Family- and Youth-Driven Wraparound.
New Hampshire's System of Care Project

"Families **A**nd **S**ystems **T**ogether**"**

Presentation for the 2016 School Mental Health Conference

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Agenda

➢ Overview of family- and youth-driven Wraparound

➢ Values and roles in Wraparound

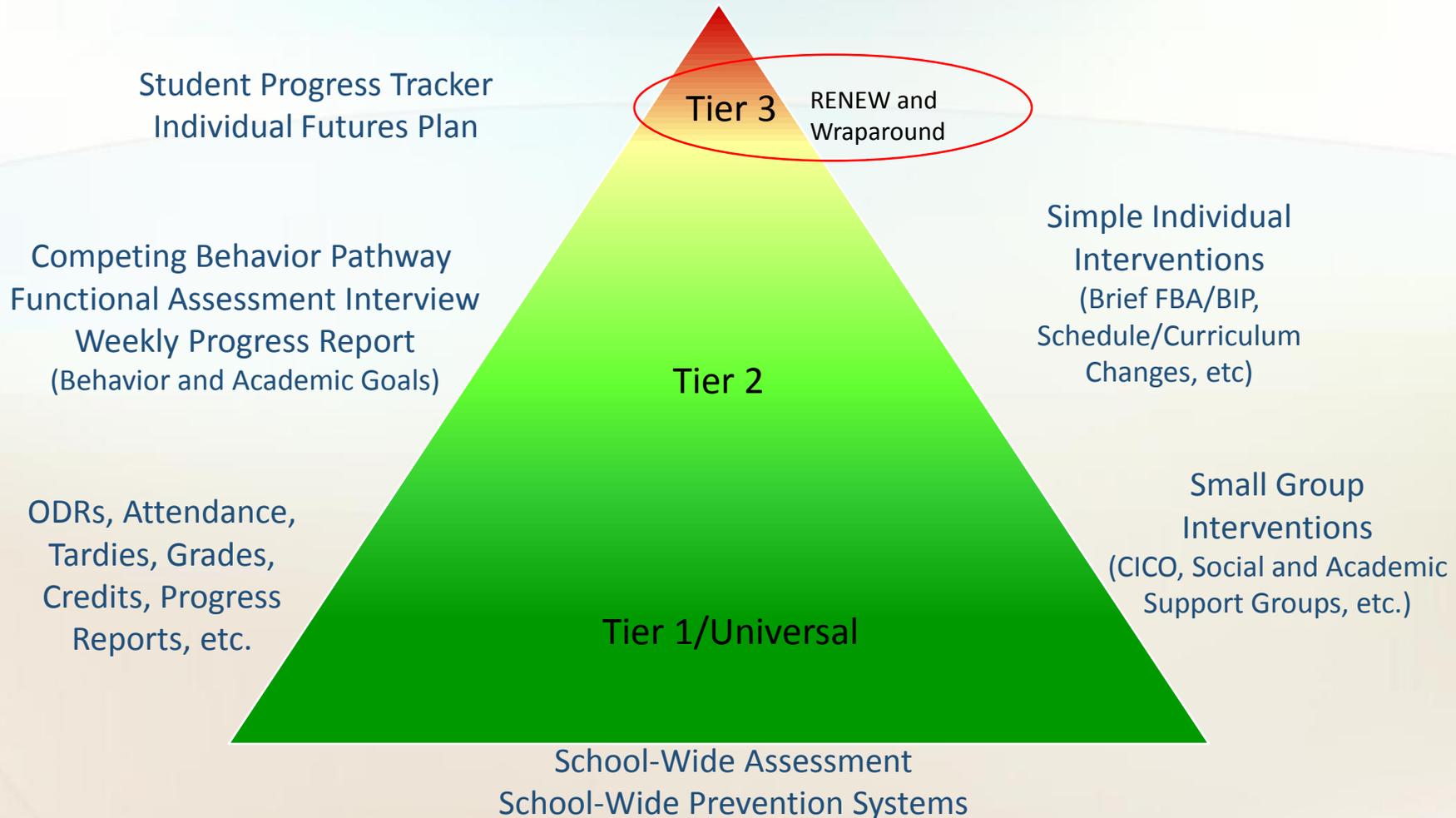➢ Case Example

➢ Fidelity and outcome data

➢ Future directions

You are concerned about....

Turn to you neighbor and describe a child or youth who you know who is at risk of failing in school:

➢Because of attendance issues, behavior problems, anxiety, family stressors

Where Wraparound Fits in a Multi-Tiered School-Based Model
(Adapted from Illinois PBIS Network, Revised Sept., 2008 & T. Scott, 2004)

Student Progress Tracker
Individual Futures Plan

Tier 3 — RENEW and Wraparound

Simple Individual
Interventions
(Brief FBA/BIP,
Schedule/Curriculum
Changes, etc)

Competing Behavior Pathway
Functional Assessment Interview
Weekly Progress Report
(Behavior and Academic Goals)

Tier 2

ODRs, Attendance,
Tardies, Grades,
Credits, Progress
Reports, etc.

Small Group
Interventions
(CICO, Social and Academic
Support Groups, etc.)

Tier 1/Universal

School-Wide Assessment
School-Wide Prevention Systems

The Context: Systems of Care

"A spectrum of effective, community-based supports, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to succeed at home, in school, in the community, and throughout life"
(Stroul & Friedman, 2010)

System of Care Values

1. Family driven and youth guided

2. Community based

3. Culturally and linguistically competent

2010, Beth A. Stroul, M.Ed. Gary M. Blau, Ph.D. Robert M. Friedman, Ph.D. Updating the System of Care Concept and Philosophy

Positive Outcomes of System of Care Development and Implementation

- Increased positive social, academic, and behavioral outcomes and community connectedness for children, youth, and families

- Decreased out of home, school, and community placements (and duration of such)

- Increased caregiver capacity, decreased caregiver strain

- Programs and supports that are uniquely tailored to each child and family's culture, strengths, and dreams

(Suter & Bruns, 2009; Bruns & Suter, 2010)

The Wraparound NH Model

Wraparound brings families together with supportive teams to plan and deliver supports and services that build on family-identified strengths and needs, to help families live together safely and productively in the community.

What is Wraparound?

- Wraparound is a solution-focused process that is family and youth driven.

- Wraparound connects families to supports and services in their communities, and always includes a mix of public, private, and natural supports.

- Wraparound includes access to family/youth peer support.

- Wraparound is a process that respects families' culture and values.

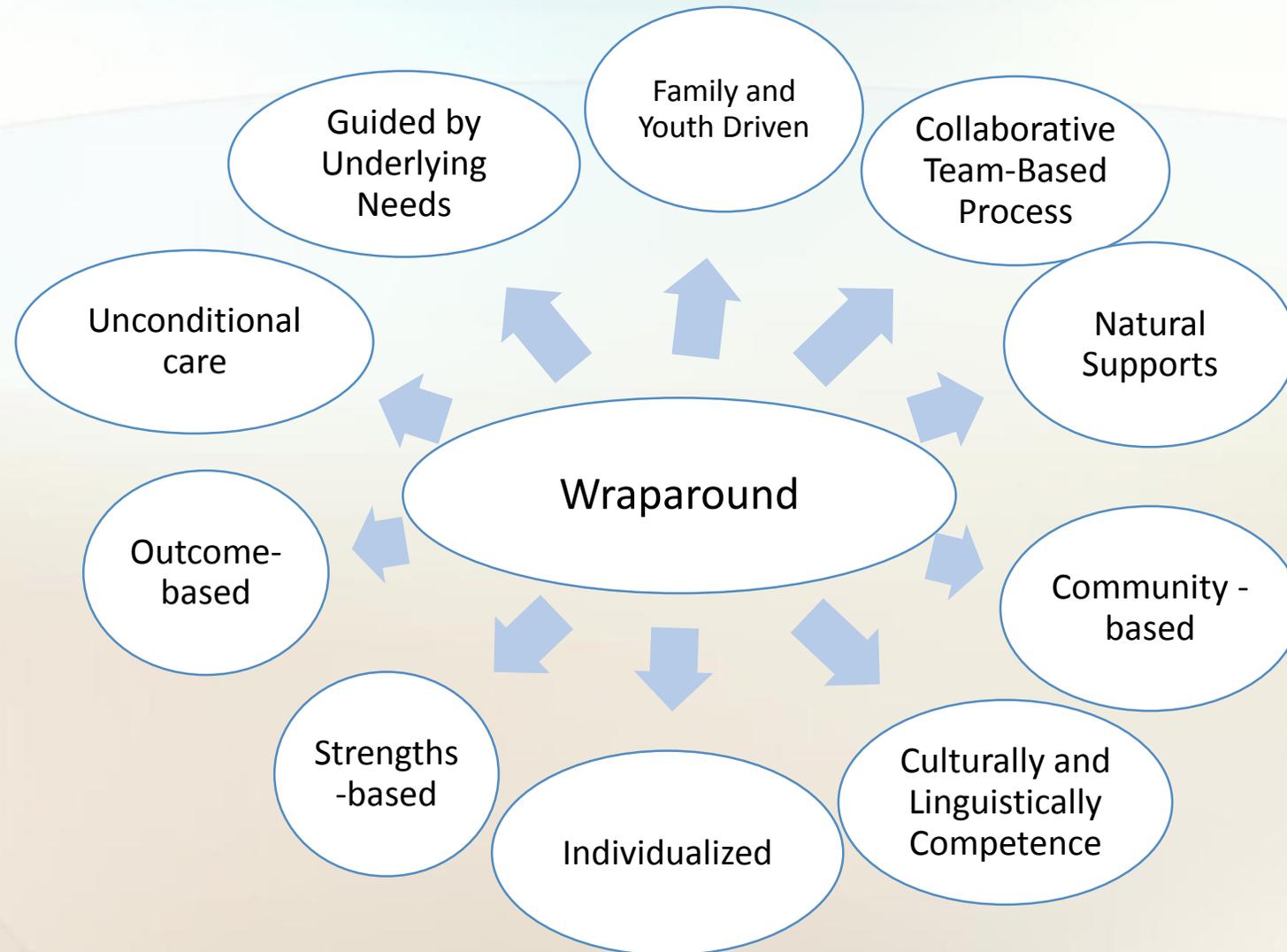- Wraparound is led by a *trained* facilitator.

Wraparound Is Not:

- A specific set of services offered
- A typical team meeting
- Any meeting held without family or youth
- An immediate or quick solution
- A crisis intervention or response
- A standing interagency team

Critical Roles (cont.)
Family and Peer Support Partner-

- Member of the individual and family team; supports and coaches the family in the wraparound process; assists family to identify, prioritize, and articulate their goals and needs.

- Ensure that the family's culture is respected; provide peer to peer support that will include helping the family learn how to navigate and advocate within the system; and work with the family to gain insight of the other team members perspective.

- Fosters a sense of resilience and hope within the family.

- Provide families with information about and connect them with natural supports and resources.
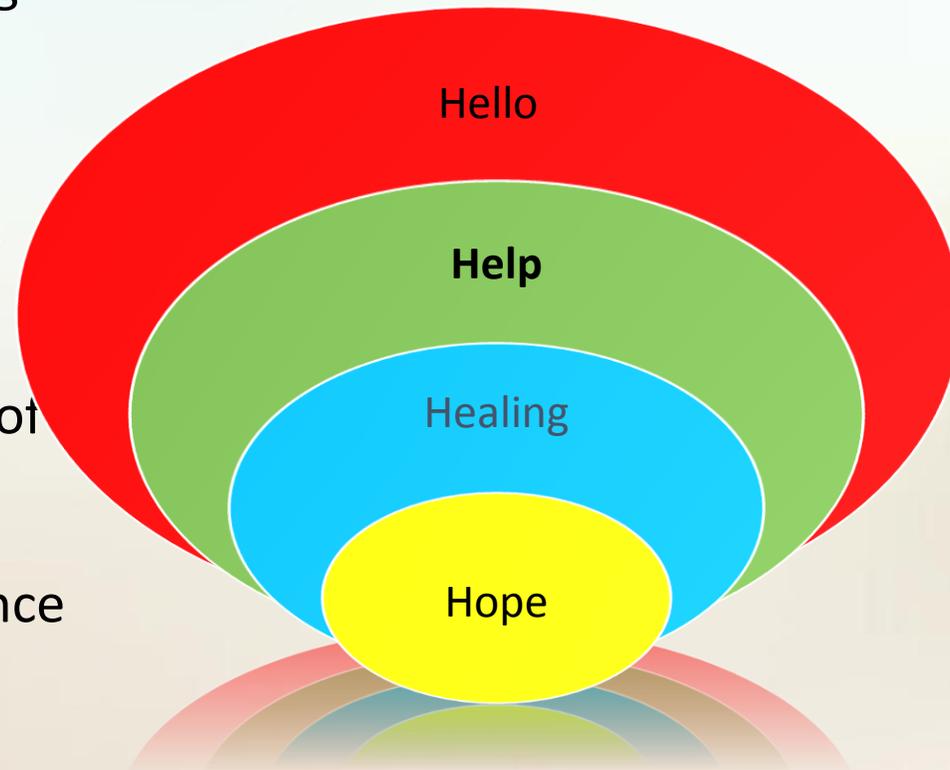
Values and Principles: NH's Wraparound Model

NH Wraparound Framework

4 H's of Wraparound

- Hello: Initial contacts of welcoming and setting the stage for "engaged enough"
- Help: Agreeing on, providing and delivering a range of interventions, services & supports
- Healing: Modifying initial helping activities to produce family report of healing
- Hope: Future oriented activities designed to sustain family experience of hope

Framework

Hello

Help

Healing

Hope

FAST Forward Case Study

Family History

- 6 year old female diagnosed with Attachment Disorder & Anxiety

- Child adopted through child protection services by the paternal grandmother at 2 years old, after severe abuse and neglect was reported.

- Child had difficulty managing behaviors at home and school. Often would get suspended from school and sent home for throwing chairs, desks, breaking computers, hitting teachers, biting, refusal to do work, distracting other students.

- Challenges include a difficult home situation and Primary Caregiver fatigue, as Mom struggled to manage her own self-care.

Referral to FAST Forward

- Referral to FAST Forward program was made by assigned Post Adopt Services Worker from Child Protection Office.

- Mom was overwhelmed with the youth's behavior and had limited supports. Worker stated that she was in need of someone who could help to coordinate a Wraparound team to assist the family and feel a part of their community.

- Before 1st Wraparound Team meeting: Mom communicated that having a positive relationship with the school was important to her.

Family Timeline Template

Copy these bo..... & insert events on the timeline

1966 Mom Born and raised @ Same home 7 Girls + 2 boys

1964 Converted From APTS to home. Father Police officer. Mom stayed home

1975 Father Passed away. Brother + Mom stepped up for siblings

1991 Mom. Problems @ school. Didn't like routines. Graduated though

19.84 Got Married (Military Husband) Gave birth to son. Married 2 years

1986

1985, 86, 87-94 Travelled w/ military

1995 Seperated Son went w/ Father

Put the birth of the child somewhere on this line

2001 went on disability could not work. Allowed to work

Youth born 5.8.08

son came home and met his wife. Gave birth to youth

2009 Father and Youth went to Texas

Late 2009 Father went to Iraq
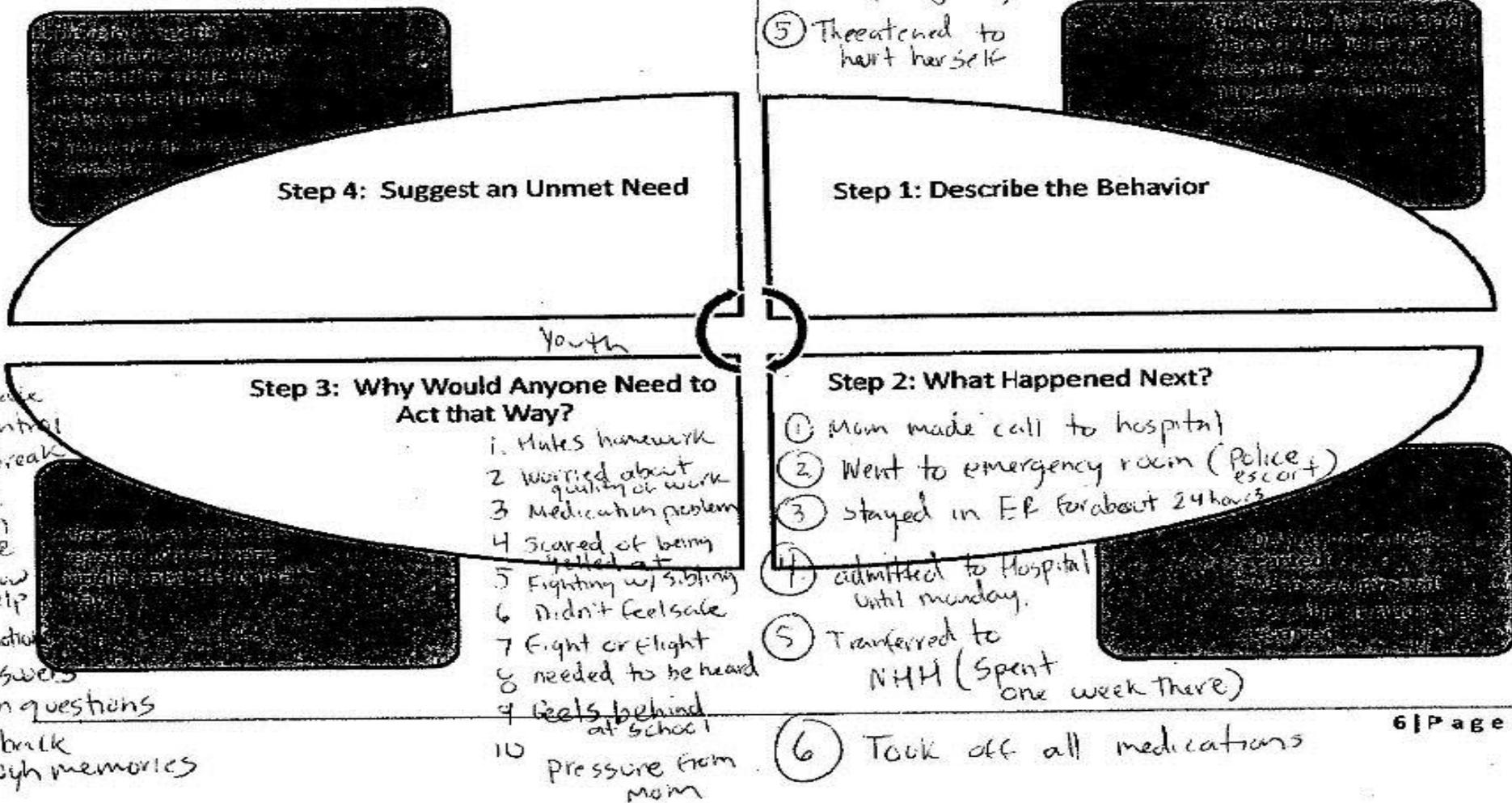
2009 Youth's mom met another man pregnant with half Sibling

2010 Youth's Father came home from Iraq.

2011 DCYF involved due to abuse. neglect. Hoarding "Failure to thrive

Click to replace typing

2011 Mom took in youth and sibling. rescued

3 | Page

FAST Forward Process

- Coordinator met with family:
  - **Created Family Vision** – "To be seen as being capable, loving, and loved"

  - **Developed functional strengths**
    - "Likes to be close to others and uses nurturing skills to help others"
    - "Is very attentive when there is a trusting relationship who is close"
    - "Likes to be a part of solutions that are made about her"

  - **Identified underlying needs** to why family was seeing behaviors
    - "Mom: I need to feel like a valuable person and confident as a parent."
    - "Child: I need to know I don't need to be scared."

The Needs Egg

Step 1: Describe the Behavior

1. Last time Nov 17th (Thursday)
2. 6:30 pm; At home (Note: happens most at home)
3. Youth began hitting kicking biting, looking for attention
4. Didn't want to do homework
   a. Refused to go to room as consequence
   b. cleared shelf
   c. threw books, scissors
   d. put younger sibling in "choice hold"
5. Threatened to hurt herself

Step 2: What Happened Next?

1. Mom made call to hospital
2. Went to emergency room (Police escort)
3. stayed in ER for about 24 hours
4. admitted to Hospital until monday.
5. Transferred to NHH (Spent one week there)
6. Took off all medications

Step 3: Why Would Anyone Need to Act that Way?

Youth

1. Hates homework
2. worried about quality of work
3. Medication problem
4. Scared of being yelled at
5. Fighting w/ sibling
6. Didn't feel safe
7. Fight or flight
8. needed to be heard
9. feels behind at school
10. pressure from mom

Step 4: Suggest an Unmet Need

Mom

1. Needed to keep kids safe
2. taking control
3. Needed a break
4. questioned parenting
5. felt alone
6. didn't know how to help
7. escalated own emotion
8. wants answers
9. medication questions
10. brought back tough memories

1st Wraparound Team Meeting

- Team consisted of: School social worker, Post-Adopt Worker, FCSS, Family friends (natural supports), Community mental health therapist and case manager.

- As a team, brainstormed strategies to help to meet underlying needs identified. Strategies include:

  - Addition of In-Home Family Support, focusing on relationship building between Mom and youth and safety

  - Improve communication with school

Strategy to improve communication w/ school

During Wraparound Team meeting process, team broke down communication strategy into ways to improve this area.

- Mom and school collaboratively developed a "communication log" that allows Mom to communicate how the youth's morning routine was. In turn, school will fill out and send home communication log that communicates how youth did at school.

- Collaboratively work together to create a consistent behavioral plan for both school and home

- School behaviorist and Clinician at Community Mental Health Center worked together to teach Mom to mirror behavior modification techniques successful at school for use at home.

School Logs

Student Name: _____ **Date:** _____

Behaviors:	Before Lunch	After Lunch	How Addressed	Frequency	Severity
Work Completion	☐	☐	☐	☐	☐

How Addressed/Frequency/Severity: (ex. How Processed, How Frequent, privileges lost) _____

Hands to Self	☐	☐	☐	☐	☐

How Addressed/Frequency/Severity: (ex. How Processed, Observations, privileges lost) _____

Fidgeting	☐	☐	☐	☐	☐

How Addressed/Frequency/Severity: (ex. How Processed, Observations, privileges lost) _____

Sucking on Shirt/Fingers	☐	☐	☐	☐	☐

How Addressed/Frequency/Severity: (ex. How Processed, Observations, privileges lost) _____

Other: _____	☐	☐	☐	☐	☐

How Addressed/Frequency/Severity: (ex. How Processed, Observations, privileges lost) _____

Key Codes (Addressed):	Key Codes (Severity):	Key Codes (Frequency Observed):
R = Redirection P = Processed L = Loss of Privileges A = Administrative/Guidance Assistance N/A = Not Applicable	M = Minimal MD = Moderate S = Severe N/A = Not Applicable	A = 0-1 B = 2-3 C = 3+ N/A = Not Applicable

Student Name:			Week Of:		
Communication Log	Monday	Tuesday	Wednesday	Thursday	Friday
Bad night sleep or Woke up Late					
Took Medication or Didn't Take					
Needs to get Dressed (Clothes in Backpack					
Ate Breakfast or Not					
Aggression toward people or objects					
Has Cold Lunch and/or Popcorn Money					
Homework in folder					

Notes: _____

FAST Forward Outcomes

- After several Wraparound Team Meetings, which school staff attended on a consistent basis, a significant amount of progress was made:
  - Relationship with Mom and school improved
  - Collaborative efforts supported youth to have successful school days
  - Mom felt valuable in helping youth improve while in school, increasing her ability to make empowered parenting decisions at home.
  - Youth no longer felt like she needed to behave the way she was at school due to consistent behavior planning.
  - Mom built a strong relationship with teachers, and school staff which aided in supporting child's younger siblings with similar behavior challenges

FAST Forward NH Project
Critical Roles: Wraparound Coordinators

NH Wraparound Coordinators in the Fast Forward Project (2012-2016):

- Works with families to establish wraparound teams, hold initial meetings with families, facilitates wraparound meetings and performs care coordination, facilitates referrals to other supports and services, develop crisis plans, facilitates the development of the family's vision and plan of care, collaborates with Family and Community Support Specialists, collects data and completes required documentation.

Role of Family and Community Support Specialists

- Brings "lived" experience to the team
- Coaches and empowers the family to find their own voice in the process
- Provides resource information and connects the family with support activities
- Ensures the family's culture is respected
- Helps family identify strengths and natural supports

NAMI New Hampshire
National Alliance on Mental Illness

F.A.S.T. Forward
Expand "Family to Family"
Support, Education and Leadership Training

+ 1:1 Support-Wraparound
+ PMC Family Education Program
+ Family Leadership Training

Identify, recruit and provide on-going technical
assistance
to family leaders serving on a wide range of activities
on
the local, state and national levels.

Youth Leadership and Development of Youth Peer Support Granite State Federation of Families for Children's Mental Health

Individual Level: Training and Support	System Level: Training and Support	Leadership
Training for youth to drive their own planning	Youth Move Orientation, Focus Groups	Youth Voice and Perspective to Systems Change Efforts
Group Forums for Individual Support and Connections (YM and RENEW Facebook)	"Strategic Sharing" "What Helps What Harms"- YM National Social Marketing Initiative	Conference Planning and Co-Hosting: Youth Track Development
Development of 1:1 Youth Peer Support Model	Training and Recruitment of Youth for Action in Systems Change	Support and technical assistance to emerging youth leaders across systems

Weaving the Phases Together

"Just as hello isn't something that only happens at the outset of the arc of care, hope isn't confined to the closing moments. Hello should kindle and nurture hope throughout the course of the process.

Help should be delivered in the context of a powerful optimism designed to increase expectancy on the part of all team members as well as families.
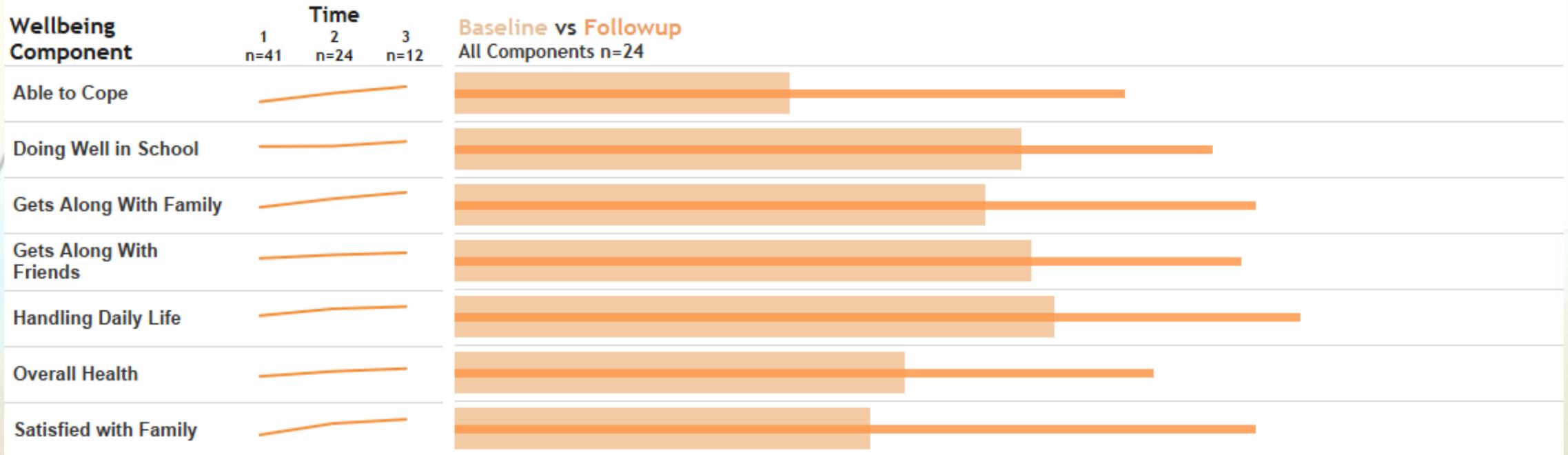
Healing should be recognized throughout the entire process of Wraparound as a way to acknowledge and celebrate gains and set the stage for a future of possibilities" –Pat Miles, 2014
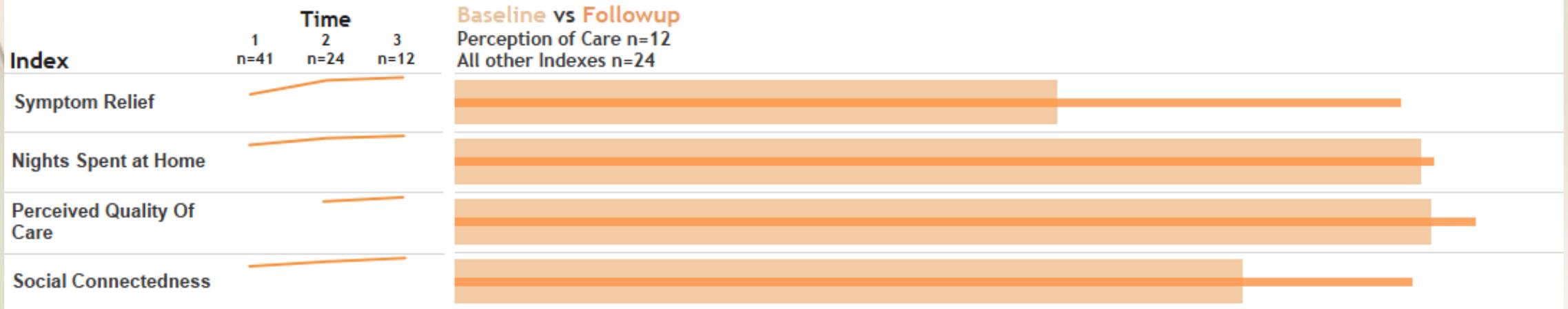
FAST Forward NH Project

- 4-year System of Care project funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)

- Goals:

  - Establish family/youth-driven wraparound in NH

  - Establish a funding, policy, and systems administration to support System of Care and wraparound development in NH
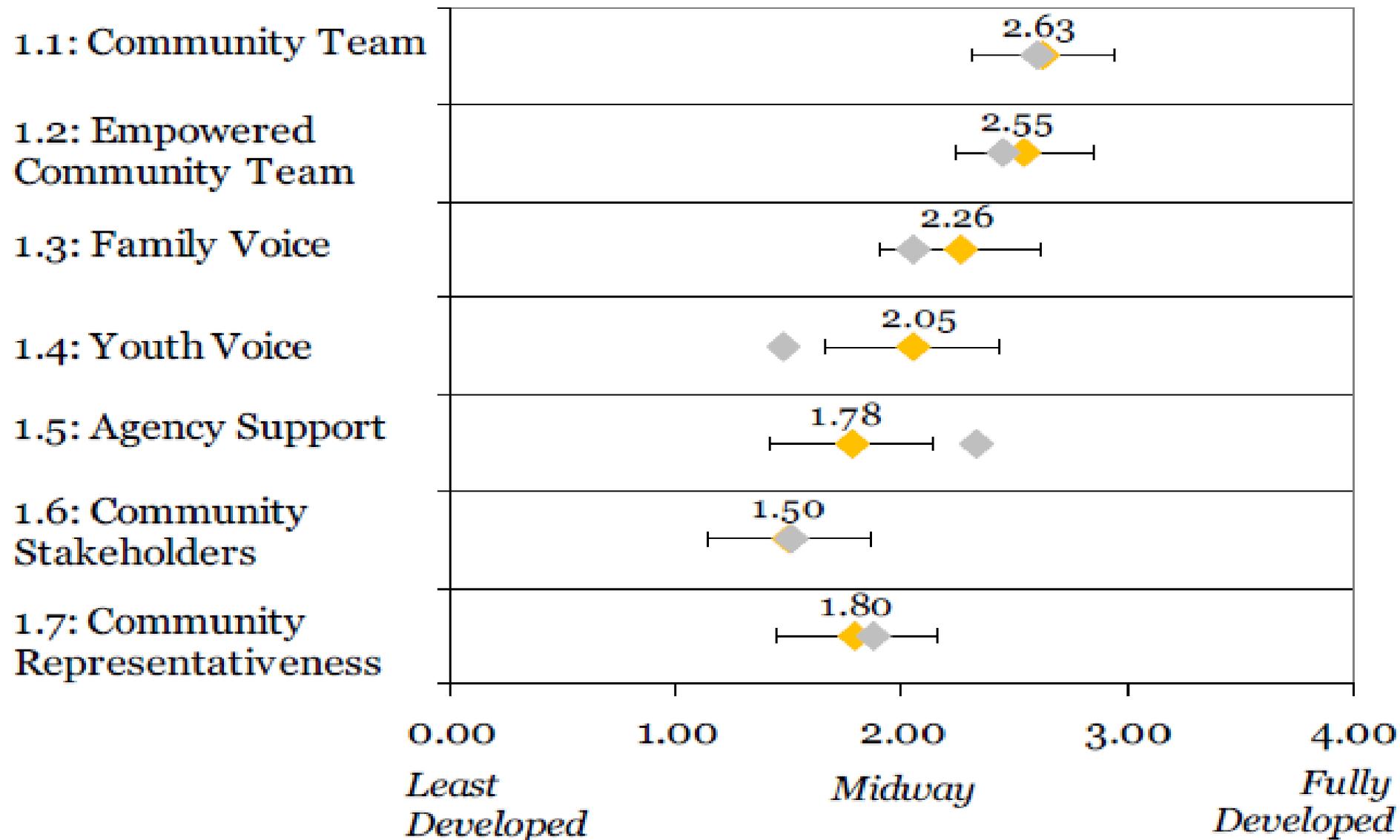
Families Report Greater Wellbeing as they Spend more Time in Wraparound

Families Report greater Symptom Relief, Social Connectedness, Quality of Care, and more Nights at Home over Time
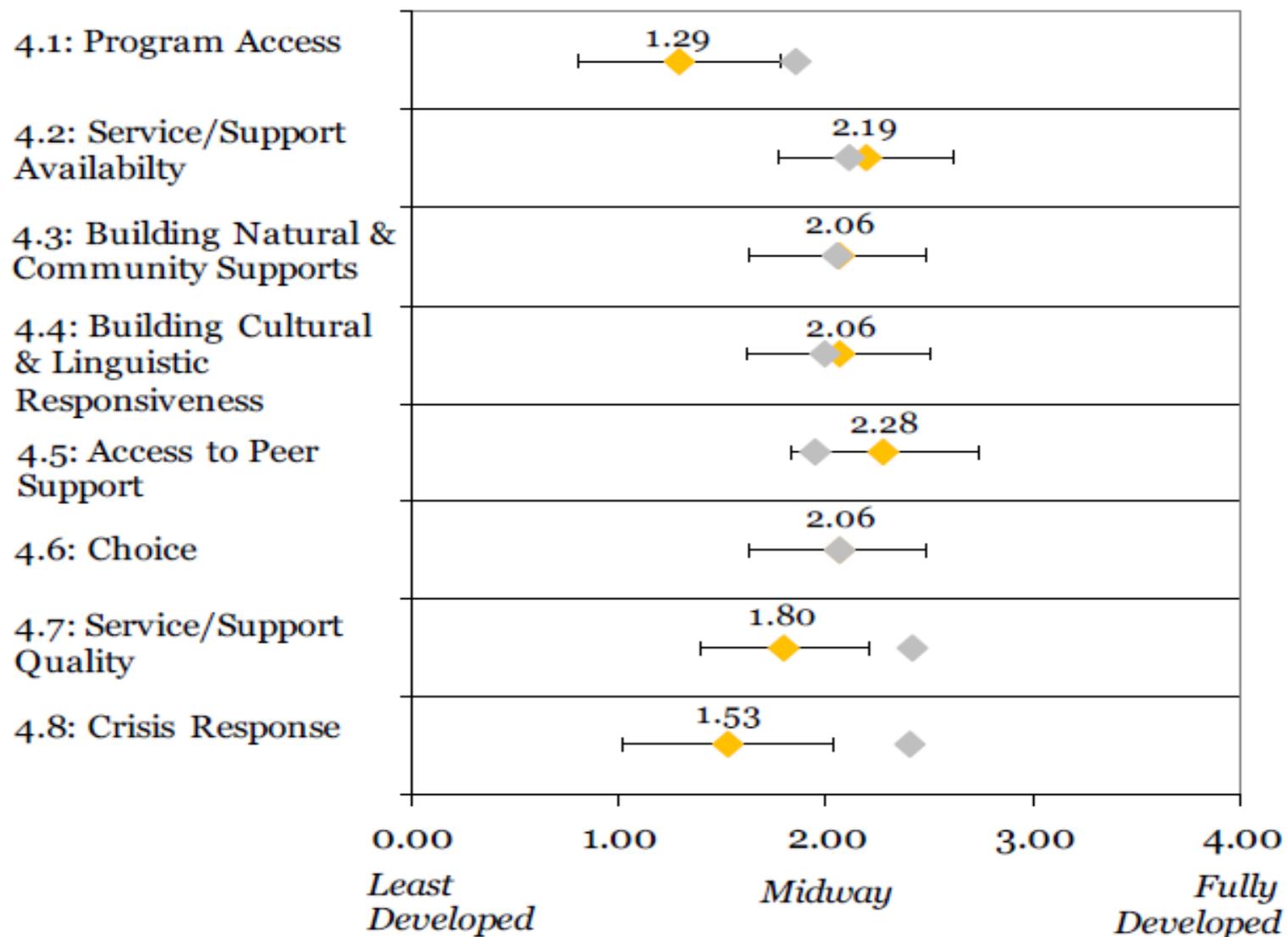
Theme 1: Item Means and Comparison

Legend: ◆ FAST Forward   ◆ Comparison

- 1.1: Community Team — 2.63
- 1.2: Empowered Community Team — 2.55
- 1.3: Family Voice — 2.26
- 1.4: Youth Voice — 2.05
- 1.5: Agency Support — 1.78
- 1.6: Community Stakeholders — 1.50
- 1.7: Community Representativeness — 1.80

X-axis: 0.00 (Least Developed) — 1.00 — 2.00 (Midway) — 3.00 — 4.00 (Fully Developed)

Theme 4: Item Means and Comparison

Legend: ◆ FAST Forward ◆ Comparison

- 4.1: Program Access — 1.29
- 4.2: Service/Support Availabilty — 2.19
- 4.3: Building Natural & Community Supports — 2.06
- 4.4: Building Cultural & Linguistic Responsiveness — 2.06
- 4.5: Access to Peer Support — 2.28
- 4.6: Choice — 2.06
- 4.7: Service/Support Quality — 1.80
- 4.8: Crisis Response — 1.53

X-axis: 0.00 (Least Developed), 1.00, 2.00 (Midway), 3.00, 4.00 (Fully Developed)

Looking Ahead

- NH has just received 2 more System of care grants:
  - Fast Forward 2020- Awarded to the NH Department of Education
  - A county-specific project
- Both grants stress the expansion of family- and youth-driven Wraparound, including school-based delivery-

Questions?

Partners

Institute on Disability/UCED

NH Department of Health and Human Services

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