during a 12-month reporting period, what percent were victims of another substantiated or indicated maltreatment report within 12 months of their initial report?

Numerator: The number of children in the denominator who had another substantiated or indicated maltreatment report within 12 months of their initial report (NCANDS)

Denominator: The number of children with at least one substantiated or indicated maltreatment report in a 12-month period (NCANDS)

We include this indicator to measure whether the agency was successful in preventing subsequent maltreatment of a child if the child was the subject of a substantiated or indicated report of maltreatment.

Statewide Data Indicators for CFSR Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanency in 12 months for children entering foster care
This indicator is described as: Of all children who enter foster care in a 12-month period, what percent are discharged to permanency within 12 months of entering foster care? Permanency, for the purposes of this indicator and the other permanency-in-12-months indicators, includes discharges from foster care to reunification with the child's parents or primary caregivers, living with a relative, guardianship, or adoption.

Numerator: The number of children in the denominator who are discharged to permanency within 12 months of entering foster care (AFCARS)

Denominator: The number of children who enter foster care in a 12-month period (AFCARS)

We include this indicator to measure whether the agency reunifies or places children in safe and permanent homes as soon as possible after removal.

Permanency in 12 months for children in foster care 12 to 23 months
This indicator is described as: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) between 12 and 23 months, what percent discharged from foster care to permanency within 12 months of the first day of the period?

Numerator: The number of children in the denominator who discharged from foster care to permanency within 12 months of the first day (AFCARS)

Denominator: The number of children in foster care on the first day of a 12-month period who had been in foster care in that episode between 12 and 23 months (AFCARS)

We include this indicator to measure whether the agency reunifies or places children in safe and permanent homes timely if permanency was not achieved in the first 12 to 23 months of foster care.

Permanency in 12 months for children in foster care for 24 months or longer
This indicator is described as: Of all children in foster care on the first day of a 12-month period who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day?

Numerator: The number of children in the denominator who are discharged from foster care to permanency within 12 months of the first day (AFCARS)

Denominator: The number of children in foster care on the first day of a 12-month period who had been in foster care in that episode for 24 months or more (AFCARS)

We include this indicator to measure whether the agency continues to ensure permanency for children who have been in foster care for longer periods of time.

Re-entry to foster care in 12 months
This indicator is described as: Of all children who enter foster care in a 12-month period who were discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?

Numerator: The number of children in the denominator who re-entered foster care within 12 months of their discharge from foster care (AFCARS)

Denominator: The number of children who entered foster care in a 12-month period who discharged within 12 months to reunification, living with a relative, or guardianship (AFCARS)

We include this indicator to measure whether the agency's programs and practice are effective in supporting reunification and other permanency goals so that children do not return to foster care.

Placement stability
This indicator is described as: Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?

Numerator: Among children in the denominator, the total number of placement moves during the 12-month period (AFCARS)

Denominator: Among children who enter foster care in a 12-month period, the total number of days these children were in foster care as of the end of the 12-month period (AFCARS)

We include this indicator to measure whether the agency ensures that children whom the agency removes from their homes experience stability while they are in foster care.

National Standards and State Performance

The national standard is set at the national observed performance for each of the seven indicators. The following tables show the national standards for each indicator.

National Standards for CFSR R3 Statewide Data Indicators: Safety Outcome 1

Statewide Data Indicators for Safety Outcome 1	National Standard
Maltreatment in foster care	8.50 victimizations per 100,000 days in foster care
Recurrence of maltreatment	9.1%

National Standards for CFSR R3 Statewide Data Indicators: Permanency Outcome 1

Statewide Data Indicators for Permanency Outcome 1	National Standard
Permanency in 12 months for children entering foster care	40.5%
Permanency in 12 months for children in foster care between 12 and 23 months	43.6%
Permanency in 12 months for children in foster care for 24 months or more	30.3%
Re-entry to foster care in 12 months	8.3%
Placement stability	4.12 moves per 1,000 days in foster care

Calculation of the National Standards

For indicators in which the outcome for a child either occurred or did not occur, the standard is calculated as the number of children in the nation experiencing the outcome divided by the number of children in the nation eligible for, and therefore at risk, of the outcome. This is the case for the indicators that measure permanency (for all cohorts) in 12 months, re-entry to foster care in 12 months, and recurrence of maltreatment. The result of the calculation is a proportion. We present the standard as a percentage by multiplying the proportion by 100 to show a number that is more easily understood.

For indicators in which the outcome for a child is a count per day in foster care, the standard is calculated as the sum of counts for all children in the nation divided by the sum of days these children were in foster care. This is the case for the indicators for placement stability (moves per days in foster care) and maltreatment in foster care (number of victimizations per days in foster care). The result of the calculation is a rate. We multiply the rates to show more understandable numbers: for placement stability by 1,000 to yield a rate of moves per 1,000 days, and for maltreatment in foster care by 100,000 to give a rate of victimizations per 100,000 days in foster care.

Multi-Level Modeling Approach

State performance on each statewide data indicator will be assessed using a multi-level model appropriate for that indicator. The multi-level model that we employ when assessing each state's performance takes into account: (1) the variation across states in the age distribution of children served for all indicators, and the state's entry rate for selected indicators (risk adjustment); (2) the variation across states in the number of children they serve; and (3) the variation across states in child outcomes. The result of this modeling is a performance value that is a more accurate and fair representation of

each state's performance than can be obtained by simply using the state's observed performance.

Risk Adjustment

We will risk-adjust on child's age for each indicator (depending on the indicator, it is the child's age at entry, exit, or on the first day). We will also risk-adjust on the state's foster care entry rate for two indicators: permanency in 12 months for children entering foster care, and re-entry to foster care in 12 months. Adjusting on age allows us to control statistically for the fact that children of different ages have different likelihoods of experiencing the outcome, regardless of the quality of care a state provides. Adjusting on foster care entry rate allows us to account for the fact that states with lower entry rates tend to have children at greater risk for poor outcomes.

After we perform all the calculations in the model, the result will be the state's risk-standardized performance. The risk-standardized performance is the ratio of the number of predicted outcomes over the number of expected outcomes, multiplied by the national observed performance.

State Performance Relative to the National Standards

A state's risk-standardized performance can be compared directly to the national observed performance to determine whether the state performed statistically higher or lower than the national observed performance. To make this assessment, the CB calculates approximate 95 percent interval estimates around each state's risk-standardized performance.

The CB will compare each state's interval estimate to the national observed performance, and assign each state to one of three groups:

- "No different than national observed performance"
- "Higher than national observed performance"
- "Lower than national observed performance"

Whether it is desirable for a state to be higher or lower than the national observed performance depends on the indicator. For the indicators assessing permanency by 12 months for the three cohorts, a higher value is desirable and will be considered to have met the national standard. For the remaining indicators, a lower value is desirable and will be considered to have met the national standard. For all indicators, we will consider states that are "no different than national observed performance" to have met the national standard.

Sources and Data Periods

The datasets used for the national standard calculations depend on the indicator. Some indicators require more data periods than others. For example, the re-entry to foster care in 12 months indicator requires six report periods of AFCARS data. This is because the cohort of children used requires a look at all children who enter foster care over a 12-month period; then they are followed for another 12 months to establish whether they have exited to permanency; then they are followed for a subsequent 12 months after their exit to see if they re-enter foster care.

Monitoring Statewide Data Indicators in Program Improvement Plans

The CB will require a state that does not meet the national standard for any indicator to include improvement on that indicator in its program improvement plan. If we are unable to determine a state's performance on an indicator due to data quality issues, we will also require the state to include that indicator in its program improvement plan.

Companion Measures
If a state has a program improvement plan that includes improving on the indicator of "Permanency in 12 months for children entering foster care," the CB's determination of whether the state has improved successfully will take into consideration its performance on the "Re-entry to foster care" indicator as a companion measure. The reverse is also true. Specifically, the state must not allow performance on the companion measure to fall below a certain level from its baseline performance.

Thresholds are established as the inverse of performance goals. For example, a state must stay below a threshold for the companion "Re-entry to foster care" indicator as well as achieve its goal on the "Permanency in 12 months for children entering foster care" indicator to successfully complete the program improvement plan. If a state must improve on the "Re-entry to foster care" indicator in its program improvement plan, it must not fall below the threshold established for permanency in 12 months for children entering foster care.

Setting Goals and Monitoring Progress
The key components for setting improvement goals and monitoring a state's progress over the course of a program improvement plan involve calculating baselines, setting improvement goals and, when companion measures are included in an improvement plan, also establishing thresholds.

The CB will set the baseline for each statewide data indicator included in a program improvement plan at the state's observed performance on that indicator for the most recent year of available data at the beginning of the program improvement plan. Because the CFSR schedule is staggered, the applicable year or data periods used in establishing the baseline will vary from state to state.

We will establish improvement factors for program improvement goals and thresholds (if applicable) for the data indicators based on the variability in a state's observed performance in the three most recent years of data. The resulting improvement goal or threshold may be limited or increased for a state based on the floor and cap for improvement that we have set for each indicator. We set the floors and caps such that no states are required to improve by more than the amount of improvement at the 50th percentile, and all states engaged in a program improvement plan are to improve by at least the amount of improvement at the 20th percentile (or 80th percentile, depending on whether higher or lower performance is preferable on the indicator).

The following tables show the floor and cap for program improvement goals for each indicator.

Improvement Goals for CFSR R3 Statewide Data Indicators: Safety Outcome 1

Statewide Data Indicators for Safety Outcome 1	Floor	Cap
Maltreatment in foster care	0.904	0.812
Recurrence of maltreatment	0.951	0.902

Improvement Goals for CFSR R3 Statewide Data Indicators: Permanency Outcome 1

Statewide Data Indicators for Permanency Outcome 1	Floor	Cap
Permanency in 12 months for children entering foster care	1.031	1.063
Permanency in 12 months for children in foster care 12 to 23 months	1.046	1.082
Permanency in 12 months for children in foster care 24 months or more	1.042	1.091
Re-entry to foster care in 12 months	0.891	0.834
Placement stability	0.959	0.904

Successful Completion of Program Improvement Plans

A state can complete its program improvement plan successfully with regard to the indicators in one of two ways: (1) the state can meet its improvement goal and not exceed the threshold for its companion measure, if applicable, at some point before the end of the program improvement monitoring; or (2) the CB can relieve the state of any further obligation to improve for CFSR purposes if the state meets the national standard for an indicator before the CB approves a program improvement plan or during the course of program improvement monitoring.

Data

Setting national standards and measuring state performance on statewide data indicators for CFSR purposes relies upon the states submitting high-quality data to AFCARS and NCANDS. We have set data quality limits for calculating the national standards and estimating states' risk-adjusted performance. We will exclude states that have data quality issues that exceed the data quality limits established from the model we use to calculate the national standard (i.e., the national observed performance) and estimate states' risk-adjusted performance. Data quality issues can also prevent us from using child-level records in our calculations.

We will provide data profiles of state performance to each state before the state's CFSR on all seven of the statewide data indicators and other contextual data available from AFCARS and NCANDS. This data profile will assist the state in developing its statewide assessment and beginning to plan for program improvement, if appropriate. In addition, we will provide data profiles semi-annually to assist states in measuring progress toward the goals identified in their program improvement plans.

Exhibit C

CWAC Outcomes/Well Being Subcommittee

Well Being Outcomes for DCFS Youth Matrix

Measures chosen based on applicability to domain and availability of data for all DCFS involved youth, regardless of geographical location or placement. Multiple data sources used when possible.

Domain-->	Cognitive Functioning (Education)	Physical Health	Emotional/Behavioral Functioning	Social Functioning
Infancy and Early Childhood (0-5)	• CANS: Developmental Needs, Young Child Development Needs • *Informed by Ages and Stages (ADQ and ASQSE)*	• CANS: Medical/Physical Health, Young Child Physical Health • Growth/Development • Combination chronic health dx and acute HHF visits	• CANS: Emotional strengths, traumatic stress symptoms, emotional/behavioral needs, select risk behaviors • *Informed by ITSC, DECA, ASQSE for under 5 group* • 906 for Psych Hosp.	• CANS: Social Functioning Strengths, Social Functioning Behaviors, and Young Child Social Behaviors • *Informed by Ages and Stages (ADQ and ASQSE)*
Middle Childhood (6-12)	• CANS: Developmental Needs and School Achievement • GPA • Standardized testing scores in reading and math	• CANS: Medical/Physical Health • Combination chronic health dx and acute HHF visits	• CANS: Traumatic Stress Symptoms, Emotional/Behavioral Strengths, Emotional/Behavioral Needs, select Risk Behaviors • School attendance • 906 form for detention • 906 and Psych Hospital Database (PHT): psychiatric hospitalization/readmission • Child Intake and Recovery Unit (CIRU) and 906: Running away	• CANS: Social Functioning Strengths and Social Functioning Behaviors
Adolescence 13-18				Added for Adolescence: • CANS: Intimate Relationships
Measurable factors that can affect each wellbeing domain	*Quality of Educational Context*: CANS: Educational Setting *Outcomes in other domains*	*Health Service Quality Indicators* (e.g., immunizations, timely well child visits, regular dental appointments, etc..) *Outcomes in other domains*	*Continuity/Quality of Care*: Family and Living Situation (CANS), Placement disruptions (906); staying in psychiatric hospital Beyond Medical Necessity (PHT) *Family Involvement/Support*: Substitute Caregiver Strengths and Needs, Biological Parent Strengths and Needs (CANS) *Outcomes in other domains*	

CWAC Outcomes/Well Being Subcommittee

Analysis of Factors Affecting Implementation of Proposed Instruments/Measures

Instrument or Measure	CURRENT STATE	BARRIERS	RECOMMENDATIONS
CANS	A plus that it is already expected on every child Questions of reliability/ validity given an uneven understanding of meaning of each item by rater. Uneven timeliness of submission Uneven perspective given the range of roles of rater (caseworker vs. clinician) Gaps of information held by rater	Overload of system Need for a team approach to completion for full view Desire/ investment of raters given the incentives present for other measures and the seeming lack of use of CANS data Logistical problems in having a feedback loop so that data can be used by person affecting youth	Based on the success of the system that is used by IPS (SOC), Integrated Assessment and Pregnant and Parenting, expand centralized system to maintain timeliness and quality. Re-energize educational efforts to boost meaningfulness with staff and supervisors to use in the work. Provide implementation support on site with coaching/ consultation. Use well-being measure to assess individual youth's progress and for assessing the system overall. Use of wellness measure to assess professionals or agency success has substantial risk of positively skewing ratings. Do periodic checks of reliability and validity of ratings. Integrate team approach to completion as common practice Remove less critical data reporting to lessen reporting burden Implement CANS 3/1 to reduce reporting burden
CASEY	Uneven compliance, not a reliable source of wellbeing. Currently missed often unless needed for life skill referral.	Could be problematic to use given episodic administration of the tool and its usefulness as big pools of data are rolled up to understand larger trends.	Given the heavy intervention that would be necessary to enforce compliance across the system, not advised for measuring well being at this time.
GPA & Math/ Reading Scores, School Attendance		ISBE and DCFS data communicating. And understanding what the scores mean	Tiffany may be a resource to help translate scores. Need to resolve the inter-system communication issues.
Chronic health dx and HHF visits	Very reliable and consistently entered data set.	Would be enhanced further if the record of all ER visit included the dx of what was treated (only present 40% of the time now.	Use ER visit frequency and DX. Some believe that BMI would be good addition, but further discussion with Dr Jaudes is necessary given her objections.
906, Psych Hosp Report, Run unit data	*This set of data sources seems more complete and reliable.*		

Exhibit D

The Principles of Wraparound: Chapter 2.1

Ten Principles of the Wraparound Process

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National Wraparound Initiative Advisory Group

The philosophical principles of wraparound have long provided the basis for understanding this widely-practiced service delivery model. This value base for working in collaboration and partnership with families has its roots in early programs such as Kaleidoscope in Chicago, the Alaska Youth Initiative, Project Wraparound in Vermont, and other trailblazing efforts.

Perhaps the best presentation of the wraparound value base is provided through the stories contained in *Everything is Normal until Proven Otherwise* (Dennis & Lourie, 2006). In this volume, published by the Child Welfare League of America, Karl Dennis, former Director of Kaleidoscope, presents a set of stories that illuminate in rich detail how important it is for helpers to live by these core principles in service delivery. As described in the *Resource Guide*'s Foreword, these stories let the reader "experience the wraparound process as it was meant to be" (p.xi).

For many years, the philosophy of wraparound was expressed through the work of local initiatives and agencies such as Kaleidoscope, but not formally captured in publications for the field. Critical first descriptions were provided by VanDenBerg & Grealish (1996) as part of a special issue on wraparound, and by Goldman (1999) as part of an influential monograph on wraparound (Burns & Goldman, 1999).

These resources presented elements and practice principles that spanned activity at the team, organization, and

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This is an updated version of *The Ten Principles of the Wraparound Process*, which was originally published in 2004.

system levels. In other words, some elements were intended to guide work at the team level with the youth, family and hands-on support people, while other elements described activities at the program or system level. For many, these documents were the best means available for understanding the wraparound process. They also provided the basis for initial efforts at measuring wraparound implementation. (See the chapter on wraparound fidelity in chapter 5e.1 of this *Resource Guide.*)

The Ten Principles as Presented by the National Wraparound Initiative

At the outset of the National Wraparound Initiative's work, it was recognized that presentation of the principles of wraparound would be a central part of the NWI's mission to enhance understanding of wraparound and support high-quality wraparound practice. So what, if anything, was needed to communicate the principles clearly?

In the first place, the early descriptions of wraparound's philosophical base included a series of elements that were described only briefly, or not at all. If these values were truly to guide practice, it seemed important to provide some information about what was meant by key terms and phrases like "culturally competent," "based in the community" and "individualized." Secondly, since the principles were intended to serve as a touchstone for wraparound practice and the foundation for the NWI's subsequent work, it was important that a document describing the principles receive formal acceptance by the advisors who comprised the NWI. Finally, for clarity, it seemed optimal to express the principles at the level of the family and team. Once the principles were clarified and written in this way, descriptions of the organizational and system supports necessary to achieve high-quality wraparound practice (see Chapter 5a.1 of this *Resource Guide)* could be presented as *"what supports are needed to achieve the wraparound principles for families and their teams?"* Furthermore, descriptions of the practice model for wraparound (See chapter 4a.1 of this *Resource Guide)* could be presented as *"what activities must be undertaken by wraparound teams to achieve the principles for youth and families?"*

The current document began with the efforts of a small team of wraparound innovators, family advocates, and researchers working together over several months. This team started with the original elements and practice principles, reviewed other documents and training manuals, and drafted a revised version of the principles as expressed at a family and team level. These descriptions were then provided to a much larger national group of family members, program administrators, trainers, and researchers familiar with wraparound. Through several stages of work, these individuals voted on the principles presented, provided feedback on wording, and participated in a consensus-building process.

Though not complete, consensus on the NWI principles document, initially created in 2004, was strong. Nonetheless, there were several key areas where the complexity of wraparound made consensus difficult within our advisory group. In many cases, advisors were uncomfortable with brief definitions of the principles because they did not acknowledge tensions that could arise in "real world" efforts to put the principles into practice. These tensions were acknowledged and addressed in the consensus document in several ways:

- First, in addition to the one- to two-sentence definition for each principle, more in-depth commentary is also provided, highlighting tensions and disagreements and providing much greater depth about the meaning of each principle.
- Second, we have allowed our NWI "community of practice" to revisit the principles. Most notably, at the behest of a number of advisors, the NWI revisited the principle of *Persistent*, and asked whether the original name for the principle, *Unconditional Care*, might be more appropriate and a new definition possible. The results of this 2008 survey of advisors are reflected in the definitions presented here, and a description of this process is presented for your information in Chapter 2.5 of this *Resource Guide.*
- Finally, true to the wraparound model, all the materials of the NWI are intended to be resources for use by local initiatives, families, and researchers to use as

they see fit. Thus, documents such as this one, as well as the *Phases and Activities of the Wraparound Process*, are conceived as "skeletons" to be "fleshed out" by individual users. For example, in Canada, a new nationwide initiative north of the border has adapted the NWI principles. As a result, they have used the NWI principles to describe the value base in ways to suit their purposes, such as a description of the paradigm shifts necessary for wraparound and the personal values expected of participating helpers.

Many have expressed a need to move beyond a value base for wraparound in order to facilitate program development and replicate positive outcomes. However, wraparound's philosophical principles will always remain the starting point for understanding wraparound. The current document attempts to provide this starting point for high-quality practice for youth and families.

Considered along with the rest of the materials in the *Resource Guide to Wraparound*, we hope that this document helps achieve the main goal expressed by members of the NWI at its outset: To provide clarity on what it means to do wraparound, for the sake of communities, programs, and families. Just as important, we hope that NWI documents such as this continue to be viewed as works in progress, updated and augmented as needed based on research and experience.

The Ten Principles of the Wraparound Process

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.

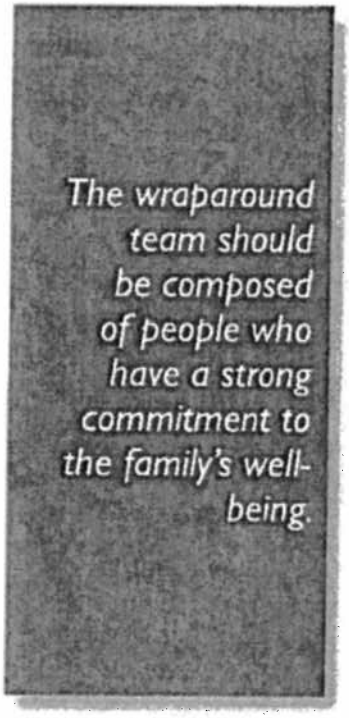
The wraparound process recognizes the importance of long-term connections between people, particularly the bonds between family members. The principle of family voice and choice in wraparound stems from this recognition and acknowledges that the people who have a long-term, ongoing relationship with a child or youth have a unique stake in and commitment to the wraparound process and its outcomes. This principle further recognizes that a young person who is receiving wraparound also has a unique stake in the process and its outcomes. The principle of family voice and choice affirms that these are the people who should have the greatest influence over the wraparound process as it unfolds.

This principle also recognizes that the likelihood of successful outcomes and youth/child and family ownership of the wraparound plan are increased when the wraparound process reflects family members' priorities and perspectives. The principle thus explicitly calls for family voice—the provision of opportunities for family members to fully explore and express their perspectives during wraparound activities—and family choice—the structuring of decision making such that family members can select, from among various options, the one(s) that are most consistent with their own perceptions of how things are, how things should be, and what needs to happen to help the family achieve its vision of well-being. Wraparound is a collaborative process (principle 3); however within that collaboration, family members' perspectives must be the most influential.

The principle of voice and choice explicitly recognizes that the perspectives of family members are not likely to have sufficient impact during wraparound unless *intentional* activity occurs to ensure their voice and choice drives the process. Families of children with emotional and behavioral disorders are often stigmatized and blamed for their children's difficulties. This and other factors—including possible differences in social and educational status between family members and professionals, and the idea of professionals as experts whose role is to "fix" the family—can lead teams to discount, rather than prioritize, family members' perspectives during group discussions and decision making. These same factors also decrease the probability that youth perspectives will have impact in groups when adults and professionals are present.

Furthermore, prior experiences of stigma and shame can leave family members reluctant to express their perspectives at all. Putting the prin-

ciple of youth and family voice and choice into action thus requires intentional activity that supports family members as they explore their perspectives and as they express their perspectives during the various activities of wraparound. Further intentional activity must take place to ensure that this perspective has sufficient impact within the collaborative process, so that it exerts primary influence during decision making. Team procedures, interactions, and products—including the wraparound plan—should provide evidence that the team is indeed engaging in intentional activity to prioritize the family perspectives.



While the principle speaks of *family* voice and choice, the wraparound process recognizes that the families who participate in wraparound, like American families generally, come in many forms. In many families, it is the biological parents who are the primary caregivers and who have the deepest and most enduring commitment to a youth or child. In other families, this role is filled by adoptive parents, step-parents, extended family members, or even non-family caregivers. In many cases, there will not be a single, unified "family" perspective expressed during the various activities of the wraparound process.

Disagreements can occur between adult family members/ caregivers or between parents/caregivers and extended family. What is more, as a young person matures and becomes more independent, it becomes necessary to balance the collaboration in ways that allow the youth to have growing influence within the wraparound process. Wraparound is intended to be inclusive and to manage disagreement by facilitating collaboration and creativity; however, throughout the process, the goal is always to prioritize the influence of the people who have the deepest and most persistent connection to the young person and commitment to his or her well-being.

Special attention to the balancing of influence and perspectives within wraparound is also necessary when legal considerations restrict the extent to which family members are free to make choices. This is the case, for example, when a youth is on probation, or when a child is in protective custody. In these instances, an adult acting for the agency may take on caregiving and/or decision making responsibilities vis-à-vis the child, and may exercise considerable influence within wraparound. In conducting our review of opinions of wraparound experts about the principles, this has been one of several points of contention: How best to balance the priorities of youth and family against those of these individuals. Regardless, there is strong consensus in the field that the principle of family voice and choice is a constant reminder that the wraparound process must place special emphasis on the perspectives of the people who will still be connected to the young person after agency involvement has ended.

> *2. Team based.* The wraparound team consists of individuals agreed upon by the family and committed to the family through informal, formal, and community support and service relationships.

Wraparound is a collaborative process (see principle 3), undertaken by a team. The wraparound team should be composed of people who have a strong commitment to the family's well-being. In accordance with principle 1, choices about who is invited to join the team should be driven by family members' perspectives.

At times, family members' choices about team membership may be shaped or limited by practical or legal considerations. For example, one or more family members may be reluctant to invite a particular person— e.g., a teacher, a therapist, a probation officer, or a non-custodial ex-spouse— to join the team. At the same time, not inviting that person may mean that the team will not have access to resources and/or interpersonal support that would otherwise be available. Not inviting a particular person to join the team can also mean that the activities or support that he or she offers

will not be coordinated with the team's efforts. It can also mean that the family loses the opportunity to have the team influence that person so that he or she becomes better able to act supportively. If that person is a professional, the team may also lose the opportunity to access services or funds that are available through that person's organization or agency.

Not inviting a particular professional to join the team may also bring undesired consequences, for example, if participation of the probation officer on the wraparound team is required as a

condition of probation. Family members should be provided with support for making informed decisions about whom they invite to join the team, as well as support for dealing with any conflicts or negative emotions that may arise from working with such team members. Or, when relevant and possible, the family should be supported to explore options such as inviting a different representative from an agency or organization. Ultimately, the family may also choose not to participate in wraparound.

When a state agency has legal custody of a child or youth, the caregiver in the permanency setting and/or another person designated by that agency may have a great deal of influence over who should be on the team; however, in accordance with principle 1, efforts should be made to include participation of family members and others who have a long-term commitment to the young person and who will remain connected to him or her after formal agency involvement has ended.

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.

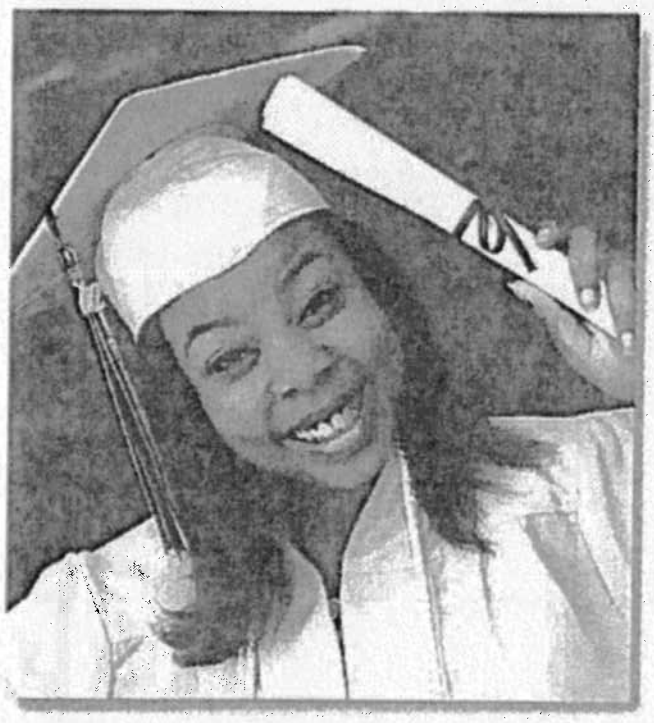
This principle recognizes the central importance of the support that a youth/child, parents/caregivers, and other family members receive "naturally," i.e., from the individuals and organizations whose connection to the family is independent of the formal service system and its resources. These sources of natural support are sustainable and thus most likely to be available for the youth/child and family after wraparound and other formal services have ended. People who represent sources of natural support often have a high degree of importance and influence within family members' lives. These relationships bring value to the wraparound process by broadening the diversity of support, knowledge, skills, perspectives, and strategies available to the team. Such individuals and organizations also may be able to provide certain types of support that more formal or professional providers find hard to provide.

The primary source of natural support is the family's network of interpersonal relationships, which includes friends, extended family, neighbors, co-workers, church members, and so on. Natural support is also available to the family through community institutions, organizations, and associations such as churches, clubs, libraries, or sports leagues. Professionals and paraprofessionals who interact with the family primarily offer paid support; however, they can also be connected to family members through caring relationships that exceed the boundaries and expectations of their formal roles. When they act in this way, professionals and paraprofessionals too can become sources of natural support.

Practical experience with wraparound has shown that formal service providers often have great difficulty accessing or engaging potential team members from the family's community and informal support networks. Thus, there is a tendency that these important relationships will be underrepresented on wraparound teams. This

principle emphasizes the need for the team to act intentionally to encourage the full participation of team members representing 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.



Wraparound is a collaborative activity—team members must reach collective agreement on numerous decisions throughout the wraparound process. For example, the team must reach decisions about what goals to pursue, what sorts of strategies to use to reach the goals, and how to evaluate whether or not progress is actually being made in reaching the goals. The principle of collaboration recognizes that the team is more likely to accomplish its work when team members approach decisions in an open-minded manner, prepared to listen to and be influenced by other team members' ideas and opinions. Team members must also be willing to provide their own perspectives, and the whole team will need to work to ensure that each member has opportunities to provide input and feels safe in doing so. As they work to reach agreement, team members will need to remain focused on the team's overarching goals and how best to achieve these goals in a manner that reflects all of the principles of wraparound.

The principle of collaboration emphasizes that each team member must be committed to the team, the team's goals, and the wraparound plan. For professional team members, this means that the work they do with family members is governed by the goals in the plan and the decisions reached by the team. Similarly, the use of resources available to the team—including those controlled by individual professionals on the team—should be governed by team decisions and team goals.

This principle recognizes that there are certain constraints that operate on team decision making, and that collaboration must operate within these boundaries. In particular, legal mandates or other requirements often constrain decisions. Team members must be willing to work creatively and flexibly to find ways to satisfy these mandates and requirements while also working towards team goals.

Finally, it should be noted that, as for principles 1 (family voice and choice) and 2 (team-based), defining wraparound's principle of collaboration raises legitimate concern about how best to strike a balance between wraparound being youth- and family-driven as well as team-driven. This issue is difficult to resolve completely, because it is clear that wraparound's strengths as a planning and implementation process derive from being team-based and collaborative while also prioritizing the perspectives of family members and natural supports who will provide support to the youth and family over the long run. Such tension can only be resolved on an individual family and team basis, and is best accomplished when team members, providers, and community members are well supported to fully implement wraparound in keeping with all its principles.

5. Community based. The wraparound team implements service and support strategies that take place in the most in-

clusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote child and family integration into home and community life.

This principle recognizes that families and young people who receive wraparound, like all people, should have the opportunity to participate fully in family and community life. This implies that the team will strive to implement service and support strategies that are accessible to the family and that are located within the community where the family chooses to live. Teams will also work to ensure that family members receiving wraparound have greatest possible access to the range of activities and environments that are available to other families, children, and youth within their communities, and that support positive functioning and development.

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.

The perspectives people express in wraparound—as well as the manner in which they express their perspectives—are importantly shaped by their culture and identity. In order to collaborate successfully, team members must be able to interact in ways that demonstrate respect for diversity in expression, opinion, and preference, even as they work to come together to reach decisions. This principle emphasizes that respect toward the family in this regard is particularly crucial, so that the principle of family voice and choice can be realized in the wraparound process.

This principle also recognizes that a family's traditions, values, and heritage are sources of great strength. Family relationships with people and organizations with whom they share a cultural identity can be essential sources of support and resources; what is more, these connections are often "natural" in that they are likely to endure as sources of strength and support after formal services have ended. Such individuals and organizations also may be better able to provide types of support difficult to provide through more formal or professional relationships. Thus, this principle also emphasizes the importance of embracing these individuals and organizations, and nurturing and strengthening these connections and resources so as to help the team achieve its goals, and help the family sustain positive momentum after formal wraparound has ended.

Undesired behavior, events, or outcomes are not seen as evidence of child or family "failure" and are not seen as a reason to eject the family from wraparound.

This principle further implies that the team will strive to ensure that the service and support strategies that are included in the wraparound plan also build on and demonstrate respect for family members' beliefs, values, culture, and identity. The principle requires that team members are vigilant about ensuring that culturally competent services and supports extend beyond wraparound team meetings.

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.

This principle emphasizes that, when wraparound is undertaken in a manner consistent with all of the principles, the resulting plan will be uniquely tailored to fit the family. The principle of family voice and choice lays the foundation for individualization. That principle requires that wraparound must be based in the family's perspective about how things are for them, how things should be, and what needs to happen to achieve the latter.

Practical experience with wraparound has shown that when families are able to fully express their perspectives, it quickly becomes clear that only a portion of the help and support required is available through existing formal ser-

vices. Wraparound teams are thus challenged to create strategies for providing help and support that can be delivered outside the boundaries of the traditional service environment. Moreover, the wraparound plan must be designed to build on the particular strengths of family members, and on the assets and resources of their community and culture. Individualization necessarily results as team members collaboratively craft a plan that capitalizes on their collective strengths, creativity, and knowledge of possible strategies and available resources.

> *8. Strengths based.* The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

The wraparound process is strengths based in that the team takes time to recognize and validate the skills, knowledge, insight, and strategies that each team member has used to meet the challenges they have encountered in life. The wraparound plan is constructed in such a way that the strategies included in the plan capitalize on and enhance the strengths of the people who participate in carrying out the plan. This principle also implies that interactions between team members will demonstrate mutual respect and appreciation for the value each person brings to the team.

The commitment to a strengths orientation is particularly pronounced with regard to the child or youth and family. Wraparound is intended to achieve outcomes not through a focus on eliminating family members' deficits but rather through efforts to utilize and increase their assets. Wraparound thus seeks to validate, build on, and expand family members' psychological assets (such as positive self-regard, self-efficacy, hope, optimism, and clarity of values, purpose, and identity), their interpersonal assets (such as social competence and social connectedness), and their expertise, skill, and knowledge.

> *9. Unconditional.* A wraparound team does not give up on, blame, or reject children, youth, and their families. When faced with challenges or setbacks, the team continues working towards meeting the needs of the youth and family and towards achieving the goals in the wraparound plan until the team reaches agreement that a formal wraparound process is no longer necessary.

This principle emphasizes that the team's commitment to achieving its goals persists regardless of the child's behavior or placement setting, the family's circumstances, or the availability of services in the community. This principle includes the idea that undesired behavior, events, or outcomes are not seen as evidence of youth or family "failure" and are not seen as a reason to reject or eject the family from wraparound. Instead, adverse events or outcomes are interpreted as indicating a need to revise the wraparound plan so that it more successfully promotes the positive outcomes associated with the goals. This principle also includes the idea that the team is committed to providing the supports and services that are necessary for success, and will not terminate wraparound because available services are deemed insufficient. Instead, the team is committed to creating and implementing a plan that reflects the wraparound principles, even in the face of limited system capacity.

At the same time, it is worth noting that many wraparound experts, including family members and advocates, have observed that providing "unconditional" care to youth and families can be challenging for teams to achieve in the face of certain system-level constraints. One such constraint is when funding limitations or rules will not fund the type or mix of services determined most appropriate by the team. In these instances the team must develop a plan that can be implemented in the absence of such resources without giving up on the youth or family. Providing unconditional care can be complicated in other situations, such as the context of child welfare, where unconditional care includes the duty to keep children and youth safe. Regardless, team members as well as those overseeing wraparound initiatives must strive to achieve the principle of unconditional care for the youth and all family members if the wraparound process is to have its full impact on youth, families, and communities.

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.

This principle emphasizes that the wraparound team is accountable—to the family and to all team members; to the individuals, organizations and agencies that participate in wraparound; and, ultimately, to the public—for achieving the goals laid out in the plan. Determining outcomes and tracking progress toward outcomes should be an active part of wraparound team functioning. Outcomes monitoring allows the team to regularly assess the effectiveness of plan as a whole, as well as the strategies included within the plan, and to determine when the plan needs revision. Tracking progress also helps the team maintain hope, cohesiveness, and efficacy. Tracking progress and outcomes also helps the family know that things are changing. Finally, team-level outcome monitoring aids the program and community to demonstrate success as part of their overall evaluation plan, which may be important to gaining support and resources for wraparound teams throughout the community.

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Acknowledgments

We would like to thank the following Advisory Group members for contributing materials to the "Ten Principles of the Wraparound Process" document, and for participating in interviews and the *Delphi* process through which feedback was received on initial drafts:

A. Michael Booth
Beth Larson-Steckler
Bill Reay
Carl Schick
Carol Schneider
Christina Breault
Christine S. Davis
Collette Lueck
Constance Burgess
Constance Conklin
David Osher
Dawn Hensley
Don Koenig
Eleanor D. Castillo
Frank Rider
Gayle Wiler
Holly Echo-Hawk Solie
Jane Adams
Jane Kallal
Jennifer Crawford
Jennifer Taub
Jim Rast
John Burchard
John Franz
John VanDenBerg
Josie Bejarano
Julie Becker
Julie Radlauer
Kelly Pipkins
Knute Rotto
Kristen Leverentz-Brady
Lucille Eber
Lyn Farr
Marcia Hille
Marcus Small
Mareasa Isaacs
Maria Elena Villar
Marlene Matarese
Mary Grealish
Mary Jo Meyers
Mary Stone Smith
Michael Epstein
Michael Taylor
Neil Brown
Norma Holt
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Suggested Citation:

Bruns, E. J., Walker, J. S., & The National Wraparound Initiative Advisory Group. (2008). Ten principles of the wraparound process. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound.* Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

Wraparound Practice: Chapter 4a.1

Phases and Activities of the Wraparound Process: Building Agreement About a Practice Model

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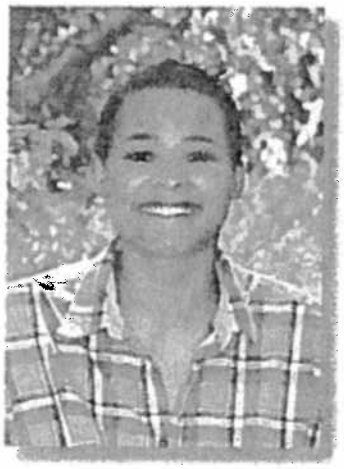

In 2004, the National Wraparound Initiative (NWI) focused its attention on building agreement about essential elements of wraparound practice.[1] To begin this work, a small core group came together to review existing wraparound manuals and training materials. This core group, which included researchers, trainer/consultants, family members and administrators, used these materials as the basis for an initial version of a practice model. This initial version saw the wraparound process as consisting of a series of activities grouped into four phases: engagement, initial plan development, plan implementation, and transition.

This initial version of the practice model was circulated by email to an additional ten NWI members, primarily administrators of well-regarded wraparound programs. These stakeholders provided feedback in written and/or verbal form. This feedback was synthesized by the NWI coordinators and incorporated into a new draft of the practice model, which was reviewed and approved by the core group. The practice model that emerged from this process did not include any activities that were completely new (i.e., all the activities had appeared in one or more of the existing manuals or materials). However, the overall model was still quite different from any single model that had been described previously.

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1 A more detailed description of the process for defining the practice model can be found in Walker, J. S., & Bruns, E. J. (2006). Building on practice-based evidence: Using expert perspectives to define the wraparound process. *Psychiatric Services, 57*, 1579-1585.

national wraparound initiative

As a next step in building agreement about practice, the core group sought feedback from the entire NWI advisory group which, at the time, had grown to include 50 members. Advisors were asked to rate each activity in the model in two ways: first, to indicate whether an activity like the one described was essential, optional, or inadvisable for wraparound; and second, whether, as written, the description of the activity was fine, acceptable with minor revisions, or unacceptable. Advisors were also given the opportunity to provide open-ended feedback about each activity, about the grouping of activities into phases, and about whether or not there were essential activities missing from the practice model.

Teams may use a variety of processes or procedures for eliciting needs or goals.

Overall, the 31 advisors who provided feedback expressed a very high level of agreement with the proposed set of activities. For 23 of the 31 activities presented, there all or all but one of the advisors agreed that the activity was essential. Advisors also found proposed descriptions of the activities generally acceptable. For 20 of the 31 proposed activities, the advisors were unanimous in finding the description acceptable.

The coordinators again revised the phases and activities, incorporating the feedback from the advisors. A document was prepared that described the phases and activities in more detail, and provided notes on each activity. These notes provided additional miscellaneous information, including the purpose of the activity, documentation or other products that should emerge from the activity, and/or cautions or challenges that might arise during the course of the activity. This document was reviewed by the core group and accepted by consensus.

The practice model, together with some of the commentary that accompanied it in its original form, is reproduced in the pages that follow. The final model included 32 activities grouped into the four phases. The intention was to define the activities in a manner that is sufficiently precise to permit fidelity measurement, but also sufficiently flexible to allow for diversity in the manner in which a given activity might be accomplished. The intention is to provide a "skeleton" of essential activities that can be accomplished or "fleshed out" in ways that are appropriate for individual communities or even individual teams. For example, an important activity during the phase of initial plan development is for the team to elicit a range of needs or goals for the team to work on, and then prioritize a small number of these to work on first. The practice model specifies that both of these two steps must happen, but does not specify *how* the steps should happen. Teams may use a variety of processes or procedures for eliciting needs or goals, and priority needs or goals can be selected using any of a variety of forms of decision making, including forms of voting or consensus building.

The remainder of this chapter is reproduced from the original *Phases and Activities* document. It begins with a few points that are important to keep in mind when reading about the phases and activities. Following these notes, the document lists and defines each of the four phases of the wraparound process. For each phase, the document describes the main goals to be accomplished in the phase and the activities that are carried out to meet each goal.

Phases and Activities of the Wraparound Process[2]

Some notes:

- The activities that follow identify a facilitator as responsible for guiding, motivating, or undertaking the various activities. This is not meant to imply that a single person must facilitate all of the activities, and we have not tried to specify exactly who should be responsible for each activity. The various activities may be split up among a number of different people. For example, on many teams, a parent partner or advocate takes responsibility for some activities associated with family and youth engagement, while a care coordinator is responsible for other activities. On other teams, a care coordinator takes on most of the facilitation activities with specific tasks or responsibilities taken on by a parent, youth, and/or other team members. In addition, facilitation of wraparound team work may transition between individuals over time, such as from a care coordinator to a parent, family member, or other natural support person, during the course of a wraparound process.
- The families participating in wraparound, like American families more generally, are diverse in terms of their structure and composition. Families may be a single biological or adoptive parent and child or youth, or may include grandparents and other extended family members as part of the central family group. If the court has assigned custody of the child or youth to some public agency (e.g., child protective services or juvenile justice), the caregiver in the permanency setting and/or another person designated by that agency (e.g. foster parent, social worker, probation officer) takes on some or all of the roles and responsibilities of a parent for that child and shares in selecting the team and prioritizing objectives and options. As youth become more mature and independent, they begin to make more of their own decisions, including inviting members to join the team and guiding aspects of the wraparound process.
- The use of numbering for the phases and activities described below is not meant to imply that the activities must invariably be carried out in a specific order, or that one activity or phase must be finished before another can be started. Instead, the numbering and ordering is meant to convey an overall flow of activity and attention. For example, focus on transition activities is most apparent during the latter portions of the wraparound process; however, attention to transition issues begins with the earliest activities in a wraparound process.

2 The remainder of this article was originally published as Walker, J.S., Bruns, E.J., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J., & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process.* Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Phases and Activities of the Wraparound Process: Phase 1

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

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

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

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

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

Phases and Activities of the Wraparound Process: Phase 2

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

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

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

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

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

Phases and Activities of the Wraparound Process: Phase 3

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

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

MAJOR GOALS	ACTIVITIES	NOTES
3.2. Revisit and update the plan GOAL: To use a high quality team process to ensure that the wraparound plan is continually revisited and updated to respond to the successes of initial strategies and the need for new strategies.	*3.2. a. Consider new strategies as necessary* When the team determines that strategies for meeting needs are not working, or when new needs are prioritized, the facilitator guides the team in a process of considering new strategies and action steps using the process described in activities 2.1.f and 2.1.g.	Revising of the plan takes place in the context of the needs identified in 2.1.d. Since the needs are in turn connected to the mission, the mission helps to guide evaluation and plan revisions.
3.3. Maintain/build team cohesiveness and trust GOAL: To maintain awareness of team members' satisfaction with and "buy-in" to the process, and take steps to maintain or build team cohesiveness and trust.	*3.3 a. Maintain awareness of team members' satisfaction and "buy-in"* Facilitator makes use of available information (e.g., informal chats, team feedback, surveys–if available) to assess team members' satisfaction with and commitment to the team process and plan, and shares this information with the team as appropriate. Facilitator welcomes and orients new team members who may be added to the team as the process unfolds.	Many teams maintain formal or informal processes for addressing team member engagement or "buy in", e.g. periodic surveys or an end-of-meeting wrap-up activity. In addition, youth and family members should be frequently consulted about their satisfaction with the team's work and whether they believe it is achieving progress toward their long-term vision, especially after major strategizing sessions. In general, however, this focus on assessing the process of teamwork should not eclipse the overall evaluation that is keyed to meeting identified needs and achieving the team mission.
	3.3 b. Address issues of team cohesiveness and trust Making use of available information, facilitator helps team maintain cohesiveness and satisfaction (e.g., by continually educating team members–including new team members–about wraparound principles and activities, and/or by guiding team in procedures to understand and manage disagreement, conflict, or dissatisfaction).	Teams will vary in the extent to which issues of cohesiveness and trust arise. Often, difficulties in this area arise from one or more team members' perceptions that the team's work–and/or the overall mission or needs being currently addressed–is not addressing the youth and family's "real" needs. This points to the importance of careful work in deriving the needs and mission in the first place, since shared goals are essential to maintaining team cohesiveness over time.
3.4. Complete necessary documentation and logistics	*3.4 a. Complete documentation and logistics* Facilitator maintains/updates the plan and maintains and distributes meeting minutes. Team documentation should record completion of action steps, team attendance, use of formal and informal services and supports, and expenditures. Facilitator documents results of reviews of progress, successes, and changes to the team and plan. Facilitator guides team in revising meeting logistics as necessary and distributes documentation to team members.	Team documentation should be kept current and updated, and should be distributed to and/or available to all team members in a timely fashion.

Phases and Activities of the Wraparound Process: Phase 4

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

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

MAJOR GOALS	ACTIVITIES	NOTES
4.2. Create a "commencement" GOAL: To ensure that the cessation of formal wraparound is conducted in a way that celebrates successes and frames transition proactively and positively.	*4.2 a. Document the team's work* Facilitator guides team in creating a document that describes the strengths of the youth/child, family, and team members, and lessons learned about strategies that worked well and those that did not work so well. Team participates in preparing/reviewing necessary final reports (e.g., to court or participating providers, where necessary)	This creates a package of information that can be useful in the future.
	4.2 b. Celebrate success Facilitator encourages team to create and/or participate in a culturally appropriate "commencement" celebration that is meaningful to the youth/child, family, and team, and that recognizes their accomplishments.	This activity may be considered optional. Youth/child and family should feel that they are ready to transition from formal wraparound, and it is important that "graduation" is not constructed by systems primarily as a way to get families out of services.
4.3. Follow-up with the family GOAL: To ensure that the family is continuing to experience success after wraparound and to provide support if necessary.	*4.3 a. Check in with family* Facilitator leads team in creating a procedure for checking in with the youth and family periodically after commencement. If new needs have emerged that require a formal response, facilitator and/or other team members may aid the family in accessing appropriate services, possibly including a reconvening of the wraparound team.	The check-in procedure can be done impersonally (e.g., through questionnaires) or through contact initiated at agreed-upon intervals either by the youth or family, or by another team member.

Acknowledgments

We would like to thank the following Advisory Group members for participating in the NWI's effort to define the phases and activities of the wraparound process.

A. Michael Booth
Beth Larson-Steckler
Bill Reay
Carl Schick
Carol Schneider
Christina Breault
Christine S. Davis
Collette Lueck
Constance Burgess
Constance Conklin
David Osher
Dawn Hensley
Don Koenig
Eleanor D. Castillo
Frank Rider
Gayle Wiler
Holly Echo-Hawk Solie
Jane Adams
Jane Kallal
Jennifer Crawford
Jennifer Taub
Jim Rast
John Burchard
John Franz
John VanDenBerg
Josie Bejarano
Julie Becker
Julie Radlauer
Kelly Pipkins
Knute Rotto
Kristen Leverentz-Brady
Lucille Eber
Lyn Farr
Marcia Hille
Marcus Small
Mareasa Isaacs
Maria Elena Villar
Marlene Matarese
Mary Grealish
Mary Jo Meyers
Mary Stone Smith
Michael Epstein
Michael Taylor
Neil Brown
Norma Holt
Pat Miles
Patti Derr
Robin El-Amin
Rosalyn Bertram
Ruth A. Gammon
Ruth Almen
Theresa Rea
Trina W. Osher
Vera Pina

Suggested Citation:

Walker, J. S., Bruns, E. J., & The National Wraparound Initiative Advisory Group. (2008). Phases and activities of the wraparound process. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound.* Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

This document was peer reviewed through the NWI.

Supporting Wraparound Implementation: Chapter 5e.4

Wraparound is Worth Doing Well: An Evidence-Based Statement

Eric Bruns, Co-Director, National Wraparound Initiative, and Associate Professor, University of Washington School of Medicine

"Anything worth doing is worth doing well." At some point, a parent, teacher, coach, or supervisor probably has given you this sage advice. Did you ever ask (maybe to yourself) whether there was evidence to support it?

In fact there is. Research tells us we should heed this guidance when delivering our children's behavioral health services. Meta-analyses of interventions delivered in "real world" systems have shown that "services as usual" are often no more effective than no service at all. Services based on evidence for effectiveness have a better chance of succeeding, but they must be delivered with quality and model fidelity if they are to produce positive effects.

Wraparound care coordination is no exception. Over 20 years, findings from controlled, peer-reviewed research articles (see Suter & Bruns, 2009; Bruns & Suter, 2010; Bruns, Walker, et al., 2014 for reviews) and federal evaluation reports (e.g., Urdapilleta et al., 2011) have consistently found wraparound to be associated with positive residential, functioning, and cost outcomes. Most of these studies were small pilot projects, however, in which implementation was tightly overseen and staff were well-trained and supervised (e.g., Bruns, Rast, Walker, Peterson, & Bosworth, 2006; Pullmann et al., 2006).

In 2014, two studies were published that provide cautionary notes to policymakers and providers involved in the increasingly common enterprise of taking wraparound programs to scale in real world public systems. The first study, funded by the National Institute of Mental Health, randomly assigned 93 youths with complex emotional and behavioral

needs and involved in the Nevada child welfare system to wraparound care coordination (N=47) versus more traditional intensive case management (N=46). The wraparound group received more mean hours of care management and services and demonstrated initially better residential outcomes. By 12 months, however, there were no group differences in functioning or emotional and behavioral symptoms (Bruns, Pullmann, Sather, Brinson, & Ramey, 2014).

The second study evaluated whether the addition of a wraparound facilitator to regular child protection services (CPS) in Ontario, Canada, improved child and family functioning over 20 months. While both groups improved significantly in child functioning, caregiver psychological distress, and family resources, addition of a facilitator did not improve outcomes above regular CPS (Browne, Puente-Dura, Shlonsky, Thabane, & Verticchio, 2014).

In addition to rigorously examining wraparound outcomes at some level of scale in "real world" systems, these two studies also shared another thing in common—both found Wraparound implementation quality to be poor.[1] In the Ontario study, fidelity as assessed by the Wraparound Fidelity Index (WFI) was found to be in the "below average" or "not wraparound" ranges for six of the scale's 10 subscales, per standards disseminated by the NWI (Bruns, Leverentz-Brady, & Suter, 2008). The authors concluded that "some of the major components of wraparound may not have been sufficiently provided in order to promote optimal support and care for families" and that "a little bit of wraparound fidelity may not be enough for optimal treatment success."

In the Nevada study, fidelity as assessed by the WFI was worse than 80% of sites nationally for parent reports and worse than 90% of sites nationally per a team observation measure. Parents and caregiver responses on the WFI and observation of team meetings suggested that the program did not consistently do things associated with high-quality implementation, such as:

- Involve youths and family members in the development of the wraparound team
- Actively engage and integrate the family's natural supports
- Develop proactive crisis plans based on functional assessments
- Link caregivers to social supports
- Involve youths in community activities
- Develop statements of team mission or family priority needs
- Brainstorming individualized strategies to meet needs
- Ensure team members followed through on tasks
- Develop effective transition plans

In contrast, earlier studies of smaller-scale wraparound initiatives in the same system with only 4-5 WSM facilitators and extensive training and coaching showed high levels of fidelity and far better residential and functional outcomes for wraparound than for a comparison group of similar youths (Bruns, Rast, et al., 2006; Mears, Yaffe, & Harris, 2009). To put the differences in perspective, youths enrolled in the pilot project improved by an average of 35 points on the Child and Adolescent Functional Assessment Scale (CAFAS), compared to only 13 points in the study of wraparound taken to scale.

Looking at the big picture, these two studies bring the total number of controlled (experimental or quasi-experimental) wraparound studies in peer reviewed journals to 12. Among these, only one other study (Bickman, Smith, Lambert, & Andrade, 2003) found uniformly null effects for the wraparound condition. Perhaps not surprisingly, this is also the one other study among the 12 that documented a lack of adherence to the prescribed wraparound model. In this study, the authors concluded, "many elements of the practice model of wraparound were not present" and that the wraparound condition "was not meaningfully different

1. Notably, both studies also applied wraparound facilitation to youth involved in child welfare. It is possible that this also played a factor in the finding of no significant effects over services as usual.

from the comparison condition."

Thus, many may initially interpret the results of these studies as evidence against the growing movement by states and large jurisdictions to invest in care coordination using the intensive procedures recommended by the National Wraparound Initiative (Walker & Bruns, 2006) for youths at risk for costly and disruptive out of community placement. Closer examination of the studies, however, suggests their findings may simply be an extension of hard lessons learned about implementation of evidence-based practices in general. *Not only is it worth doing these practices well, outcomes for youth and families probably depend on it.*

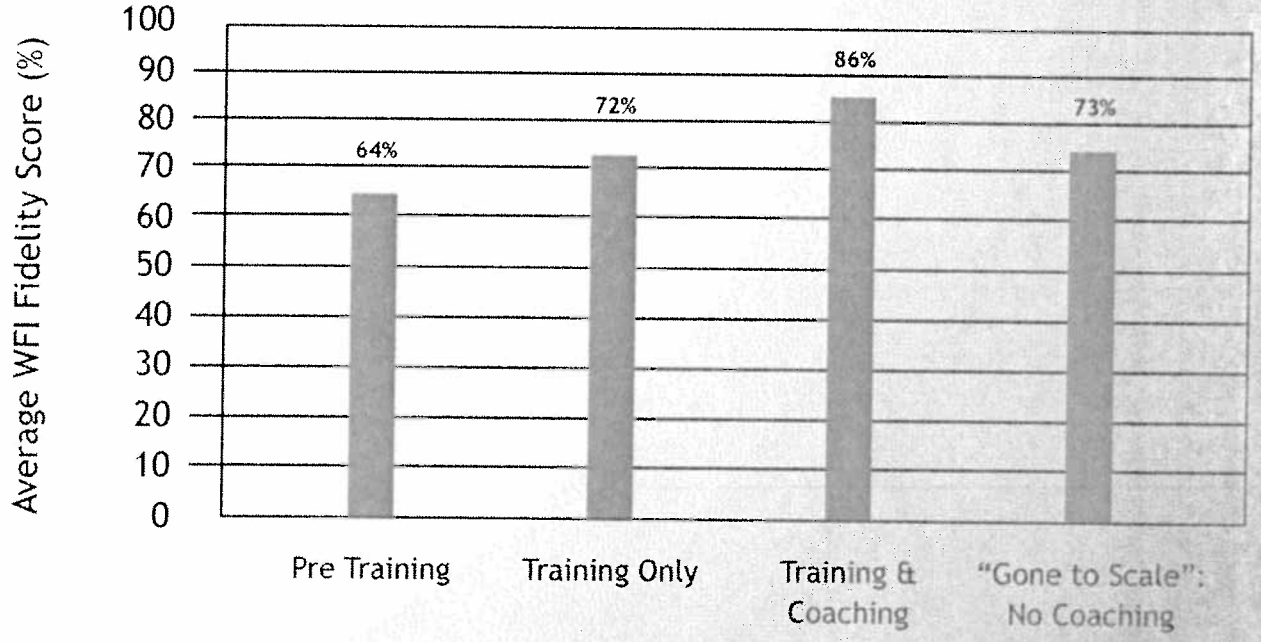
Doing Wraparound Well

So, what does it mean to "do wraparound well"? Obviously, the research summarized above suggests that implementation with fidelity to the prescribed practice model is critical. As has been described in multiple research articles and program descriptions (e.g., Walker & Bruns, 2006; Walker & Matarese, 2011), these practice-level elements must be in place for wraparound to live up to its theory of change and represent the well-coordinated, youth- and family-driven, multisystemic strategy that it is intended to be.

To achieve high-quality practice, system and program supports must be accounted for into the initiative. According to implementation science, the three big implementation drivers to keep in mind are Leadership, Workforce Development, and Program and System Support. Obviously, it would be ideal to do this from the beginning, but many wraparound projects have also successfully developed these "implementation drivers" over time.

Training, Coaching and Supervision. Wraparound projects require a thoughtful and deliberate approach to building staff and personnel capacity. This includes effective training, coaching, and supervision as well as other types of human resource decisions such as appropriate job descriptions, hiring practices, caseload sizes, performance systems, and staff support, including compensation.

Figure 1. Wraparound Fidelity in a System of Care with Variable Workforce Development Over Time



When it comes to training, coaching, and supervision, the evidence is growing crystal clear in human services that the "train and hope" model is destined to fail to achieve high-quality implementation. In the Nevada study cited above, for example, the drop off in fidelity and outcomes coincided with the withdrawal of resources for staff training and coaching that accompanied the national recession of 2007 that hit that states particularly hard (See Figure 1).

To help ensure states and systems understand what is important to attend to in workforce development, the National Wraparound Initiative (NWI) worked with its community of practice to develop

Figure 2. Workforce Development in Wraparound, from Orientation to Innovation

PHASE 1 → PHASE 2 → PHASE 3

	Phase 1: Orientation	Phase 2: Apprenticeship	Phase 3: Ongoing coaching and supervision
Main components	• Basic history and overview of wraparound • Introduction to skills/ competencies • Intensive review of the process	• Observation by the apprentice • Observation of the apprentice	• Ongoing coaching, informed by data • Periodic observation • Document review
Key features	• "Tell, show, practice, feedback" process	• Experienced coaches • Structured process • Use of reliable assessments	• Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	• Training completed	• Observations completed • Score exceeds threshold • Apprentice passes knowledge test	• Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound

2. See http://www.nwi.pdx.edu/pdf/wrap-training-guidelines-2013.pdf

guidelines for training, coaching and supervision for Wraparound Facilitators.[2] As shown in Figure 2, this guidance describes the types of content and practice activities to which facilitators should be exposed in initial training and orientation before they start to work with families. It goes on to describe the all-too-often neglected "apprentice" period, during which facilitators work in tandem with an experienced facilitator—a "coach"—who uses a structured process to help them gradually develop the ability to work independently with families. In a third phase of skill development, ongoing coaching and supervision should be provided to ensure that facilitators continually develop their skills and expertise. In each of the phases, the learning experience should be characterized by a "tell, show, practice, feedback" process, whereby training and coaching shifts gradually from imitation of skillful performance to production of skillful performance.

Program and System Supports. Critical though it may be, training and coaching alone is unlikely to ensure skillful practice and successful implementation. Over a decade ago, Walker, Koroloff, & Schutte (2003) showed that "doing wraparound well" is a complex undertaking that requires a focus on an array of systems-level structures, policies, and supports necessary to ensure quality practice-level implementation and positive outcomes. These "necessary support conditions" have since been codified by the NWI in the form of six themes, shown in Table 1.

Table 1. Necessary Support Conditions for Wraparound

Theme	Description
Theme 1: Community Partnership	Collective community ownership of and responsibility for wraparound is built through collaborations among key stakeholder groups.
Theme 2: Collaborative Action	Stakeholders involved in the wraparound effort translate the wraparound philosophy into concrete policies, practices and achievements.
Theme 3: Fiscal Policies and Sustainability	The community has developed fiscal strategies to meet the needs of children participating in wraparound and methods to collect and use data on expenditures for wraparound-eligible youth.
Theme 4: Access to Needed Supports and Services	The community has developed mechanisms for ensuring access to the wraparound process and the services and supports that teams need to fully implement their plans, including evidence-based practices.
Theme 5: Human Resource Development & Support	Wraparound and partner agency staff support practitioners to work in a manner that allows full implementation of the wraparound model, including provision of high-quality training, coaching, and supervision.
Theme 6: Accountability	The community has implemented mechanisms to monitor wraparound fidelity, service quality, and outcomes, and to assess the quality and development of the overall wraparound effort.

Subsequent research has shown that these conditions can be measured and that they are associated with positive implementation on the ground level (Bruns, Leverentz-Brady, & Suter, 2006; Walker & Sanders, 2011). In the "real world" of wraparound implementation, the following are examples of topics that will require careful attention:

- *System structures for governance and management*, including consideration of options such as care management entities[3] and health homes[4];
- Investment in *quality assurance and accountability*[5] structures;
- *Sustainable financing* of high quality Wraparound, including the use of Medicaid and other federal financing mechanisms[6];
- Developing *centers of excellence* for ongoing implementation, quality assurance, policy, financing, and evaluation support;
- Building, enhancing, and/or implementing *workforce development initiatives* outside of the Wraparound practice model, including shifting providers from residential services to quality home- and-community-based services; and
- Implementation of Wraparound in the context of other systems of care efforts, including developing and implementing other *evidence-based and promising practices.*

Conclusion

In the late 1990s and early 2000s, many feared that the exciting innovations in family- and youth-driven, team based "wraparound" care would become a passing fad. Instead, wraparound has become a touchstone for children's mental health, recommended as a strategy in federal guidance documents,[7] and available in nearly every one of the United States. While it is encouraging that wraparound has gone to scale in this way, wraparound applied inappropriately or implemented "in name only" may represent a waste of our increasingly scarce behavioral health dollars.

Though it is no longer radical, wraparound has the potential to be quite powerful. To make the most of their investment in wraparound, however, states and communities must heed the lessons learned from recent research, lest they be doomed to repeat them.

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5. See http://nwi.pdx.edu/accountability
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Author

Eric Bruns is a clinical psychologist and Associate Professor at the University of Washington School of Medicine in Seattle. He spends much of his professional life conducting research on innovative community-based models for helping youth and families with complex needs, including family treatment drug courts, treatment foster care, parent support programs, and the wraparound process. He is a lead developer of the Wraparound Fidelity Assessment System and, with Janet Walker, co-directs the National Wraparound Initiative.

Suggested Citation:

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Exhibit E

ORGANIZATIONAL STRUCTURE

FEBRUARY 16, 2016

Illinois Department of DCFS Children & Family Services

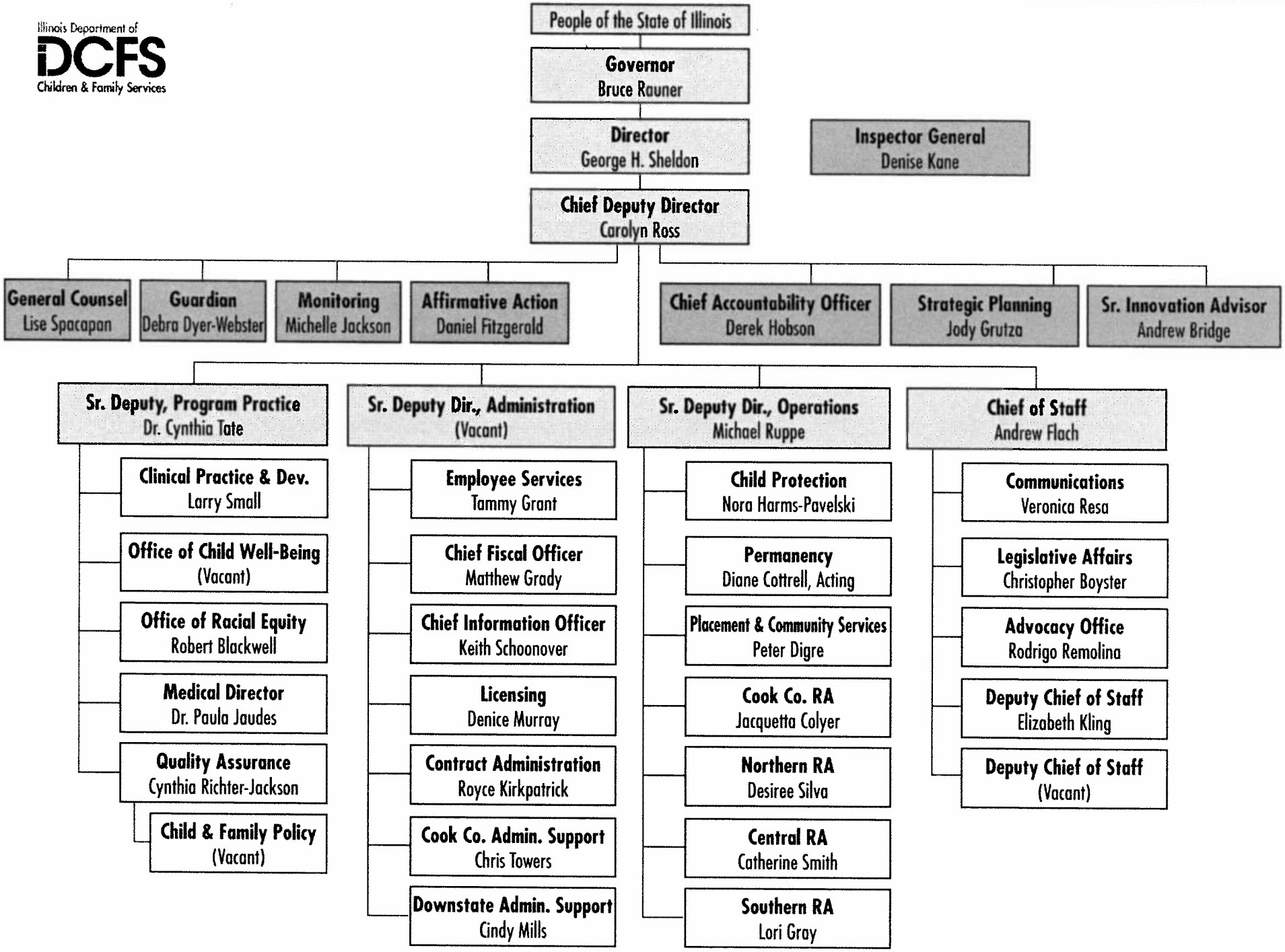

Exhibit F

STATE OF ILLINOIS
CONTRACT
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

CDC: CON Program Name: ICARE Contract #: 5469579016

CONTRACT SIGNATURES

VENDOR NAME: MINDSHARE CONSULTING GROUP

DCFS Name: MINDSHARE CONSULTING GROUP	Address: 3853 NORTHDALE BLVD
Signature:	City, State ZIP: TAMPA, FL 33624
Printed Name: Greg Povolny	Phone: 813-949-3293 x221
Title: Chief Executive Officer	Fax: 813-949-3483
Date: 2-3-16	Email: gpovolny@mindshare-technology.com
Dept. of Human Rights Public Contract #: 5469579016	DUNS #: 826757044

STATE OF ILLINOIS

Agency: IL Department of Children and Family Services	Address: 406 E Monroe St.
Director Signature:	City, State ZIP: Springfield, IL 62701
Printed Name: George H. Sheldon	Phone: (217) 785-3930
Title: Director	Fax: (217) 782-3796
Date:	
Designee Signature: George H Sheldon by William H Wolfe	Date: 2-5-16
Printed Name: William Wolfe	Phone: (217) 785-3930
Designee's Title: Deputy Director	Email: William.Wolfe@illinois.Gov

PROCESSED SPRINGFIELD FEB 10 2016 CENTRAL OFFICE CONTRACTS & GRANTS

If this Contract is in the amount of $250,000 or more in a fiscal year, or order against a master contract in the amount of $250,000 or more in a fiscal year, this Contract shall not be binding and enforceable until it is also approved and signed in writing by the Chief Legal Counsel and the Chief Fiscal Officer of the Department in accordance with 30 ILCS 105/9.02.

DCFS Chief Legal Counsel Signature: See attached	Date:
Printed Name:	
DCFS Chief Financial Officer Signature: See attached	Date:
Printed Name:	

Illinois Department of
DCFS
Children & Family Services

Statement of Work

1. Scope of Services

Services
ICARE will be the interim solution which will provide the Agency with individual dashboards for each level of staff from Caseworker to the Director. This system will be utilized to correct the lack in reporting and data availability that is currently hindering performance until the Enterprise Statewide Platform can be implemented. This will be an Outcome Driven Hosted Business Analytics Tool which is specifically designed for improvements in Child Welfare Practice. The ICARE solution will use embedded metrics to present actionable intelligence to caseworkers and Investigators as well as Administrative Staff. The intent is that this tool will drive practice and ensure timeliness and accuracy of information and instant access to areas of risk that include compliance and out of compliance situations as it relates to State Statutes and Department guidelines. Individual Dashboards will be provided and allow for customization. A summarized view should give an at-a-glance look as well as have drill down capability to the lowest entity. Each staff member should also be given the ability to create and share Ad-Hoc Dashboards as needed. Daily actionable items and real time metrics should always be available. The Mindshare will be required to provide a tool that is easy to use, is outcome driven with indicators, has the ability to set goals with actionable items and see the progress towards that goal. It is expected that the time to market will be 30 days for the initial delivery of key dashboards as agreed upon by the department and the Mindshare. Training should be provided for a period of 90 -180 days. Support hours must be 24/7/365. SLAs will be established as agreed upon by the Department and the Mindshare. The dashboards/reports are associated to the following seven service areas: Foster Care, Home of Relative, Intact, Intake, Investigation, Residential Treatment, and Specialized Foster Care. The following solution requirements should be met by the Mindshare. These solution requirements relate to the deliverables in section 2. The solution must: • use embedded metrics to present actionable intelligence to identified service areas • provide customizable dashboards • provide a summarized at-a-glance view with drill-down capabilities to the lowest entity • provide the ability to create and share Ad-Hoc Dashboards as needed • provide the ability to document and track actionable items • provide metrics on-demand and available at all times • provide the ability to create automated standard federal reports (e.g., AFCARS, NCANDS, NYTD) • provide the ability to share Standard Federal Reporting measures • provide obtainable logic and rules in a readable fashion • provide auditing and statistical mechanisms to determine metrics on usage

Illinois Department of DCFS Children & Family Services

Statement of Work

2. **Deliverables**

Category	Deliverable	Timeframe
Data Collection	Data feed to be established between OITS and Mindshare	3 Days
Preliminary Activities	Hold sessions to gain agreement and understanding for the meaning of the dashboards	7 Days
Preliminary Activities	Provide a process that produces an analysis summary for determining classification type for each identified dashboard/report. Example classification types include the following: • Doable – Business process, system, and data exist to produce the desired dashboard • Development Needed – System development changes doable in the desired timeframe • Business Process Changes Needed – Staff can be taught in the desired timeframe • Data Quality Issues – Data isn't accurate enough to produce meaningful results • Undoable – Data and/or system doesn't exist to produce the desired dashboard	7 Days
Preliminary Activities	Produce a traceability listing for the dashboards/reports in the addendum to the following Seven Service Areas: Foster Care, Home of Relative, Intact, Intake, Investigation, Residential Treatment, and Specialized Foster Care	7 Days
Preliminary Activities	SLAs will be established	7 Days
Development/ Implementation	ICARE Portal with out of box functionality in production Dedicated Hardware, configured and racked Dedicated Domain Name Installed and Accessible Approved and Signed Security Certificate, installed and operational Dedicated Portal, configured and accessible Account profiles for initial and pre-defined users – readied for login and daily use Functional dashboards based on default measure definitions (dashboards as defined in Addendum A and depending on availability supporting data)	30 Days
Development/ Implementation	Establish statewide and regional dashboards, with drill-downs based on role, as defined in Addendum A	30-60 days
Development/ Implementation	Establish role-based user groupings (or otherwise agreed upon during the first week of the engagement) for defining dashboards and reporting levels of abstraction are as follows: Executive, Area Administrator, Supervisor, Team, Worker	60 days
Development/ Implementation	Establish statewide and regional dashboards, with drill-downs based on role, as defined in Addendum B	60-120 Days
Development/ Implementation	Mobile Apps Available	120-180 Days
Support	Helpdesk support to be on-going for length of contract	On-Going

***The Department reserves the right to change priority within the defined scope of work. Deliverables and Timeframes may be adjusted as agreed upon between the Department and the vendor.**

Addendum A

The following list of dashboards/reports is in scope:

1. Executive MyDash to give high level view of dashboards included in this addendum.
2. Median length of stay for children in congregate care
3. Percent of children in congregate care who are under age 12
4. Percentage of children who have clinical assessments completed prior to and during residential care stay
5. Ratio of planned to unplanned exits
6. Percentage of referrals to residential care are clinically appropriate *(assessment indicates high need AND high risk)*
7. Degree of clinical change is achieved during residential care *(as measured by periodic assessment)*
8. Average length of sustained favorable discharge
9. Average wait time to placement in residential care
10. Proportion of providers are using clearly articulated and/or evidence-based intensive treatment approaches
11. Average wait time to placement after residential care
12. Percentage of sibling groups remaining intact
13. Percentage of children transferred to residential care from a specialized foster care placement
14. Median Length of Stay for Children Reunified
15. Percent of Children Entering Out-of-Home Care Reunified within 12 Months
16. Median Length of Stay for Children Adopted
17. Percent of Children in Out-of Home Care for 24 Months or More Who Achieved Permanency
18. Average length of time from commencing a ICPC case till completion
19. Total number of available step-down family placements
20. Total number of available wrap-around service options to prevent placement in residential treatment
21. Total number of youth assessed by case workers for step-down from residential treatment
22. Total number of case workers with youth in residential treatment beyond "medical necessity"
23. Total number of youth in residential treatment for more than 6, 12, and 18 months
24. Average wait time for Hotline
25. Average of the percentage of calls returned
26. Percentage of mandated reporter calls not referred for investigation (MCNRT)
27. Percentage of reports issued by the Hotline resulting in substantiated finding

*DCFS will provide Mindshare with the data from the following additional systems to allow for the completion of the above dashboards.

- Illinois Outcomes
- Psychiatric Hospital Tracking
- ACR

**Complete and accurate business definitions, supporting data and respective data explanations are pre-requisites for dashboard completion and signoff.

Addendum B

Priority Outcomes for the Bureau of Operations

1. Child Safety and Well Being—Data measured by CERAP compliance, mandate compliance, safety plan monitoring, and percentage of SOR's
2. Return Home Achievement of Minors Particularly between the ages of 0 and 6 years
3. Sibling Visitation
4. Parent/Child Visits
5. Court Compliance in Investigations, Permanency, and High Risk Intact/Intact
6. Increase in Percentage of Providers in the Communities in which our clients actually reside
7. Increase of foster homes for children between the ages of 0-2 (hard to place babies and kids being potty trained) and teenagers
8. Increase of amount of foster children that are actually placed within the same community as their home in which they were removed
9. ACR compliance but just as important documentation supporting client input in the service/treatment plan—Client Input = Better Outcomes
10. 30 day completion compliance rate for investigations when ratios of 9:1 are enacted
11. 60 day completion rate/Undetermined Rate of less than 5% for the State and Regions and Overdue Investigative Rates/Percentages
12. Staff Morale needs to be measured ongoing to take affect at 6 month and 12 month intervals. Higher the morale hopefully will lead to better performance measures for our clients
13. Amount of time to open a case once service needs are identified. This includes handoff, transitional visit, and paperwork being processed by CAPU. The less time the better as clients are more engaged in the beginning of an investigation to address the presenting problem etc.
14. Increase the percentages and rates of successful case closing for youth in DCFS care that age out or have independence goals.
15. Body charts being included on 100% of all investigations on allegation 11—Many death cases with bad outcomes do not have a current body chart in the record at the time of the bad outcome
16. Ensuring timely medical compliance for our DCFS wards at 24 hour screenings and three week follow up
17. Increase graduation rates and grade level promotions for our DCFS wards
18. Reduced rates of probation non-compliance and Juvenile Justice violations/incarcerations of our DCFS Wards
19. Percentage of Protective Custodies that DCFS is awarded temporary custodies on – The higher the percentage the better
20. Percentage of intact cases that the remain home goal is achieved

The premise to all of the above is that these objectives and goals are all interrelated and tied together. The better we do in the above areas will lead to better outcomes for our staff, agency, and will greatly benefit most of all our clients. The above also take the premise that it is not just about numbers and being efficient but it needs to be quality driven for the ultimate success of our families that DCFS services.

*Complete and accurate business definitions, supporting data and respective data explanations are pre-requisites for dashboard completion and signoff.

Illinois Department of
DCFS
Children & Family Services

Statement of Work

Investigations

1. 24 Hour mandate compliance
2. CERAP Compliance
3. Data Entry into SACWIS
4. Compliance on Safety Plan Monitoring
5. Good Faith Attempt Follow up
6. Percentage of investigations completed within 10, 30, and 60 days
7. Percentage of Cases that are Overdue or Undetermined in the Region
8. Protective custodies that are approved by the ASA office and by the Judge
9. Percentage of investigations that become SOR reports while the current sequence is still pending

Child Protection

1. Overdues
2. Missed mandates
3. Completion time frames
4. Investigations at 55 days with no extension
5. Ward Investigations
6. Child care worker Investigations
7. Good faith attempt contacts for child victims with time frames
8. Ceraps with child victims seen and time frame
9. Safety plans and 5 day monitoring
10. Supervision activities and dates
11. Abuse Investigations for victims age 6 and younger
12. Protective custodies taken with date, time, child victims, outcome
13. Facility reports-residential, foster care (including HMR), day care
14. Worker activity over the life of an investigation

Intact/High Risk

1. Weekly Visits and in person contact compliance
2. Cases closed in less than a year
3. Cases closed six months or less
4. Cases open one year or more
5. Initial social history compliance
6. Social History Update Compliance
7. Service Plan Compliance

Intact

1. Geographic location of intact referrals (community, county, field office all acceptable) by month giving a year to date total
2. Disrupted cases
3. Caseload capacity report
4. Case closing
5. Identified case dynamics (This would allow us to identify service needs in what geographic locations and responsiveness of services)

6. Court involved cases
7. Safety plans
8. SORs by agency
9. Cases reopened within 1 year
10. Frequency of contact with family
11. Completion of IA and Service plan –Timeliness

Placement

1. Sibling visit compliance
2. ACR Compliance
3. Court attendance/compliance
4. Parent/child visit compliance
5. Permanency outcome percentages as it relates to Return Home, Adoption, and Guardianship
6. Percentage of older youth that successfully reach independence goal
7. Title IV Eligibility Compliance for federal funds
8. Service Plan Compliance
9. Integrative Assessment Compliance
10. Compliance with Parent/Child visitation with court
11. Child and Family Team Meetings

*Complete and accurate business definitions, supporting data and respective data explanations are pre-requisites for dashboard completion and signoff.