

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, California 95814



April 7, 1999

ALL COUNTY INFORMATION NOTICE NO. I-28-99

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CHILD WELFARE SERVICES  
PROGRAM MANAGERS  
ALL COUNTY CHIEF PROBATION OFFICERS  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY ADOPTION AGENCIES AND STATE ADOPTIONS  
DISTRICT OFFICES  
CALIFORNIA ASSOCIATION OF SERVICES FOR CHILDREN  
CALIFORNIA ASSOCIATION OF CHILDREN'S HOMES  
ASSOCIATION FOR MINORITY ADOLESCENTS IN RESIDENTIAL CARE  
HOMES

REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation Change  
 Court Order  
 Clarification Requested by One or More Counties  
 Initiated by CDSS

SUBJECT: CHILDREN: SENATE BILL (SB) 163  
WRAPAROUND SERVICES PILOT

REFERENCE: SENATE BILL (SB) 163, CHAPTER 795, STATUTES OF 1997  
ALL COUNTY INFORMATION NOTICE NO. I-74-97  
ALL COUNTY INFORMATION NOTICE NO. I-24-98

The purpose of this information notice is to transmit the **final Wraparound Standards** for the SB 163 Wraparound Services Pilot and to describe the revised process for county participation. The attached final Wraparound Standards (Attachment II) replace the interim standards contained in All County Information Notice (ACIN) No. I-24-98.

The five-year Wraparound Services Pilot began in January 1998. It allows counties the flexible use of State foster care dollars to provide eligible children with family-based service alternatives to group home care using Wraparound as the service alternative. Wraparound is a family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children and their families. The pilot serves children who are currently residing, or at risk of being placed, in a group home licensed at a rate classification level of 12 to 14. Counties are assigned service allocation slots that provide individualized, intensive Wraparound Service packages necessary to keep these children in or return them to family settings. In addition, adopted children who are otherwise eligible for Adoption Assistance Program-funded group home

placements in accordance with the requirements of Welfare and Institutions Code Section 16121, and who meet the definition of the target population, may also participate in the pilot.

The final Wraparound Standards were developed in consultation with a review committee composed of nationally recognized practitioners and experts in Wraparound. All activities related to the pilot (e.g., training, approval of county plans, accreditation criteria) will be based upon these standards. The Wraparound accreditation process, once in place, will operationalize the standards, and participation of any provider Wraparound Agency in Wraparound will be conditional upon the agency becoming accredited and maintaining its accredited status.

The standards also apply for counties implementing Wraparound as a specific model under the Intensive Services Component of the Title IV-E Child Welfare Waiver Demonstration Project. The standards not only provide a blueprint for implementing the Wraparound process programmatically, but also contain the core values and principles upon which the process is based at the practice, program and systems level. The California Department of Social Services (CDSS) believes that the best outcomes for children and their families can be achieved by adhering to the highest, most consistent standard of care.

Appendix A of the Wraparound Standards contains training standards for practice, program and systems levels. These training standards are intended to serve as a guide for the development of comprehensive training plans designed to implement and maintain family-centered practice. They can be used by counties and Wraparound service providers to guide their preparation of 1) competency-based practice curricula; 2) inservice training programs for supervisors, managers, administrators and families; and 3) community, stakeholder and family education efforts.

The CDSS has restructured and streamlined the process for county participation in the SB 163 pilot. ACIN No. I-24-98 requested that counties submit a detailed start-up plan to CDSS before training and technical assistance could begin. Under the revised process (see Attachment I), counties are asked to send a letter of intent to state their interest in joining the pilot and to identify a key contract person. Upon receipt of the letter of intent, a consultant from CDSS will be assigned to meet with the county collaborative team to answer questions, discuss capacity and timeline for pilot implementation, and assist in the design of a plan for technical assistance and training. The county's Wraparound implementation plan will be developed as a product of the training and systems consultation provided by CDSS. We hope that this streamlined approach will allow counties greater, more timely access to training and consultation resources, and enhance county readiness for entering the pilot.

Since the pilot ends on October 1, 2003, counties interested in participating are encouraged to initiate the process by submitting a letter of intent as soon as possible.

If you have any questions about the SB 163 pilot or “**Wraparound Standards**”, please contact Sharron Goldstein at (916) 323-2677 (e-mail: [sgoldstein@dss.ca.gov](mailto:sgoldstein@dss.ca.gov)) or Lisa Foster at (916) 324-3040 (e-mail: [lfoster@dss.ca.gov](mailto:lfoster@dss.ca.gov)). In addition, Wraparound pilot Questions and Answers can be found on the CDSS Children and Family Services web site, [www.childsworld.org](http://www.childsworld.org).

Sincerely,

***Original Document Signed By Marjorie Kelly on 4/7/99***

MARJORIE KELLY  
Deputy Director  
Children and Family Services Division

Attachments

**PROCESS  
FOR COUNTY PARTICIPATION  
IN THE SB 163 PILOT**

1. County collaborative, including Social Services Department, submits letter of intent, which:
  - States the county's interest in implementing the SB 163 Wraparound Services Pilot.
  - Provides the name, address and phone number of a county contact person.
2. CDSS assigns consultant; SB 163 consultant:
  - Responds to county by letter to initiate formal planning process.
  - Follows-up by phone to set date for county visit.
  - Visits county: answers county questions; identifies strengths and training/technical assistance needs.
  - Arranges training and identifies plan development steps.
  - Initiates Memorandum of Understanding (MOU).
3. CDSS works with county (and Cathie Wright Technical Assistance Center) and provides implementation training for county.
4. CDSS continues to work with county through skill-building training and development of the SB 163 plan:

*CDSS can approve county use of slots prior to final county plan and signed MOU contingent upon completed training and joint decision of county/CDSS regarding readiness; CDSS provides approval letter to county.*
5. County completes and submits county plan; CDSS approves plan; county/CDSS sign MOU.
6. CDSS works with county on an ongoing basis; holds consortia meetings so counties can provide support/technical assistance to each other.

ATTACHMENT II

**California Department of Social Services**

# **SB 163 and Title IV-E Waiver Wraparound Standards**

**April 1999**

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## INTRODUCTION

This document describes the Wraparound standards that counties and Wraparound agencies must meet in order to participate in the Senate Bill 163 (Chapter 795/1997) pilot. These standards must also be met if the county proposes to implement Wraparound as a specific model under the Intensive Services Component of the Title IV-E Child Welfare Waiver Demonstration Project.

SB 163 allows all counties in California to participate in a five-year pilot, upon approval by the California Department of Social Services. The purpose of the pilot is to provide eligible children with family-based service alternatives to group home care, targeting Wraparound as the service alternative. Wraparound is a family-centered, strengths-based, needs-driven planning process for creating individualized services and supports for children, youth, and their families that facilitate access to normalized and inclusive community options, activities and opportunities. The legislation permits flexible use of state foster care funds and Adoption Assistance Program funds to pay for service allocation slots that provide individualized, intensive Wraparound services packages necessary to keep these children in or return them to family settings. The legislation targets children who are currently residing in, or at risk of being placed in, a group home licensed at a rate classification level of 12 to 14.

Since there is a relatively wide range of understanding and readiness for implementation of the approach across the state, this document has been prepared to identify the core Wraparound Standards for operationalizing the values of the Wraparound approach. These include:

### Wraparound Values

- Family-Centered
- Strengths-Based
- Consumer-Driven
- Needs-Driven
- Individualized
- Culturally Relevant
- Unconditional
- Community-Based
- Team-Based
- Accountable
- Accessible
- Outcome-Based
- Cost-Effective
- Flexible
- Promoting Self-sufficiency
- Comprehensive
- Collaborative

These values can also be found in the following essential elements list articulated, in May, 1998, by a group of fifteen leaders and critical thinkers (representing the perspectives of families, system and program developers, trainers, administration, program staff, and researchers) in Wraparound.

**Ten Essential Elements of Wraparound (Adapted from Burns and Goldman, 1998)**

1. Families have a high level of decision-making power at every level of the Wraparound process.
2. Team members are persevering in their commitment to the child and family.
3. Wraparound efforts are based in the community and encourage the family's use of their natural supports and resources.
4. The Wraparound approach is a team-driven process involving the family, child, natural supports, agencies, and community services working together to develop, implement, and evaluate the individualized service plan.
5. Services and supports are individualized, built on strengths, and meet the needs of children and families across the life domains to promote success, safety, and permanency in home, school, and the community.
6. The process is culturally competent, building on the unique values, preferences, and strengths of children, families, and their communities.
7. The plan is developed and implemented based on an interagency, community/neighborhood collaborative process.
8. Wraparound plans include a balance of formal services and informal community and family resources, with eventually greater reliance on informal services
9. Wraparound teams have adequate and flexible funding.
10. Outcomes are determined and measured for the system, for the program, and for the individual child and family.

Together, the values and essential elements list were used to form the basis of the standards contained in this document. To establish content validity for the standards, a group of 47 leaders, implementers, and critical thinkers (representing families, state and county policy makers, administrators, trainers, researchers, practitioners, and program developers) served as a review panel on content, wording, and scope (see Appendix B for a list of review panel participants).



The standards contained in this document are organized into the following six domains:

1. PRO Program/Practice
2. TRA Education, Training, and Staff Development
3. HUM Human Resources
4. FIS Fiscal
5. EVA Evaluation and Outcomes
6. ADM Administration

The goal of this document is to ensure quality and to support increased uniformity in practices related to the development, implementation, and support of Wraparound while continuing to encourage innovation in our work with children and families. It is a living document that will change over time to reflect our best thinking and expanded knowledge of best practices.

## Program/Practice

### OVERVIEW

The Program/Practice section contains standards that relate to direct contact with children and families and the program infrastructure that supports the provision of strengths-based, family-centered, needs-driven individualized services. The overall emphasis is on standards that promote and sustain a service delivery process resulting in a service and support plan focusing on protecting at-risk children, assisting and supporting families in caring for their children, ensuring safety, and promoting stability. Service provision is organized to reflect a consistent process that accurately matches services and supports with needs, in a manner that promotes a high level of family decision-making and parent/family partnership in care. Direct service provision is divided into four sub-domains: 1) Engagement, 2) Planning, 3) Implementation, and 4) Transition. Program standards are contained within one sub-domain entitled Structures.

### PRO Program/Practice

#### PRO.1 Engagement

- PRO.1.1 Families have a high level of decision-making power in all aspects of planning, delivery and evaluation of services and supports.
- PRO.1.2 Providers assess with the family immediate safety, stabilization and crisis support needs.
- PRO.1.3 Providers have a written plan for ensuring effective partnerships with families.
- PRO.1.4 Providers have an articulated engagement process that promotes and supports the use of a non-judgmental, non-blaming, family-centered approach in dealing with families (e.g., views of families as capable, use of non-pathologizing language, documentation that is open to family review, acknowledgment that all families have strengths).

- PRO.1.5 Providers have mechanisms for assessing immediate safety stabilization and crisis support needs from the family's perspective.
- PRO.1.6 Providers recognize that each family and each child has unique individual, family, and community strengths, and perform a strengths assessment early in the engagement process.
- PRO.1.7 The strengths assessment process is clearly defined, communicated to staff, and utilized in analyzing risk assessment information and formulating an effective child, family, and community safety plan.
- PRO.1.8 A family team comprised of people involved with the child and family, or people who should or could be, is configured to develop and actively participate in the provision, monitoring, and evaluation of the individualized family plan.
- PRO.1.9 The family team is comprised of both formal (e.g., public and private service providers) and informal (e.g., family, friends, community supports) members as identified by the family and the child and family team.
- PRO.2 Planning
- PRO.2.1 There is a written description of the service planning process that articulates the principles of child and family teaming, defines how families and individuals are included in the decision-making process (provided access, voice, and ownership), and ensures that service planning and implementation decisions are based on family preference, choices, values, strengths, and culture.
- PRO.2.2 Plans are based on the critical needs of the child and the family as identified by the family and the child and family team.
- PRO.2.3 Strategies to meet needs build on family and community strengths, utilizing community resources unique to each family. Family strengths, social networks, and informal supports already available serve as the foundation upon

which new services and supports are designed and delivered.

PRO.2.4 Decisions as to which services or supports will be used and/or created are based on family preferences, choices, values, and culture, not on administrative expedience or what is already available.

PRO.2.5 Individualized family plans are comprehensive and cover the priority life domains of the child and family. Child need is always addressed within the context of their families.

PRO.2.6 Individualized plans document child and family strengths, needs, services, resources and strategies to meet child and family needs in their community.

PRO.2.7 In designing strategies, consideration should be given to maximizing skill competencies of family members to create greater self-sufficiency for parents and children.

PRO.2.8 Services and plans are sensitive and responsive to racial, ethnic, linguistic, and cultural differences of each family.

PRO.2.9 The child and family team develop both a proactive and a reactive crisis plan that describes who does what and when, and creates a stabilization plan that will enable a child and family to move from crisis to safety.

PRO.2.10 The planning documentation includes: 1) vision, strengths, critical needs, strategies, and resources needed for implementation; and 2) meaningful and measurable goal statements and an outcome indicator monitoring method for tracking and evaluating progress.

PRO.3 Implementation

PRO.3.1 Families have access to a flexible individualized array of supports, services and material items that provide “whatever it takes” to maintain their families.

- PRO.3.2 Family supports are affordable, well coordinated, accessible, and available to all families who need them, when and how they need them.
  - PRO.3.3 Family supports and services are tailored to meet individual family needs.
  - PRO.3.4 Services and supports are delivered in the communities within which the children and families live, work and play.
  - PRO.3.5 Providers access and maximize the use of informal family and community resources to meet family and child needs.
  - PRO.3.6 Family plans are regularly updated and modified to take into account new changes in the child and family, as well as the results of the supports and services provided.
  - PRO.3.7 Children and families maintain the developing relationship with the child and family team that is providing support and assistance even when difficulties and challenges disrupt the plan.
  - PRO.3.8 The team tracks the outcomes of plan implementation and adjusts as necessary.
- PRO.4 Transition
- PRO.4.1 The organization's plan for care assessment articulates the scope and process of transition planning for each child and family. This includes the needs and strategies to support movement to the community, independence, the shift from formal to informal services and supports, and the transition (where appropriate) to the adult service system.
  - PRO.4.2 Family plans set benchmarks for transitioning each child to less restrictive, less intrusive, and less formal services, taking into consideration the ability of families to move through the process at their own pace.
  - PRO.4.3 Family plans document the shift of activity from formal supports to informal supports for greater self-sufficiency.

- PRO.4.4 Older youth likely to need services as adults have adult services and support representatives on the child and family team.
- PRO.5 Structures
  - PRO.5.1 The organization defines how family members are included in the design, development, and decision-making about program development for new and existing service efforts.
  - PRO.5.2 The organization has a written child and family advocacy and support program that is integrated with service planning, program development, service implementation, and quality improvement efforts.
  - PRO.5.3 The organization has mechanisms for promoting parent-to-parent support.
  - PRO.5.4 The organization systematically involves key stakeholders in coordinating, monitoring, supporting, and implementing Wraparound within the system of care.
  - PRO.5.5 Families and their children are not rejected or ejected from service because of the severity or nature of their needs. There is a commitment to persevere with families in changing the plan to assist them to self-sufficiency.
  - PRO.5.6 Programs have mechanisms for supporting the child and family team as the primary decision-making forum regarding strengths, needs, and service provision.
  - PRO.5.7 Programs are designed to ensure flexible service delivery that is tailored to family needs (e.g., time and location of service), and builds on family, system and community resources, including schools.

## Education, Training, and Staff Development

### OVERVIEW

To ensure active family participation and the effective implementation of the Wraparound approach, families in care, direct service, supervisory and administrative staff must have the education, training, and support they need to design, implement, operate and improve Wraparound practices, structures and operations.

This includes staff development efforts intended to assist staff in:

- 1) acquiring the skills needed to effectively implement family-centered care practices,
- 2) promoting strong and sustainable parent/family–professional partnerships,
- 3) assembling and participating on collaborative teams for planning and implementing services and supports, and
- 4) developing capacities for ensuring that families are positively and actively engaged in every aspect of planning, implementation, and evaluation of services and supports.

Recognition is also placed on the development and support of parent/family education and training which promotes parents/families being effective participants, leaders, and informed decision-makers in:

- 1) planning,
- 2) designing creative service and support strategies, and
- 3) participating in decision-making at the practice, program and system levels of operations.

To ensure comprehensive support within the system of care, efforts are promoted that include community and cross-systems education and training so that:

- 1) team members from other systems have a context for Wraparound participation,
- 2) staff alignment on service principles and practices is promoted, and
- 3) administrative staff (i.e., administrators, managers, and supervisors) create opportunities for cross-systems problem-solving, information sharing, and shared decision-making that is inclusive of families and communities.

**TRA Education, Training, and Staff Development**

- TRA.1.1 The organization has a training and staff development plan that includes the topics in Appendix A.
- TRA .2 Programs have methods for providing team members with timely coaching or special consultation to promote skill enhancement and the generalization of skill acquisition.
- TRA.3 Training emphasizes the values and principles of Wraparound and the implications of the values for practice, programs and systems.
- TRA.4 Staff are mentored and coached on an ongoing basis by experienced Wraparound managers to ensure high quality implementation of the values and processes.
- TRA.5 The organization’s operational plan includes a parent education program focusing on, but not limited to:
- understanding the child’s special needs,
  - becoming informed advocates for their children,
  - negotiating the system of care,
  - participating on cross-disciplinary teams,
  - assuming leadership positions in service design and delivery, and
  - understanding the child’s educational rights.
- TRA.6 Families are offered training and given information that will support them in their roles as active, informed decision-makers for and with their children and adolescents.
- TRA.7 There is evidence of a process for facilitating the involvement of consumers of service (children, youth, and family members) and other key stakeholders (social services, mental health, probation, education, etc.) in the assessment and selection of training objectives and in the delivery of training.
- TRA.8 Training in Wraparound values and implementation is made available to all staff across all public systems.
- TRA.9 The organization utilizes consumers of service (children, youth, and family members) to design and deliver education, training and staff development to enhance the effectiveness of parent/family-professional partnership, family-centered services, cultural sensitivity, and family advocacy and support efforts.



- TRA.10 The organization creates opportunities for services consumers (children, youth, and family members) to participate in cross-disciplinary training.
  
- TRA.11 The organization has clear priorities for the implementation of coordinated and collaborative training opportunities with the broader system of care partners to ensure alignment on service direction, implementation, and training content.

## Human Resources

### OVERVIEW

This section emphasizes organizational practices that support staff in adopting new roles with families and with each other across agencies and systems. This includes methods and practices that assist staff with such elements as:

- 1) shifting from a professionally-centered service model to a family-centered service model,
- 2) shifting from the professional as expert to the family as expert,
- 3) shifting to a model of professional as facilitator,
- 4) shifting from prescribers of treatment to facilitators of family decision-making, and
- 5) shifting from service strategies that attempt to fit families into available options to service strategies that blend informal and formal service and support options to create care plans individualized to client and family specific needs.

To achieve this, agencies and organizations should have in place mechanisms to ensure that staff recruitment, development and supervision is aligned with the vision and principles of the Wraparound approach. The human resource function of the organization plays a central role in supporting the Wraparound approach by assisting staff to align program support mechanisms to promote

- 1) staff flexibility (e.g., staff roles, time and location of service delivery, availability of staff, etc.),
- 2) management and supervisory structures and methods that model the Wraparound approach on a daily basis (e.g., access and voice in program planning, promotion of a high level of staff decision-making, operating from a strengths and needs-based perspective rather than deficit-based staff development model, etc.), and
- 3) the establishment of performance appraisal processes for direct service staff, supervisors, managers, and administrators that are aligned with and reward achievement of the Wraparound care approach.

### HUM Human Resources

- HUM.1 Special efforts are directed at recruiting, preparing, employing, and retaining providers who reflect the diversity and language competency of the children, families and communities served.

- HUM.2 Organizations have methods for encouraging and promoting staff creativity in service planning, flexibility in service provision, the blending of informal and formal community resources in service delivery, and the development of innovative individualized service and support strategies.
- HUM.3 The organization's parent advocacy and support program is delivered/administered by a consumer-run advocacy and support agency/organization or staffed from within by a consumer employee.
- HUM.4 Job descriptions for direct service, supervisory, management, administrative, and support staff include job-specific performance responsibilities/expectations for:
- promoting family-centered practice strategies,
  - flexibility in service delivery,
  - parent/family- professional partnership,
  - family decision-making,
  - collaborative cross-system teaming,
  - community-based service delivery, and
  - inclusion of family and community resources.
- HUM.5 Staffing plans address the functions of:
- facilitation,
  - family support,
  - parent advocacy,
  - mentoring and coaching,
  - community resource development,
  - service evaluation, and
  - cross-system collaboration and teaming.
- HUM.6 The organization has a performance appraisal process that fosters:
- the development of helpgiver behaviors that are perceived as family-centered,
  - the incorporation of informal supports, natural family helpers, and other community resources,
  - the achievements of parent/family-professional partnerships, and
  - the staff's responsiveness to family identified needs.
- HUM.7 The performance appraisal process is, in part, based on results for families, feedback from consumers (children, youth, and families), and cross-system evaluation input on collaboration, facilitation, and teaming.

## Fiscal

### OVERVIEW

This section discusses the fiscal practices, procedures and structures necessary to ensure that the development and implementation of service and support plans are aligned with the vision and values of the Wraparound approach, and to maintain accountability, fairness and efficiency in the use of scarce fiscal resources.

The critical fiscal capacities for implementing Wraparound include skills and activities to ensure that flexible funds are used creatively and effectively in the development of plans for family support and services. This includes:

- 1) mechanisms for ensuring that staff have timely access to flexible funds (e.g., within 2 hours for amounts under \$500.00 and within 24 to 48 hours for amounts \$500.00 or greater),
- 2) procedures for documenting and accounting for the use of flexible dollars, as well as billable and non-billable services and supports,
- 3) support for child and family team decision-making on resource allocation, and
- 4) mechanisms for access to flexible dollars that promote the utilization of community resources and the inclusion of informal supports to meet needs.

### FIS      Fiscal

- |       |   |
|-------|---|
| FIS.1 | The service systems blend and/or pool state, federal and county funds at the programmatic level to maximize resources on an individual family basis.  |
| FIS.2 | Procedures are in place for child and family teams to access flexible dollars.  |
| FIS.3 | The organization has fiscal procedures for managing and accounting for the use of flexible funds.   |
| FIS.4 | The organization has procedures that track informal and formal services delivered, linking them to life domains and outcomes of service.  |
| FIS.5 | The organization has mechanisms for communicating regularly with the county board and public service partners about the use, key community trends, and fiscal impacts of Wraparound flexible funds. |

- FIS.6 Policies are in place to ensure that any cost savings realized from utilizing Wraparound are reinvested to further expand or enhance services and resources for children and families.
  
- FIS.7 The organization has contracting mechanisms for ensuring that providers of contracted or subcontracted services adhere to the Wraparound standards.

## Evaluation and Outcomes

### OVERVIEW

Evaluative functions are used to set measurable targets for the project's operation and to use those targets to test the effectiveness and efficiency of the services and supports being developed. In addition, evaluative information should also be used to determine the degree to which ongoing practice remains faithful to the original model and to incorporate ongoing innovations into the continuous improvement of that model.

This section focuses on collecting, managing, and using information to improve individual and organizational performance. The evaluation and outcomes framework for these standards emphasizes best Wraparound service strategies, functional outcomes, child, family, and system satisfaction indicators, and cost. Inherent in these standards is a belief that active involvement of families, community members, public agency staff, and direct service staff in the complete quality improvement cycle is critical to accountability and quality service implementation and redesign.

### EVA Evaluation and Outcomes

- EVA.1 There are processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels.
- EVA.2 The organization has an evaluation plan that supports the ongoing collection of data on:
- process indicators of quality Wraparound implementation (e.g., family-centeredness, strengths assessment, individualized planning, child and family teaming, family decision-making, utilization of informal community resources),
  - functional outcomes for children and families (e.g., family functioning, school performance, emotional/behavioral adjustment),
  - satisfaction with involvement, collaboration, and service delivery from children, families, and system partners, and
  - cost.

- EVA.3 The organization's evaluation plan includes, at a minimum, the following instruments and, in addition, conforms to State Mental Health System of Care outcome requirements:
- Child Living Environment Profile (CLEP)  
*(Children's Performance Outcome Technical Work Group)*  
**or**  
Restrictiveness of Living Environment Scale (ROLES)  
*(Hawkins, 1990)*
  - Parent/Caregiver Satisfaction Survey (CSQ 18/EMQ)  
*(Attkisson, University of California, San Francisco, 1990)*
  - Scale to Assess Restrictiveness of Educational Setting (SARES) *(Epstein, 1993)*
  - Family-Centered Behavior Scale  
*(Petr and Allen, 1995)*
- EVA.4 The organization has a systematic method for comparing process, functional outcome, satisfaction data, and cost over time.
- EVA.5 The organization has a systematic process for including/involving families, individuals served, and other key stakeholders in assessing and interpreting the data utilized to improve performance across time.

## Administration

### OVERVIEW

The administrative section of the standards pertains to the organization and implementation of the leadership functions supporting the Wraparound approach. This includes the Wraparound agency's internal priorities and their relationship to the community and system of care. Internally, the emphasis is on the creation of effective operational environments for the development and delivery of quality supports and services. These include, but are not limited to, areas such as:

- 1) policies and procedures,
- 2) establishment of philosophies of care that articulate the Wraparound approach,
- 3) promotion of inclusive opportunities for families to be involved in leadership roles within the organization, and
- 4) organizational decision-making strategies.

Externally, the emphasis is on structures and processes that bring the system of care together to support and sustain the Wraparound approach. This includes a focus on strategies for:

- 1) ensuring that family-centered care practices are employed system-wide,
- 2) establishing compatible policies and procedures to support family decision-making and flexible service delivery, and
- 3) creating opportunities for families, public agency staff (e.g., social welfare, mental health, probation, education), service providers, and community members to work collaboratively in planning system supports for implementing Wraparound.

### ADM Administration

#### ADM.1 System Support for Wraparound Implementation

- ADM.1.1 Support of the Wraparound process is articulated across systems in the form of memorandums of understanding, vision and mission statements, joint training plans, and/or interagency strategic plans.
- ADM.1.2 Policies exist that promote the child and family team as the primary decision-making vehicle in developing family-centered service and support plans.



- ADM.1.3 Leadership has a written philosophy of care statement that operationalizes the Wraparound approach during the engagement, assessment, service planning, implementation, and transition phases of treatment.
- ADM.1.4 Leadership's operational plan defines parent/family-professional partnership and has established mechanisms for ensuring implementation.
- ADM.1.5 A process is in place for review of family plans at the systems and community level.
- ADM.1.6 Leadership's operational plan includes a written philosophy of stakeholder involvement that is systematically applied at the program design, service planning, implementation, and evaluation points of service provision.

ADM.2 Systems Alignment

- ADM.2.1 Leadership has an articulated strategy for collaborating with system of care administrators to ensure system-wide support for the implementation of family-centered care practices and the Wraparound approach.
- ADM.2.2 The organization has an established, broad-based stakeholder community team to:
  - set the system of care direction (vision, mission),
  - establish an interagency strategic plan for implementing and supporting the Wraparound approach system-wide,
  - champion strong and sustainable partnerships with parents,
  - identify and support cross-agency training to promote family centered care practices and the Wraparound approach,
  - function as a cross-agency gatekeeper for eligibility,
  - identify interagency barriers to service delivery and strategies for removing them,
  - serve as a community review panel for service plans, and
  - serve as a community collaborative for program improvement and system of care integration.

- ADM.2.3 Polices and procedures support family-centered practice across systems.
  - ADM.2.4 There are systematic efforts to involve consumers in leadership forums on policy design and Wraparound implementation.
  - ADM.2.5 A community oversight body with broad representation manages the overall Wraparound process and establishes the vision and the mission of Wraparound implementation.
  - ADM.2.6 The community team establishes procedures for quality assurance monitoring and for continuous quality improvement efforts that reflect the values and goals of Wraparound and family-centered practice.
  - ADM.2.7 The community team and all participating agencies enact and use a review process for changing policies and procedures that promote implementation of these standards.
  - ADM.2.8 Leadership establishes forums for cross-system problem-solving, shared decision-making, addressing management consistency, working collaboratively to share information, coordinating cross-disciplinary training, and mutually supporting implementation of family-centered care practices.
- ADM.3 Leadership
- ADM.3.1 Leadership for Wraparound implementation is shared among families, system providers, and community leaders.
  - ADM.3.2 A common vision of what the community wants for all children and families is developed and articulated across systems.
  - ADM.3.3 Parent advocacy, leadership, and involvement is supported at all levels of decision-making and implementation.

## **Appendix A**

### **California Department of Social Services Wraparound Training Standards for Practice, Program and System Levels**

#### **INTRODUCTION**

The purpose of this document is to describe the Wraparound training standards required for implementation of Wraparound as defined by Senate Bill 163 (Chapter 795/1997). Training topics (i.e., domains and content) are described at the practice, program, and systems level of implementation. This framework is meant to serve as a guide for supporting the development of comprehensive training plans required for the implementation and maintenance of family-centered, strength-based, needs-driven, and individualized practice, program, and system innovations under SB 163 (Chapter 795/1997).

SB 163 allows all counties in California to participate in a five-year pilot, upon approval by the California Department of Social Services. The purpose of the pilot is to provide eligible children with family-based service alternatives to group home care, targeting Wraparound as the service alternative. Wraparound is a family-centered, strength-based, needs-driven planning process for creating individualized services and supports for children, youth, and their families to facilitate access to normalized and inclusive community options, activities and opportunities. The legislation permits flexible use of state foster care funds and Adoption Assistance Program funds to pay for service allocation slots that provide individualized, intensive Wraparound services packages necessary to keep these children in or return them to family settings. The legislation targets children who are currently residing in, or at risk of being placed in, a group home licensed at a rate classification level of 12 to 14.

The training standards described in this document are intended for use by counties and Wraparound service providers to guide their preparation of: 1) competency-based practice curricula; 2) inservice training programs for supervisors, managers, administrators and families supporting program and procedure development; and 3) community, stakeholder, and family education efforts. The training topics described in this document represent the training standards required to support the development and implementation of family-centered, strengths-based, needs-driven, individualized planning and service provisions for the implementation of the “Wraparound Services Standards” and “Best Practice Guidelines for Assessing Families and Children in Child Welfare Services.”

**PRACTICE TRAINING STANDARDS**

<b>Domain</b>	<b>Content</b>
<p>A. Family/Parent-Professional Partnerships</p>	<ol style="list-style-type: none"> <li>1. Understanding and implementing family-centered practice</li> <li>2. Ensuring family access, voice and ownership through family decision-making processes</li> <li>3. Engaging family members in ongoing conversations to identify strengths</li> <li>4. Facilitating and encouraging family involvement</li> <li>5. Acknowledging and incorporating family and community culture experiences, and norms</li> <li>6. Configuring a family team that includes a balance of formal, informal, and natural supports</li> <li>7. Moving from a problem/deficit focus to a strengths and needs focus</li> <li>8. Understanding obstacles and fears impacting effective partnerships</li> <li>9. Understanding family support and resource based models of care</li> </ol>

*Practice Training Standards continues . . .*

**PRACTICE TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>B. Facilitating a Strength-Based, Family-Centered Planning Process</p>	<ol style="list-style-type: none"> <li>1. Demonstrating an understanding of the core values of a Wraparound approach</li> <li>2. Facilitating collaborative teaming strategies; demonstrating the ability to establish a shared perspective among diverse team members and the skills necessary to manage intense and conflictual group process</li> <li>3. Demonstrating the ability to guide a team through the steps of the Wraparound planning process including:               <ul style="list-style-type: none"> <li>• Creating a strengths inventory of the family and other team members</li> <li>• Establishing a common sense of mission and goals</li> <li>• Identifying critical unmet needs across life domains</li> <li>• Brainstorming creative options for meeting needs that build on the specific strengths of the family and team members</li> <li>• Producing a concrete action plan that clearly identifies the responsibilities of every team member</li> <li>• Producing a budget documenting the source and amount of all resources that will be used to implement the plan</li> <li>• Creating a safety plan that effectively addresses the risks presented by the child and family including both proactive and reactive activities</li> </ul> </li> <li>4. Evaluating team performance; using the responses of the family and team members to continually evaluate and improve the process of planning and implementing support and services.</li> </ol>

*Practice Training Standards continues . . .*

**PRACTICE TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>C. Linkage With Juvenile and Family Court System</p>	<ol style="list-style-type: none"> <li>1. Understanding how the juvenile justice system operates and how the systems of care interact with the juvenile justice process</li> <li>2. Understanding the theory and implementation of the restorative justice model</li> <li>3. Creating plans that ensure community protection and restorative actions while promoting strengths approach and opportunities for proactive community participation</li> <li>4. Demonstrating the ability to help teams develop action plans that address the community's need for safety and the victim's need for accountability, in addition to the child and family's critical life needs</li> <li>5. Understanding the operation of the child protection system and how the systems of care interact with it</li> <li>6. Demonstrating the ability to help teams develop action plans that ensure the protection of children and support the re-establishment of positive relationships between children and parents in addition to the other critical life needs of the child and family</li> </ol>

*Practice Training Standards continues . . .*

**PRACTICE TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
D. Individualized Service Provision	<ol style="list-style-type: none"> <li>1. Maintaining the team's commitment to the family over time by reinforcing evidence of each person's participation</li> <li>2. Promoting family's commitment to the team</li> <li>3. Managing plan outcomes and using data to refine the service/support plan</li> <li>4. Mobilizing family and community resources to support normalized strategies to promote strengths to meet needs</li> <li>5. Developing strategies to maintain the team's commitment to family-centered practices during plan disruptions)</li> <li>6. Maintaining the family team as the primary decision-making forum</li> </ol>

*Practice Training Standards continues . . .*

**PRACTICE TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>E. Transition to community services and supports</p>	<ol style="list-style-type: none"> <li>1. Developing transition plans with the family team. to support movement to the community, independence, and/or transition to adult services</li> <li>2. Shifting the balance of activity from the formal system to the informal team and community</li> <li>3. Establishing formal (e.g., professional services, community resources, support groups, engaging adult service/support representatives on the family team) links with the adult serving system for youth approaching 18 years of age</li> </ol>



**PROGRAM TRAINING STANDARDS**

<b>Domain</b>	<b>Content</b>
<p>A. Configuration of Program Operations to Support Family-Centered Practices</p>	<ol style="list-style-type: none"> <li>1. Implementing community-based, comprehensive, family-centered service plans</li> <li>2. Defining families as the focus of the services and support resources</li> <li>3. Ensuring that services and support resources are flexible and aimed at supporting and strengthening families</li> <li>4. Tailoring services and support resources to individual families in response to the family's culture, values, choices, and preferences</li> <li>5. Ensuring that program procedures support a high level of family decision-making in service planning, service provision, and program operations</li> <li>6. Establishing program procedures which support a no reject, no eject policy of commitment to families and their children</li> <li>7. Supporting the implementation of a system-wide family-centered planning process and individualized plans that are system-integrated and culturally competent</li> <li>8. Developing and implementing processes to support the use of non-traditional, innovative, and informal resources to meet needs as identified by child and family teams</li> </ol>

*Program Training Standards continues . . .*

**PROGRAM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>A. Configuration of Program Operations to Support Family-Centered Practices (continued)</p>	<p>9. Developing and implementing mechanisms for promoting and sustaining practice innovations</p> <p>10. Establishing program service standards which promote flexibility in staff roles, service delivery, and family involvement in program operations (e.g., training, inservice, policy and procedure development, evaluation and quality improvement activities)</p> <p>11. Implementing program structures which foster family/parent-professional partnerships in planning, developing, and delivering services</p> <p>12. Mentoring and coaching staff who implement family-centered planning, making the shift from professionally-centered to family-centered care practices</p> <p>13. Providing ongoing staff training and staff development</p> <p>14. Establishing and supporting an integrated network of formal and informal community resources</p> <p>15. Establishing effective family advocacy and support mechanisms that are integrated with service planning and program development</p>

*Program Training Standards continues . . .*

**PROGRAM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
B. Fiscal Management	<ol style="list-style-type: none"> <li>1. Aggregating all available target population revenue to provide flexibility in funding services and supports</li> <li>2. Blending and/or pooling state, federal and county funds at the program level to maximize needed resources while meeting statutory/regulatory requirements</li> <li>3. Maintaining appropriate records and documentation for the audit trail</li> </ol>

*Program Training Standards continues . . .*

**PROGRAM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
C. Monitoring/Quality Management	<p>1. Evaluating the progress of the implementation of the Wraparound process by determining:</p> <ul style="list-style-type: none"> <li>• Cost of services</li> <li>• Placement in restrictive settings</li> <li>• Level of emotional and behavioral adjustments, school attendance, and academic performance for eligible children</li> <li>• Satisfaction of parents/caregivers in the planning, implementation, and outcomes for their children and family</li> <li>• Level of family involvement in all levels of planning and implementation</li> <li>• Fidelity to the Wraparound process and family-centered care</li> <li>• Provider and community satisfaction</li> </ul>

**SYSTEM TRAINING STANDARDS**

<b>Domain</b>	<b>Content</b>
<p>A. Development of Service Systems Integration</p>	<ol style="list-style-type: none"> <li>1. Creating service and support networks among community agencies to promote timely access to needed services and supports</li> <li>2. Managing and leading the system change process to support the shift family-centered practice</li> <li>3. Ensuring that children and their families are served in their own communities</li> <li>4. Measuring systems' accountability and outcomes based on results for families</li> <li>5. Establishing contracting processes which ensure that provider Wraparound agencies flexibly and creatively organize, develop, and deliver care to families and children within the community utilizing a family-centered practice strategy</li> <li>6. Developing interagency strategic planning resulting in alignment on vision, direction, and goals with the community, families, and among agency staff</li> <li>7. Developing structures for supporting parent advocacy, leadership, and involvement</li> <li>8. Establishing a stakeholder body (community team) to oversee the development and implementation of the Wraparound process that includes family and community representatives in addition to service providers</li> </ol>

*System Training Standards continues . . .*

**SYSTEM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>B. Development of Community Team Functions</p>	<ol style="list-style-type: none"> <li>1. Establishing indicators for measuring the implementation of no reject, no eject commitment to families and their children</li> <li>2. Implementing a cross-system accountability for the outcomes of service provision</li> <li>3. Developing mechanisms for promoting and sustaining practice innovations</li> <li>4. Supporting child and family teams as full decision-makers</li> <li>5. Setting up a review process for individualized plans by the community team</li> <li>6. Establishing individualized child and family plans that can meet the documentation needs of diverse public and private agencies</li> <li>7. Developing and implementing a cross-systems staff, community and family training plan supporting the implementation of Wraparound</li> <li>8. Developing mechanisms and processes to promote the implementation of Wraparound</li> </ol>

*System Training Standards continues . . .*

**SYSTEM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
C. Fiscal Management	<ol style="list-style-type: none"> <li>1. Aggregating and pooling all available revenues from state, federal, and county funds to serve the target population</li> <li>2. Establishing fiscal policies and procedures which promote easy access, by child and family teams, to flexible dollars</li> <li>3. Establishing guidelines for audit of flexible dollars</li> </ol>

*System Training Standards continues . . .*

**SYSTEM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
D. Monitoring/Quality Management	<ol style="list-style-type: none"> <li>1. Developing mechanisms at the program level for monitoring and reporting individual child and family outcomes and for aggregating the results at the community level</li> <li>2. Developing a continuous quality improvement process with fidelity to core family-centered principles and core Wraparound values</li> <li>3. Involving families and other key stakeholders in defining, selecting, and measuring the community-based quality indicators to be measured</li> <li>4. Defining indicators and specific outcomes to address how the Wraparound process will be measured</li> <li>5. Setting up processes to evaluate the progress of Wraparound implementation by looking at: <ul style="list-style-type: none"> <li>• Cost of services</li> <li>• Placement in restrictive settings</li> <li>• Level of emotional and behavioral adjustments, school attendance, and academic performance for eligible children</li> <li>• Satisfaction of parents/caregivers in the planning, implementation, and outcomes for their children and family</li> <li>• Level of family involvement in all levels of planning and implementation</li> <li>• Fidelity to the Wraparound process and family-centered care</li> <li>• Provider and community satisfaction</li> </ul> </li> </ol>

*System Training Standards continues . . .*



**SYSTEM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
<p>D. Monitoring/Quality Management (continued)</p>	<p>6. Specifying data and how it will be collected and used to evaluate the progress of Wraparound implementation</p> <p>7. Monitoring services to ensure that provider Wraparound agencies meet accreditation standards (once implemented) on a continuous basis</p>

*System Training Standards continues . . .*

**SYSTEM TRAINING STANDARDS (continued)**

<b>Domain</b>	<b>Content</b>
E. Systems Improvement	<ol style="list-style-type: none"> <li>1. Establishing feedback at the practice, program and system levels to identify what facilitates and hinders the Wraparound process in the community</li> <li>2. Using the feedback data to:                             <ul style="list-style-type: none"> <li>• Direct systems and program adjustments as needed</li> <li>• Target and conduct advocacy for state, local, and federal policy and funding reform</li> </ul> </li> </ol>

## Appendix B

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