

Wraparound Fidelity Index – The Institute for Behavior Change 1/30/2008

The staff of the Institute for Behavior Change has been maintaining high fidelity to the Wraparound model as shown by our responses to the NWI Wraparound Fidelity Index, while implementing BHRS effectively.

When Pennsylvania’s response to the Federal (OBRA ’89) mandate to provide *Early and Periodic Screening Diagnosis and Treatment* (EPSDT) services to all children enrolled in the Medicaid program was created, state officials used the term “Wraparound Services” to refer to the new class of EPSDT services that were being made available. These new services, called “*Behavioral Health Rehabilitation Services*” (BHRS), were implemented when the “Rehabilitation Option” was exercised as part of the Pennsylvania response to the EPSDT mandate. In the years since 1989, confusion between the “wraparound” philosophy and BHRS has persisted.

Our treatment outcome data is available at www.abc-pa.org/research1.htm. We have presented our scores on the Wraparound Fidelity Index based on what we believe the parents of our clients would have reported, and included commentary to support our scoring. Our scores indicate extremely high fidelity to the Wraparound philosophy.

Phase 1: Engagement	YES	Sometimes, Somewhat	NO	Missing
When you first met your wraparound facilitator, were you given time to talk about your family's strengths, beliefs and traditions? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	YES to both questions	Yes to only the first question	NO to the first question	NA Refused
Did this process help you appreciate what is special about your family? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2	1	0	DK
<i>This is dependent upon the family's point of view. It could make them more frustrated that these factors were not enough to make their child "normal." Nevertheless, our BHRS providers always do these things whenever we begin to provide services to a family.</i>				
Before your first Team meeting, did your wraparound facilitator fully explain the wraparound process and the choices you could make?	2	1	0	NA R DK
At the beginning of the wraparound process, did you have a chance to tell your wraparound facilitator what things have worked in the past for your child and family?	2	1	0	NA R DK
Did you select the people who would be on your wraparound Team?	2	1	0	NA R DK
Is it difficult to get Team members to attend Team meetings when they are needed	0	1	2	NA R DK
Before your first wraparound Team meeting, did you go through a process of identifying what leads to crises or dangerous situations for your child and your family?	2	1	0	NA R DK

Phase 2: Planning	YES	Sometimes, Somewhat	NO	Missing
<p>Did you and your Team plan and create a written plan of care (or wraparound plan, child and family plan) that describes how the Team will meet your child's needs? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Do you have a written copy of the Plan? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>YES to both questions</p> <p>2</p>	<p>Yes to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>NA</p> <p>Refused</p> <p>DK</p>
<p>Did the Team develop any kind of written statement about what the future will look like for your child and family, or what the Team will achieve for your child and family?</p> <p><i>(PROMPTS: This statement might be a mission statement for the Team or vision statement for the family. It may also be a statement of the ultimate goal for the Team. The statement should be a "big picture" statement and different than individual goals in the wraparound plan).</i></p> <p><input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Can you describe what your Team's mission says? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>YES to both questions</p> <p>2</p>	<p>Yes to only the first question</p> <p>1</p>	<p>NO to the first question</p> <p>0</p>	<p>NA</p> <p>Refused</p> <p>DK</p>
<p>We deliver an "orientation to BHRS" document to each family that explains these services in plain language, including the process for creating, implementing and monitoring treatment plans. Most families absorb this information but do not commit it to memory. Specific individualized objectives, implementation methods and strategies, as well as discharge criteria, are developed in collaboration with the family, and are specified in the Treatment Plan, which is delivered in written form to the family at the outset of treatment, and modified periodically with family collaboration, as necessary.</p>				
Does your wraparound plan include mostly professional services?	0	1	2	NA R DK
<p>In Pennsylvania, the wraparound philosophy is most often implemented through the delivery of BHRS under the EPSDT mandate of the Medicaid program. BHRS has mistakenly been referred to as "Wraparound Services" by many (most) state officials and BHRS providers for more than a decade. Accordingly, all BHRS plans in Pennsylvania must include a substantial component of professional services, although high fidelity to the wraparound philosophy should certainly be integrated into the treatment planning and delivery processes; this is what we have done at IBC since 1997.</p>				
<p>Are the supports and services in your wraparound plan connected to the strengths and abilities of your child and family?</p> <p><i>(PROMPTS: Strengths are the positive things your child and family members do well. Do the strategies in your plan use your child's and family's strengths? Do they help build your child and family's strengths and abilities?)</i></p>	2	1	0	NA R DK
<p>Does the wraparound plan include strategies for helping your child get involved with activities in her or his community?</p> <p>Please give two examples of those activities: 1: Church-sponsored youth group meetings (most do not require membership in the sponsoring church's congregation) 2: Sporting activities (little league, soccer, etc)</p> <p><i>(SUGGESTED PROMPTS: After school activities, activities with a church, volunteer activities, recreational activities with normal peers)</i></p>	<p>Two examples of community activities</p> <p>2</p>	<p>One example of a community activity</p> <p>1</p>	<p>No examples of community activities</p> <p>0</p>	<p>NA R DK</p>
Are there members of your wraparound team who do not have a role in implementing your plan?	0	1	2	NA R DK
Does your Team brainstorm many strategies to address your family's needs before selecting one?	2	1	0	NA R DK

Phase 2: Planning (continued)	YES	Sometimes, Somewhat	NO	Missing
<p>Is there a crisis or safety plan that specifies what everyone must do to respond to a crisis? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Does this plan also specify how to prevent crises from occurring? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	YES to both questions 2	Yes to only the first question 1	NO to the first question 0	NA Refused DK
<p>Do you feel confident that, in the event of a major crisis, your Team can keep your child or youth in the community? <i>(SUGGESTED PROMPTS: i.e., not immediately placed in a hospital, jail, residential treatment center)</i></p>	2	1	0	NA R DK
<p>One definition of a "major crisis" is that it is, by definition <i>beyond</i> the scope of the local treatment team's capacity, and therefore requires referral to a hospital or law enforcement -- but these are still technically "community" resources. In the past 10 years, we have needed to access these higher levels of care for children on less than five occasions, so we are confident that we can successfully "keep clients in the community" in all but the most severe circumstances.</p>				
<p>Do you feel like other people on your Team have higher priority than you in designing your wraparound plan?</p>	0	1	2	NA R DK
<p>A BHRS plan has to be developed by an appropriately credentialed professional, albeit with input from, and implemented in collaboration with the child, family, and other adults involved in the child's life. Accordingly, since licensed professionals are taking responsibility for the implementation of the BHRS plan, these professionals have a higher priority in some respects than the parent or other members of the team – they are prescribing treatment; without their prescription, BHRS <i>cannot</i> can be delivered.</p>				
<p>During the planning process, did the Team take enough time to understand your family's values and beliefs? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is your wraparound plan in tune with your family's values and beliefs? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p>	YES to both questions 2	Yes to only the first question 1	NO to the first question 0	NA Refused DK

Phase 3: Implementation	YES	Sometimes, Somewhat	NO	Missing
Are important decisions made about your child or family when you are not there?	0	1	2	NA R DK
When your wraparound Team has a good idea for a support or service for your child, can it find the resources or figure out some way to make it happen?	2	1	0	NA R DK
Although we strive to do so, the availability of other resources is beyond our control, and it isn't fair to penalize a provider of "wraparound" services if, despite their efforts, their ideas cannot be brought to fruition because of a lack of community support or available resources. This happens to us from time to time, despite our creativity, so we scored a "1" here.				
Does your wraparound Team get your child involved with activities he or she likes and does well? Please give two examples of those activities: 1. Play groups with typically-developing peers in the child's home or in other locations 2. Improving relationship and play skills with siblings, in addition to supporting greater involvement in community-based programs and activities	Two examples of community activities	One example of a community activity	No examples of community activities	NA R DK
	2	1	0	
Does the Team find ways to increase the support you get from your friends and family?	2	1	0	NA R DK
Not every family desires the BHRS team to be this close to every aspect of their personal lives. We indicate our desire to help in any way possible and permissible under the law governing BHRS.				
Do the members of your Team hold one another responsible for doing their part of the wraparound plan?	2	1	0	NA R DK
Is there a friend or advocate of your child or family who actively participates on the wraparound team?	2	1	0	NA R DK
Families are informed that they can invite anyone they desire to a team meeting; however, many decline this. Scoring on this would be held against providers whose families chose not to invite anyone.				
Does your Team come up with new ideas for your wraparound plan whenever your needs change? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	YES to both questions	Yes to only the first question	NO to the first question	NA Refused
Does your Team come up with new ideas for your wraparound plan whenever something is not working? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2	1	0	DK
Are the services and supports in your wraparound plan difficult for your family to access?	0	1	2	NA R DK
We actually confer with families to review the effectiveness of the treatment plan on a weekly basis, collecting multiple measures of progress from the parent, or teacher, or both to determine if changes are necessary in the treatment plan. Through this means, we are able to correct the course of the treatment process on an ongoing basis, and have achieved a "success" rate of 79% overall stabilizing or reducing the incidence of physical aggression, noncompliance with prompts, safety problems, socialization deficits and communication deficits in children from 2 to 19 years of age with diagnoses including ADHD, Autism and other developmental conditions.				
Does the Team assign specific tasks to all Team members at the end of each meeting? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	YES to both questions	Yes to only the first question	NO to the first question	NA Refused
Does the Team review each Team member's follow-through on their tasks at the next meeting? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2	1	0	DK
Families are informed that they can invite anyone they desire to a team meeting; however, many decline this. Scoring on this would be held against providers whose families chose not to invite others to planning meetings.				

Phase 3: Implementation (continued)	YES	Sometimes, Somewhat	NO	Missing
Do members of your Team always use language you can understand? <i>(NOTE: For caregivers for whom English is not a first language, this may mean that bilingual facilitators, translators, or other means are used to ensure adequate understanding. For English-speaking caregivers, this means that facilitators and Team members translate or do not use professional jargon or acronyms that the caregiver does not understand.)</i>	2	1	0	NA R DK
Does your Team create a positive atmosphere around successes and accomplishments at each Team meeting?	2	1	0	NA R DK
Does your Team go out of its way to make sure that all Team members – including friends, family, and natural supports – present ideas and participate in decision making?	2	1	0	NA R DK
This is a very subjective question according to how the family defines “goes out of its way.” We ask families to complete a “Parent Satisfaction Questionnaire” at the end of each Quarterly treatment period, so that we can collect information about the effectiveness of BHRS providers. Our staff typically receive excellent ratings (over 7 on a 10 point scale), so our scores reflect what we believe the average parent response would be.				
Do you think your wraparound process could be discontinued before you or your family is ready for it to end? <i>For example, because of time limits, because of your child's behavior, because of a placement change, or a change in funding or eligibility?</i>	0	1	2	NA R DK
BHRS can be discontinued before the family determines that it should be stopped, because these are professionally prescribed services that require a rationale based on data collection – not simply the family's preference – to be continued. If the child's behavior improves to the point that the discharge criteria are achieved, the child's BHRS <i>must</i> come to an end. Families are not always ready for this, even if the child is. If a child's eligibility for BHRS funding (Medicaid eligibility) expires, services cannot be authorized.				
Do all the members of your Team demonstrate respect for you and your family?	2	1	0	NA R DK
Does your child have the opportunity to communicate his or her own ideas when the time comes to make decisions?	2	1	0	NA R DK

Phase 4: Transition	YES	Sometimes, Somewhat	NO	Missing
Has your Team discussed a plan for how the wraparound process will end? (i.e., a 'transition plan') <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	YES to both questions	Yes to only the first question	NO to the first question	NA Refused
Does your Team have a plan for when this will occur? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	2	1	0	DK
Has the wraparound process helped your child develop friendships with other youth who will have a positive influence on her or him?	2	1	0	NA R DK
Not all BHRS treatment plans address "socialization" per se, but in virtually all cases, children who have acquired more age-appropriate tolerance for frustration, compliance with adult prompts, and or other skills through the implementation of BHRS are also experiencing improvement in the quantity and quality of their friendships.				
Has the wraparound process helped your child to solve his or her own problems?	2	1	0	NA R DK
This question cannot be answered until the child is discharging from BHRS. Since parents are reporting successful treatment in 79% of cases, we believe that most families would endorse a "2" answer to this question.				
Has your Team helped you and your child prepare for major transitions (e.g., new school, new residential placement) by making plans to deal with these changes?	2	1	0	NA R DK
This is certainly a goal of BHRS, but if a major transition has not occurred, families will be hard-pressed to respond to this item meaningfully.				
After formal wraparound has ended, do you think that the process will be able to be "re-started" if you need it?	2	1	0	NA R DK
Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?	2	1	0	NA R DK
Do you feel like you and your family will be able to succeed without the formal wraparound process? <i>In other words, with the help of family, friends, community supports, and key providers, but without formal team meetings or wraparound facilitation.</i>	2	1	0	NA R DK
This is a goal of BHRS, so if the services are ending, the answer should be yes. If not discharging, this question cannot be answered at a the level that indicates the intentions of the treatment providers.				
Will some members of your Team be there to support you when formal wraparound is finished?	2	1	0	NA R DK
Post-treatment help is always available through the professionals at IBC, although the process of re-applying to Managed Care Organizations for <i>authorization</i> to receive additional (or reinstatement of) BHRS can be cumbersome and frustrating.				