

MIDD Briefing Paper

ES 6A Wraparound for Youth and NC 68 sustainability of wraparound

Existing MIDD Program/Strategy Review ☒ MIDD I Strategy Number 6A (Attach MIDD I pages)
New Concept ☐ ☒ (Attach New Concept Form)

Type of category: Existing Program/Strategy NO CHANGE, and incorporating the input from new concept #68.

SUMMARY: This proposal combines the existing MIDD strategy 6a, Wraparound, with the new concept paper (#68). Wraparound is a team based planning process for youth with complex needs and their families. This process is strength based and individualized to support youth in their community and within their family culture.¹ Wraparound is a proven, effective approach to developing and coordinating plans of care that build on the strengths of the child or youth and family. Resulting plans are individualized and based on the needs and goals identified by the family. Plans address the specific cultural needs of the family, with a goal that services and supports occur in the family's home and community whenever possible. A team of supportive individuals 'wraps' around the family to help them achieve their goals. The team is made up of professionals as well as 'natural' supports like relatives, neighbors, coaches, or clergy who will continue to be involved with the family for years.

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The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

¹ The National Wraparound Initiative <http://nwi.pdx.edu/>

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A. Description

- 1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

This proposal combines the existing MIDD strategy 6a, Wraparound, with the new concept paper (#68). Wraparound is a team based planning process for youth with complex needs and their families. This process is strength based and individualized to support youth in their community and within their family culture.² Wraparound is a proven, effective approach to developing and coordinating plans of care that build on the strengths of the child or youth and family. Resulting plans are individualized and based on the needs and goals identified by the family. Plans address the specific cultural needs of the family, with a goal that services and supports occur in the family's home and community whenever possible. A team of supportive individuals 'wraps' around the family to help them achieve their goals. The team is made up of professionals as well as 'natural' supports like relatives, neighbors, coaches, or clergy who will continue to be involved with the family for years.

Eligibility for MIDD Wraparound:

- Any youth residing in King County;
- Under age 21;
- Experiencing an emotional and/or behavioral disturbance;
- Currently being served by two or more systems (Children's Administration (CA), Developmental Disabilities Administration (DDA), Juvenile Justice (JJ), Mental Health (MH), Special Education, Substance Use Disorder (SUD); and,
- Agrees to participate in Wraparound team process; or,
- Any child/youth residing in King County, up to age 17.5 seeking voluntary admission to Children's Long-Term Inpatient Programs (CLIP), or youth on a 180 Most Restrictive Involuntary Treatment Order (MRO) who will be admitting to CLIP.

Wraparound Delivery Teams at five community treatment agencies work collaboratively within each community to assist youth and families to develop a package of services that addresses the unique needs and goals of each family.

This combined briefing paper recommends a blended funding model for the future program, which will fulfill the terms of a 2013 lawsuit settlement against Washington State (*T.R. vs. Quigley and Teeter*). That lawsuit requires the provision of Wraparound with Intensive Services (known as WISE) by all regions in the state to a subset of the children/youth currently served by MIDD Wraparound.³ The WISE program, as defined in the settlement agreement, consists of Wraparound, intensive community-based mental health services, and mobile crisis outreach and stabilization services. While some new Medicaid funds will be provided by the state to deliver WISE, the funds do not cover the costs of the entire program, nor do those funds support non-Medicaid activities and services that MIDD currently funds. Nor will those Medicaid funds be available to provide Wraparound to many children and families not eligible for Medicaid who

² The National Wraparound Initiative <http://nwi.pdx.edu/>

³ www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/TR

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are currently receiving MIDD Wraparound. The components of the WISe program are similar to what has been available in King County for several years:

- Wraparound has been available in King County since the early 1990s. See detailed history below.
- The Children's Crisis Outreach Response System (CCORS) was implemented in 2005, and is now supported by federal and MIDD funds, and through a partnership with the state Children's Administration, Region 2. CCORS offers mobile crisis outreach and stabilization services for a limited number of children/youth.
- Intensive mental health services as defined in the Medicaid state plan are provided by a network of licensed Community Mental Health Agencies.

Current MIDD Strategy 6a:

Capacity to provide wraparound in King County was limited prior to MIDD funding. Although the Regional Support Network (RSN) developed capacity to offer wraparound as a result of federal Child and Adolescent Service System Project (CASSP) and System of Care grants, all grant funding ended in 2005, curtailing further growth and development. The Children's Mental Health Plan developed in 2005 by MHCADSD anticipated that wraparound would be available by 2007 to all children receiving the most intensive level of outpatient mental health services. However, the system lacked sufficient resources to reach this goal. In 2008 MIDD funding provided for the expansion of wraparound to families throughout the county. Prior to MIDD funding, wraparound was provided to an average 120 youth and families a year. MIDD Wraparound serves an average of 568 youth and families a year. Development of this capacity advanced the goals of the MHCADSD Children's Mental Health Plan, the King County Systems Integration Initiative (now Uniting for Youth), and other cross system initiatives. In addition, the principles, methods, and goals of wraparound align well with those of the MHCADSD Recovery Initiative.

Wraparound's team based planning process has been implemented in various communities since the early 1990s, and there is an increasing body of research that demonstrates the effectiveness of high-fidelity wraparound. High-fidelity wraparound is a scientifically supported approach that adheres to specific, established principles, guidelines and processes that have been shown to produce better outcomes for youth so they can live in their homes and communities and realize their hopes and dreams. The positive outcomes and goals of wraparound are expected to include, but are not limited to, decreased negative behaviors at home and at school; increased academic performance; decreased negative impacts from mental health and medical conditions including the need for acute or long term hospitalization; reduced involvement in the juvenile justice system including decreased delinquent or criminal behavior; and decreased out of home placement.⁴

King County has adopted the "Ten Principles of Wraparound" and the "Phases and Activities of the Wraparound Process" as the essential conditions necessary to meet desired outcomes for youth with serious emotional/behavioral disorders. These are defined by the National Wraparound Initiative (NWI) and Portland State University Research and Training Center.⁵ As part of a Wraparound Delivery Team, facilitators and parent partners help youth and families

⁴ Suter, J.C. & Bruns, E.J. (2009) Effects of Wraparound from a Meta-Analysis of Controlled Studies. *Clinical Child and Family Psychology Review*, 12, 336-351.

⁵ The National Wraparound Initiative <http://nwi.pdx.edu/>

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develop a team by identifying both formal and informal supports, and guide this team to customize services and strategies while focusing on the youth & family strengths and cultural factors. The King County MIDD wraparound program includes flexible dollars that help teams implement individualized home and community based strategies otherwise not available to youth and families. The combination of skilled facilitators and parent partners working together provides a unique opportunity for youth and families to learn a specific set of skills in order to advocate for themselves and carry forth the wraparound process within their community once the formal process is complete. This helps families create a plan of care that is sustainable over time by transitioning many strategies and interventions to community and natural supports, thereby meeting an additional goal of the wraparound program.

Current Staffing:

- King County MHCADSD: Wraparound Program Specialist one FTE, and Wraparound Program Support Specialist one FTE (New, end of 2015, not funded by MIDD)
- Wraparound Delivery Teams (WDT) x five (located within community behavioral health agencies)
- Each WDT team consists of one FTE Coach, six FTE facilitators, three FTE parent partners.
- Each WDT team at maximum capacity can serve 90 youth & families at any one point in time.

New Concept #68

The new concept submission states:

Enhancement and sustainability of Wraparound: Wraparound services are currently funded by MIDD for children with complex behavioral health and other social service system needs. New Medicaid funds will be available to King County for Wraparound implementation (described as WISE). These additional funds should not be seen as supplanting MIDD funds for Wraparound. The use of WISE funds for Wraparound are limited in several ways: 1) only children served in the community behavioral health system and funded by Medicaid can receive WISE services, and 2) children eligible for WISE funds are served under narrower circumstances than what is afforded to children funded by MIDD Wraparound.

Dedicated funding for ongoing Wraparound fidelity training is essential for assurance of consistency and reliability of Wraparound practices county-wide.

As MIDD Wraparound goes forward, we request an adjustment to the geographical allocation of funds and services to address the imbalance in caseload sizes and waitlists throughout King County.

Implementation of WISE in King County will require the modification of and expansion of the current model in order to adhere to the WISE Program Manual, and to serve additional Medicaid eligible youth as prescribed by State contract. WISE is an entitlement for Medicaid youth who meet the state's established eligibility criteria. New Medicaid funds associated with WISE can be used to supplement the existing MIDD Wraparound program, promoting expansion and potential realignment of existing Wraparound Delivery Teams. The submitter of the concept is in agreement with this briefing paper approach.

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2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input checked="" type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

Wraparound is a collaborative, facilitated process. Having all the team players at the table together with the youth and family creates effective crisis and safety planning. Within the first phase of wraparound, a crisis and safety plan is developed where the emphasis is placed on community and natural support interventions. Over time this plan reduces the need for formal system response and often diverts youth from acute hospitalization. This safety/crisis plan is evaluated throughout the process to ensure that the strategies and interventions are working for the youth and the family.

Because this wraparound program serves youth ages 3-21 there is an opportunity to support young children and their families by addressing behaviors or unmet needs and preventing out of home placement. This process also allows providers and families the opportunity to implement new strategies and help youth get back on track developmentally.

As a strength based process that emphasizes collaboration, system partners are encouraged to work together to meet the needs of the family, to create a shared understanding of the strengths and limitations of various systems, and to accept a shared responsibility to provide services and interventions. This, along with an emphasis on family voice and choice, helps teach youth and families how to advocate for themselves in a non-adversarial manner. In turn family voice helps improve how systems respond to the needs of youth and families.

With measureable objectives and goals embedded in the plan of care, outcomes provide information about what interventions and strategies promote recovery and resiliency and best meet the needs of the youth and family.

The team process includes tracking and measuring of outcomes that promote recovery and resiliency. With system partners working together, successes are better brought to light and challenges can be elevated for increased attention. Teaching youth and families how to engage system partners and how to advocate for themselves will only improve the system. As families and system partners understand and participate in this model, there is an opportunity for further system improvement.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

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Families with children or youth who have serious emotional and behavioral disturbances face numerous challenges that traditional services models are unable to address. These children or youth often experience profound difficulties with functioning in school, maintaining relationships with family and peers, coping with their emotions, and controlling their behavior. Sometimes these difficulties strain families to the point that they see no other solution than to place their child outside of their home. When families turn to formal systems for support, they may experience a fragmented process that is driven more by system needs than by the needs of the child, youth and family. This fragmented process further isolates these youth and families as they develop a mistrust of professionals and lose hope in their own recovery.

Families who participate in wraparound often describe it as the only approach that truly worked for them. They report feeling heard, and then begin to develop positive working relationships with professionals and systems, while also increasing their own resilience, self-determination, and overall well-being.⁶ Throughout the phases of wraparound, youth and their families learn the skills needed to continue this process, informally creating a sustainable plan of care. This reduces reliance on formal systems, helps families to stay together and avoid the inappropriate use of more costly resources such as inpatient care, foster care, and/or the juvenile justice system.

Without this wraparound program there would not be a formalized process with a neutral facilitator to guide families and professionals through challenging situations in order to increase shared understanding and meet the unique needs of these youth. There is a risk that this community would return to uncoordinated, professional driven, deficit-based delivery of services for youth with complex emotional and behavioral needs. This would decrease positive outcomes for families, as well as the outcomes important to various child serving systems (e.g., reduction in out of home placements).

In addition, without MIDD funding support, King County's implementation of the WISE program would be restricted to the limited Medicaid services allowable under the WISE case rate. Local flexible dollars that allow us to reach a population that is not Medicaid eligible, or is not enrolled in public mental health services would not be available. Children and youth not meeting these criteria and referred by schools, juvenile justice, developmental disabilities or private counselors could not access Wraparound.

In order to maintain a high fidelity wraparound program, there is an ongoing need to sustain a skilled work force and to evaluate the program. Dedicated funding for ongoing Wraparound fidelity training is essential for assurance of consistency and reliability of Wraparound practices county-wide. Training, technical assistance, coaching, flexible funds/resources, fidelity monitoring, program evaluation and capacity for system wide quality improvement are necessary on an ongoing basis to support the fidelity of this strategy.⁷ MIDD funds have provided for training, fidelity monitoring, and consultation to support that workforce. Funds have also supported a cross site comparative evaluation process with the Wraparound Evaluation, Research and Training (WERT) team housed at the University of Washington.

⁶ Bruns, E. J., Sather, A., Quick, H., Mudd, R, (2014, 2015) King County Wraparound Evaluation

⁷ Attachment #1: New Concept paper #68 "Enhancement and Sustainability of Wraparound"

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2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

Please see A.1 for additional responses to this question.

High-fidelity wraparound has a facilitator to youth ratio of 1:15. It follows the guidelines as set forth in the National Wraparound Initiative.⁸ Fidelity monitoring includes tracking outcomes, continuous observation and verification of the skills and practices of facilitators. High-fidelity is also about continuous quality improvement towards the goal of providing the best possible service.

Referrals are managed by a MHCADSD Wraparound Program Specialist as the central gatekeeper. There are five Wraparound Delivery Team's (WDT) assigned to a specific region of the county and eligible referrals are assigned to the appropriate team.⁹

The WDT facilitator and/or parent partner contacts the referent and each assigned family to introduce the wraparound process and obtain consent to participate. The facilitator and/or parent partner leads the family and youth through a process consistent with the "Phases and Activities of the Wraparound Process." This process includes strengths, needs, and cultural discovery, the identification of informal and formal supports, and the building of a child and family team. The child and family team assists the family in developing an individualized plan of care to address the needs and priorities of the family across multiple life domains. The plan of care identifies a range of resources that include both formal and informal supports. The plan of care also includes time-limited, measurable objectives that are monitored and evaluated regularly by the team. Each child and family team continues to support the youth and family until the family can facilitate and coordinate care for themselves, and can transition from the formal wraparound process to an informal process and a greater reliance on natural supports.

The parent partner assists the family throughout the wraparound process, utilizing engagement strategies, providing mentoring, and helping the family to make informed decisions to direct their plan of care. Parent partners have strong connections to the community, and are very knowledgeable about resources, services, and supports for families. The parent partner's personal experience is critical to earning the respect of the family and to establishing a trusting relationship. With this trust and respect, parent partners not only assist families, but also support team members in understanding the family's perspective.

When the existing MIDD strategy first began in late 2009, the full original staffing model was not implemented. Funds for this and other strategies were not available due to the effects of the Great Recession on MIDD revenues. It was not until early 2011 that the WDT's were able to reach full staffing capacity; the results of this are apparent in the table below.

Currently the target for MIDD Wraparound is a minimum of 450 youth & families per year. Over the past four years (2011-2015) the number of enrolled youth has exceeded the target (see the table below)

⁸ Walker, J.S. and Bruns, E. J. "Wraparound Implementation Guide 2008-2014," National Wraparound Initiative, Portland, Oregon.

⁹ Attachment #2: Map of MIDD Wraparound Delivery Teams

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Year	# children/youth served	% above/below target of 450
2010*	380	16% ↓
2011	515	14% ↑
2012	594	32% ↑
2013	701	56% ↑
2014	624	39% ↑
2015	596	32% ↑

*Startup year, not at full staffing

- 3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.**

In a 2015 study of wraparound in one mid-Atlantic state, the high fidelity wraparound practice model has been effective in improving outcomes for youth with serious mental illness. Administrative data from Medicaid claims for mental health as well as child welfare and juvenile justice services were analyzed. The sample included 5000 youth who participated in the care management entity program as well as a comparison group. Service utilization was assessed before enrollment in the high-fidelity wraparound practice model. Data were analyzed to assess changes in service utilization rates for the youth who received the high-fidelity wraparound services and for the comparison group. High-fidelity wraparound services for youth with serious mental illness can significantly reduce the need for intensive and costly mental health services. The long-term impact on cost and outcomes are yet to be determined.¹⁰

Other supportive evidence is derived from the MIDD evaluation data and the UW WERT fidelity monitoring activities. Full evaluation results are available on the MIDD website. The latest UW WERT report is in production.

1. Improved behaviors, rule compliance, and school performance for 159 youth at scores at two different points of time.¹¹
2. Property damage and harm to others reduced significantly over time, compliance to household rules increased significantly.¹²
3. At one year after initial assessment 42 percent of caregivers felt youth behaviors had improved, compared to 28 percent of those surveyed at the six month mark.¹³
4. Caregivers reported reductions in problem severity across 21 measured items including worry, sadness and caregiver strain.¹⁴

¹⁰ Lee, B., Cosgrove, J., dosReis, S., Tai, M., Dutrow, D. (November 2, 2015) "Examination of the Impact of a Care Management Entity Model on the use of Mental Health Services for Youth with Serious Mental Illness", an on line paper presented for the American Public Health Association.

¹¹ King County MIDD Five Year Progress Report, page 26, August 2013

¹² King County MIDD Seventh Annual Report, page 30, February 2015

¹³ Ibid.

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- 4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Best Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.**

*"Best practice ...is a method or technique that has consistently shown results superior to those achieved with other means, and that is used as a benchmark. In addition, a "best" practice can evolve to become better as improvements are discovered."*¹⁵ Wraparound has been described as a promising best practice. There have been a number of studies over the past 15 years to refine the concepts and measure the effects of wraparound.^{16 17 18} Most experts in the field support the assertion that high-fidelity wraparound is a best practice. According to the most recent update of the Washington State Institute for Public Policy (WSIPP), "Inventory of Evidence-Based, Research-Based, and Promising Practices For Prevention and Intervention Services for Children and Juveniles in Child Welfare, Juvenile Justice, and Mental Health Systems," full fidelity wraparound for seriously emotionally disturbed youth is defined as a best practice.¹⁹

- 5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?**

Outcomes for the existing strategy include:

- improved school performance for youth
- improved high school graduation rates for youth
- reduced drug and alcohol use for youth
- improvement in functioning at:
 - home
 - school
 - community
- reduced juvenile justice involvement for youth
- maintained stability of current placement for youth
- increased:
 - community connections and
 - utilization of natural supports by youth & families

Fidelity and outcome measurement tools include those utilized by the University of Washington: Wraparound Evaluation and Research Team (WERT) in 2014 and 2015. All tools are nationally

¹⁴ Ibid.

¹⁵ [Wikipedia.com](https://en.wikipedia.org/wiki/Best_practice)

¹⁶ Bruns, E. J., Suter, J. C. Force, M. M., & Burchard, J. D. (2005). Adherence to wraparound principles and association with outcomes. *Journal of Child and Family Studies*, 14, 521-534.

¹⁷ Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound approach. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 69-90). New York: Oxford University Press

¹⁸ Walker, J. S., & Bruns, E. J. (2007, March). Wraparound--Key information, evidence, and endorsements. Retrieved from <http://www.rtc.pdx.edu/nwi/PDF/wraparound%20evidence%20recognition%20070316.pdf>

¹⁹ Washington State Institute for Public Policy, Dec 2015. www.wsipp.wa.gov

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normed and used in multiple sites. King County results are compared against the means for national performance.

- WFI-EZ: Wraparound Fidelity Index, short form
- TOM: Team Observation Measure
- CSWI: Community Supports for Wraparound Inventory, 2012, 2014

The evaluation reports completed by the WERT team for 2014 and 2015 indicate that as a result of MIDD Wraparound, there has been an increase in full time school enrollment, a decrease in the number of school suspensions, decrease in number of youth involved with substance use, improvement at home and school and community. These reports also indicate a decrease in the number of emergency room visits for both medical and psychiatric episodes.²⁰

Additional measurement tools include a customized MIDD data collection tool, “Family Evaluation,” and, the Caregiver Strain Questionnaire (CSQ). This data has been collected since January 2011. For additional information see Attachment #3, the Wraparound Evaluation & Fidelity Monitoring Plan Matrix—Updated December 2015.

The highlights from the CSWI in 2014 indicate the King County wraparound had made “substantial overall progress in implementing wraparound.” On the five point scale of “least developed” to “fully developed” wraparound programs, King County wraparound is halfway between “midway” and “almost there”.²¹

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |
| <input checked="" type="checkbox"/> Other – Please Specify: | |
| a. youth age 19-21 as part of the target age group; | |
| b. youth may be involved in Juvenile Justice | |

²⁰ Bruns, E. J., Sather, A., Quick, H., Mudd, R. (2014, 2015) King County Wraparound Evaluation

²¹ Walker, J., Aue, N., Sather, A., Bruns, E.J. October 2014. Assessing support for Wraparound Implementation: Results of the Community Supports for Wraparound Inventory for King County Wraparound.

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Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Multi-system involved youth, and youth who are referred to the highest level of inpatient mental health treatment (Children's Long Term Inpatient Program (CLIP)) available in Washington State.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:**

This is a county wide program. Currently there are five agencies contracted to provide wraparound within a specific geographic location, defined predominately by school districts. (Center for Human Services: Shoreline, Northshore, Riverview, Skykomish and Lake Washington; Sound Mental Health: Bellevue, Issaquah, Snoqualmie, Mercer Island, and Renton; Valley Cities Counseling & Consultation: Kent, Auburn, Federal Way, Enumclaw and Tahoma; Therapeutic Health Services: Highline, Tukwila, Vashon Island and the central area of Seattle; and Community Psychiatric Clinic: the majority of Seattle School district).

Each agency has the opportunity to build relationships with service providers and resources within their geographical area, while also educating professionals about the referral process and how to best participate in the wraparound process.

Proposed analysis and re-distribution of existing MIDD resource:

Experience over the last six years has shown that demand for MIDD Wraparound is not evenly distributed across the original catchment areas. South county families typically wait longer for the program than do those in the northern part of the county. Likewise, there are more openings for newly referred families in the northern catchment area. As WISE is implemented and, if MIDD Wraparound is funded in the future, it is critical to conduct a needs assessment and develop a strategy or strategies to address this imbalance. Options to achieve this goal include:

- a. Add a 6th WDT: RFP and reconfigure geographical areas assigned to each agency.
 - b. Increase staffing at existing agencies
 - c. Redistribute some current facilitators/parent partners from low utilization areas to high utilization areas
 - d. Continue to allow agencies to serve families in other geographical regions as needed, and if the family chooses this option
 - e. Shift staffing model at each agency to add a supervisor and a coach
- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Continued partnerships with the following system providers: Children's Administration, Juvenile Justice (both county and state level), Developmental Disabilities Administration, Education system, Mental Health and Substance Use providers, Tribal authorities, Children's Crisis Out-

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Reach services, CLIP. For any given youth, other partnerships are developed on an individual basis, to include housing programs, emergency response systems (police, fire, paramedics) and medical providers. Partnerships and collaboration are unique to each team and geographical area.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

The Behavioral Health integration, effective April 1, 2016, could impact the number of referrals to Wraparound. Ideally it would increase the number of youth referred who are currently being served in the SUD system. With the development of Best Start for Kids Initiative, it is possible there could be an increase in Wraparound referrals.

The implementation of WISE in King County will require expansion of the current model in order to serve additional Medicaid eligible youth as prescribed by State contract. WISE is an entitlement for Medicaid children and youth. This will require the continuation of the existing MIDD Wraparound strategy in order to sufficiently deliver WISE programming, while continuing to serve youth and families without Medicaid.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Barriers for the existing strategy continue to be the lack of consistent training of the work force in the skills necessary to deliver wraparound to high-fidelity. Agencies are competing for qualified applicants and often lose them to higher paying positions. Over time, there have been instances where WDT's have been under staffed due to staff turnover. This has caused lengthy waitlists for families seeking wraparound services, due to the 1:15 staffing ratio. In 2014 alone, two separate WDT's experienced rapid turnover in staff. This was in part due to new positions opening in the network that offered a higher wage for similar skills. It was also about fit within a team, and the need for skill development. It also presented challenges for the Coaches who were tasked with hiring and training new staff, as well as maintaining on going child and family teams. It took several months to return to full staffing across the five WDTs. Several more months were required to train the new workforce in the skills required for high fidelity wraparound. As facilitators increase their skill base, and become familiar with their job duties, they are better equipped to assist families in moving through the phases of wraparound and exiting this service.

Additional barriers:

- Untrained work force. (Limited number of professionals with the skills to facilitate Wraparound.)
- Lack of community understanding of Wraparound and WISE
- Stressed systems and providers as funding decreases and caseloads increase. Providers may be less likely to attend wraparound meetings and/or take on tasks within the plan of care.
- Lack of understanding and skills necessary to collaborate

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- Lack of training options
- Cumbersome data collection methodologies
- Increase in the number of community members familiar with the wraparound process.
- Potential increase in the number of referrals: certainly an increase in the number of calls to inquire about eligibility.
- Increased work load at county level

The barriers described above will be compounded by the implementation of WISe, which has additional and more stringent administrative, data, and clinical assessment requirements.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

There are no unintended consequences for implementation, as this strategy has been serving youth and families since October of 2009.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

If this strategy is not implemented, it would mean the termination of decades of collaborative efforts in King County to better partner with the children's system partners and promote overall well-being of children/youth and families. While wraparound existed in King County supported by other funding streams prior to 2009, the MIDD Wraparound program has increased the staffing and number of youth and families served, provided a lower staff to youth ratio, and allowed for high quality programs. Relying on the WISe case rate funding alone would narrow the eligibility requirements, resulting in many youth being unable to access this support.

If the existing MIDD funds are not provided, it would significantly detract from King County's capacity to deliver WISe. It would also mean that waitlists for wraparound would get longer, as additional youth and families become eligible. It would also further stress the resources of other systems, and increase the number of youth using emergency rooms, hospitals, juvenile detention, and foster care. MIDD Wraparound also provides flexible funding, allowing specific strategies to be implemented that other systems are unable to pay for. Without MIDD funding this would disappear, again increasing the stress on other systems, as well as families. Often, caregivers in these situations lose their jobs because they have to care for the youth who is deemed unsafe in school or in the community. This causes additional financial and emotional strain for the caregiver and the rest of the family.

The MIDD wraparound program is also the first step to accessing the voluntary application process for the state Children's Long Term Inpatient Program (CLIP). Once a youth's wraparound team is meeting consistently, the team will determine eligibility and appropriateness if a youth or caregiver has requested CLIP level of care. They assist them in completing the application and presenting at one of three King County Community Resource Teams (CRT) for approval or denial before the application is forwarded to the CLIP administration. When the wraparound process has been offered as an alternative to CLIP, several youth have been diverted from this level of

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care, preventing extended time away from their caregivers/families. If a youth is admitted to a CLIP facility, their family, professionals, and other community members are better informed about the program through this process. Because MIDD wraparound is not dependent on Medicaid funding, facilitators and parent partners are able to stay connected to the youth and families while the youth is receiving treatment in CLIP. This continuous service is prohibited by WISe. Without MIDD funding, this continuity of care would be lost.

- 5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?**

There are no known alternatives to Wraparound.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

This concept is an integrated approach to serving children, youth and families, and works in a coordination with other programs. It is a collaborative effort and available to multi-system involved youth, regardless of funding source.

This proposal aligns with the Behavioral Health Integration initiative, in that wraparound is a collaborative team based approach to coordinating services for youth and families. This strategy is targeted to youth with emotional, behavioral and/or substance use issues.

It also aligns with the Best Starts for Kids' focus on services to youth ages 5-24. Wraparound assists youth and families with gaining skills to move forward in their lives with a decreased use of the formal systems, and increase in use of natural supports.

Wraparound has been used with homeless youth with good results, supporting the All Home initiative.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The Ten Principles of Wraparound: family voice & choice, team based, natural supports, collaboration, community based, culturally competent, individualized, strengths based, persistent, and outcomes based, are closely aligned with the principles of recovery.

The principles of wraparound identify the resiliency of youth and families early on in the process of engagement. Being family focused and community based, teams are constantly looking for less restrictive alternatives and ways to lessen the trauma of removing kids from their homes and communities.

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3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

MIDD Wraparound is open to all peoples, regardless of income, culture, and language and/or gender identification.

Wraparound is community-based, and encourages professionals to provide services at the family home or within the youth's community. This can directly decrease barriers such as lack of transportation and financial stress, and increase equal access to care and supports.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

Current MIDD funding supports five WDTs, according to the fidelity staffing model noted in A.1. The WDTs also have access to the flexible funding dollars for individual family needs.

The County staff support and monitor this program, and also participate in all evaluation and fidelity monitoring processes completed by county MIDD evaluation staff and the UW WERT.

The County funds training and technical assistance needed for the Wraparound work force and community partners. Continuous training is required for the current staff and needs to be available for new staff: Coaches, Parent partners, Youth partners and Facilitators/care coordinators, in order to meet high-fidelity standards (national outcomes are based on the provision of high-fidelity service). Training for the greater community is necessary to ensure the children and youth who are eligible are accessing this level of service. Training for the system partners is also critical regarding eligibility and what is expected of someone who participates on a wraparound team.

2. Estimated ANNUAL COST. More than \$5 million Provide unit or other specific costs if known.

2016 budgeted Costs for 5 WDTs: includes staffing & flexible funds = \$4,443,049

2016 budgeted cost for Fidelity Monitoring/Evaluation by UW WERT =\$102,000

Training costs: \$5000-\$8000/year

MHCADSD staff salary and benefits –1.0 FTE: \$125,000

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

There are no known revenue sources that could fund the existing strategy at this level of service.

The implementation of WISE will add limited funds to the combined program. These Medicaid funds can be used to support WISE services only. It is important to note that the state is currently funding WISE in other RSNs at a rate that is considerably below what it costs to deliver the program as defined in the lawsuit settlement. All of the RSNs who are currently

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implementing WISE are supplementing the WISE case rate with other fund sources in order to deliver that program.

4. TIME to implementation: Currently underway

- a. What are the factors in the time to implementation assessment?
- b. What are the steps needed for implementation?
- c. Does this need an RFP?

Currently there are five WDTs operating in King County and require no time to implement. Due to the requirements of WISE, it may be necessary to expand capacity, which would require an RFP of the entire program. An RFP process would take three or more months.

An analysis and potential re-configuration of the existing WDTs would take two to three months.

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

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Working Title of Concept: Enhancement and sustainability of Wraparound

Name of Person Submitting Concept: Sonia Handforth-Kome

Organization(s), if any: Valley Cities

Phone: 206/605-9368

Email: shandforth-kome@valleycities.org

Mailing Address: 325 West Gowe Street Kent, WA 98032

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Enhancement and sustainability of Wraparound: Wraparound services are currently funded by MIDD for children with complex behavioral health and other social service system needs. As of late 2015, State Medicaid funds are now available to King County for Wraparound implementation (described as WISE). These additional funds should not be seen as supplanting MIDD funds for Wraparound. WISE funding has the potential of returning Wraparound funding to adequate levels. The use of WISE funds for Wraparound services are limited in several ways: 1) only children served in the community behavioral health system and funded by Medicaid can receive WISE services, and 2) children eligible for WISE funds are served under narrower circumstances than what is afforded to children funded by MIDD Wraparound.

Dedicated funding for ongoing Wraparound fidelity training is essential for assurance of consistency and reliability of Wraparound practices county-wide.

As MIDD Wraparound goes forward, we request and adjustment to the geographical allocation of funds and services to address the imbalance in caseload sizes and waitlists throughout King County.

2. What community need, problem, or opportunity does your concept address?

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Please be specific, and describe how the need relates to mental health or substance abuse.

There is an imbalance in caseload sizes and waitlists for South King County and this opportunity has the potential to impact that imbalance.

3. How would your concept address the need?

Please be specific.

Children, youth and family deserve evidenced based services where they live and they live here, in South King County.

4. Who would benefit? Please describe potential program participants.

Any child or youth (up to age 21) experiencing an emotional and/or behavioral disturbance, including substance use or abuse, is eligible for the program if he/she:

- resides in South King County
- receives services from two or more of these child serving systems - child welfare, developmental disabilities, juvenile justice, mental health, special education programs, substance abuse
- would benefit from wraparound, and
- agrees, both the youth and family, to participate in the wraparound process.

Also eligible is any child or youth residing in King County (up to age 17.5) who has a severe emotional or behavioral disturbance who has been receiving mental health services appropriate to their needs across multiple life domains and is considering admission to a more restrictive setting such as the Children's Long-term Inpatient Program (CLIP).

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

King County currently tracks and monitors the outcomes of Wrap Around.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Systems are difficult for families to navigate, especially when they are involved in multiple systems. Wraparound places emphasis the family's voice and choice and prevents youth from having to be removed from their homes, schools and neighborhoods where they deserve to live.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Partnerships with schools, detentions centers, mental health and substance abuse serving agencies, courts, developmental disabilities is essential and the essence of wraparound.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

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Pilot/Small-Scale Implementation: \$ # of dollars here **per year, serving # of people here people per year**

Partial Implementation: \$ # of dollars here **per year, serving # of people here people per year**

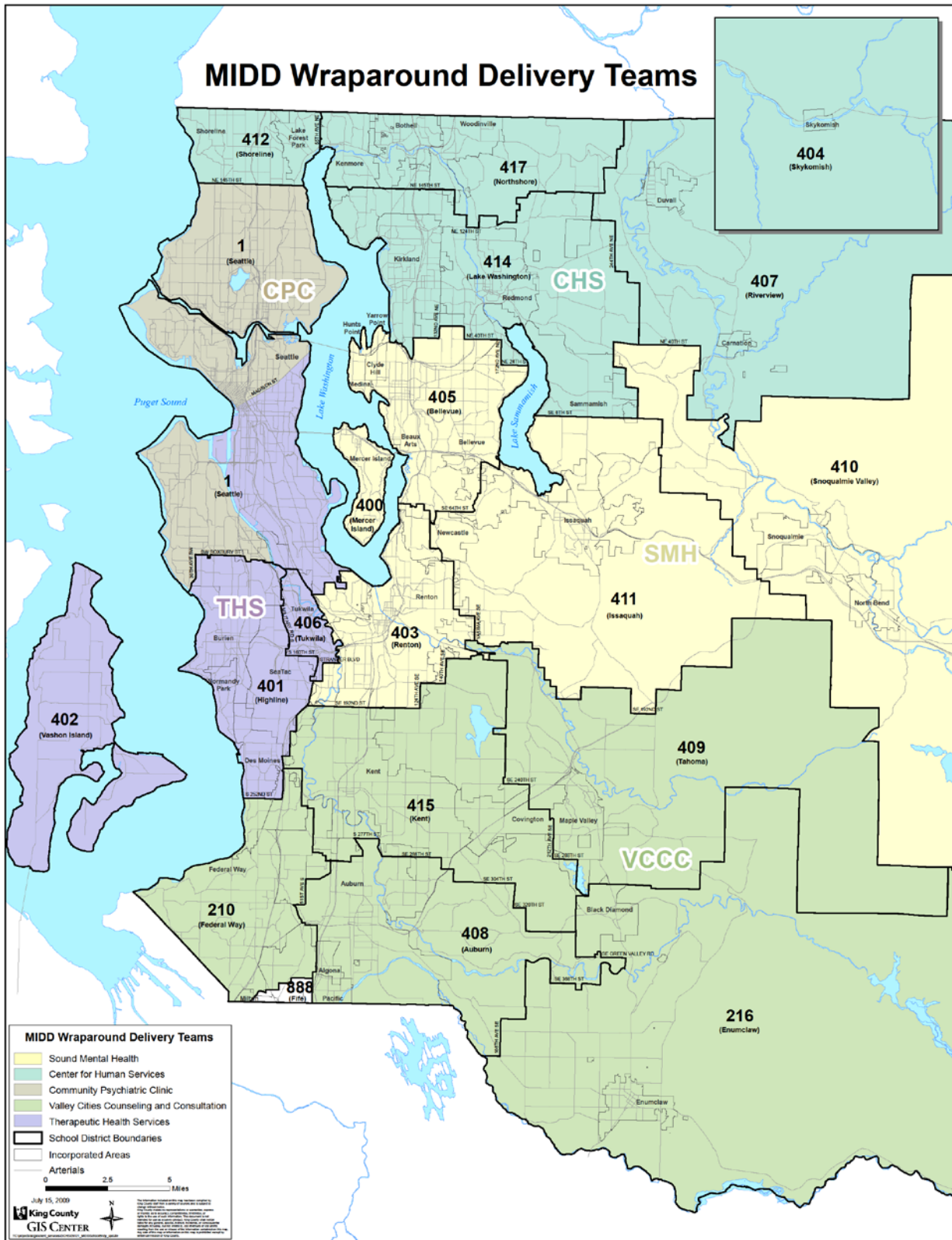
Full Implementation: \$ # of dollars here **per year, serving # of people here people per year**

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

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ATTACHMENT 2



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Attachment 3 Wraparound Evaluation & Fidelity Monitoring Plan Matrix—Updated December 2015

Evaluation Component	Measure	Who	Frequency	Status
Fidelity Monitoring	1. Wraparound Fidelity Index-4 (WFI-4)	MHCADSD Team	2011 only	Sunset process in favor of WFI-EZ
	2. WFI-EZ	UW Wraparound Evaluation and Research Team (WERT)	Sample once per year	January 2014 and ongoing
	Team Observation Measure (TOM-2)	UW WERT team	Sample once per year	January 2014 and ongoing
	Document Review Measure (DRM)	MHCADSD Team	Annually	WERT not currently using. Customized tool developed for contract site reviews beginning in 2012.
	Community Supports for Wraparound Inventory (CSWI)	WERT sends survey and Portland State University RTC analyzes results	Every 18-24 months	<ul style="list-style-type: none"> CSWI survey summer 2011; report produced Feb 2012 Second survey 2014-report produced November 2014
Demographics and Service Detail (MIDD Program Evaluation)	1. Standard data set—Program code 107 2. Standard MIDD Evaluation requirements 3. Monthly summary reports 4. Service encounter data	WDTs submit to CIS system (# 3 MHCADSD team)	Since 9/2009	<ul style="list-style-type: none"> Analysis done by MIDD evaluators & MIDD Strategy lead(s) UW WERT 2015
Child and Family Outcomes	1. Customized survey/data gathering tool –“Family Evaluation” 2. Caregiver Strain Questionnaire	WDT Facilitators w/caregiver Caregivers UW WERT to analyze and report	<ul style="list-style-type: none"> Baseline and every 6 mos. Baseline and every six mos. 	<ul style="list-style-type: none"> Data back to Jan. 2011. One report produced Fall 2012 by MHCADSD Staff UW WERT 2015 and ongoing
	3. Child/Youth Functioning (not currently implemented due to feasibility)	TBD	TBD	Use CANS—per TR lawsuit in 2017-2018
Contract compliance	1. Ongoing monitoring through coaches, facilitators meetings, flex fund approvals	MHCADSD team	Continuous	Routine program management
	2. Site visit: administrative and clinical review tools	MHCADSD team	Late fall 2012 & 2013; Bi-annually	Standard review process.

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Attachment 4

Strategy Title: Expand Wraparound Services for Youth

Strategy No: 6a – Wraparound Family, Professional and Natural Support Services for Emotionally Disturbed Youth

County Policy Goal Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.
- A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

1. Program/Service Description

◇ A. Problem or Need Addressed by the Strategy

Families with children who have serious emotional and behavioral disturbances face numerous challenges. These children often experience profound difficulties with functioning in school, maintaining relationships with family and peers, coping with their emotions, and controlling their behavior. Sometimes these difficulties strain families to the point that they see no other solution than to place their child outside of their home. When families turn to formal systems for support, they may experience a fragmented process that is driven more by system needs than by the needs of the child/youth and family.

Wraparound is a proven, effective approach to developing and coordinating service plans that build on the strengths of the child/youth and family. Resulting plans are individualized and are based on the family's goals. They address the specific cultural needs of the family, with the goal that services and supports occur in the family's home and community whenever possible. A team of supportive individuals 'wraps' around the family to help them achieve their goals. Often the team is made up of 'natural' supports like relatives, neighbors, coaches, clergy, etc., who continue to be involved for years.

Wraparound reduces reliance on formal systems and increases resilience, self-determination and overall well-being for families. Families who participate in wraparound often describe it as the only approach that truly worked for them. Wraparound helps families to stay together and to avoid use of more costly resources such as inpatient care, foster care and/or juvenile justice.

Wraparound approaches have evolved since the early 1990s. 'High fidelity wraparound' is a 'state of the art,' scientifically supported approach that adheres to the established principles, guidelines and processes which have been shown to produce better outcomes.

◇ B. Reason for Inclusion of the Strategy

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Capacity to provide high fidelity wraparound is limited in King County. Although the Regional Support Network developed capacity to offer wraparound as a result of federal Child and Adolescent Service System Project (CAASP) and System of Care grants, all grant funding ended in 2005, curtailing further growth and development. The Children's Mental Health Plan developed by MHCADS in 2005 anticipated that high fidelity wraparound would be available in 2006-07 to all children receiving the most intensive level of outpatient services. However, the system has lacked sufficient resources to even begin to reach this goal. MIDD funds will help to significantly expand the availability of wraparound to consumers throughout the county. There is an increasing body of research that demonstrates the effectiveness of high fidelity wraparound. In addition, the principles, methods and goals underlying wraparound align well with those of the MHCADS Recovery Initiative.

◇ C. *Service Components/Design*

King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADS) will employ a full time Wraparound Initiative Specialist devoted to the development and coordination of the initiative. The Specialist, other MHCADS staff and partner agencies will design, develop and implement wraparound in King County based upon the 'Ten Principles of Wraparound' and the essential conditions defined as necessary to support high fidelity wraparound by the National Wraparound Initiative (NWI) and Portland State University Research and Training Center.

The King County Wraparound Initiative (KCWI) will assure that training, technical assistance, coaching, flexible funds/resources and capacity for system wide quality improvement and program evaluation is available on an ongoing basis. The KCWI will phase in high fidelity wraparound over several years, building system capacity with a network of providers and assuring linkage to MIDD funded parent organizations (See Strategy 1f).

◇ D. *Target Population*

Emotionally and/or behaviorally disturbed children and/or youth (up to the age of 21) and their families who receive services from two or more of the public mental health and substance abuse treatment systems, the child welfare system, the juvenile justice system, developmental disabilities and/or special education programs, and who would benefit from high fidelity wraparound.

◇ E. *Program Goal*

High fidelity wraparound is available as needed for children/youth and families in the target population throughout King County.

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◇ F. Outputs/Outcomes

1. High fidelity wraparound provided to 920 youth and families per year
2. Training and technical assistance regularly available to provider organizations, parent organizations and partner agencies
3. Improved school performance for youth served
4. Improved high school graduation rates for youth served
5. Reduced drug and alcohol use for youth served
6. Improvement in functioning at home, school and community for youth served
7. Reduced juvenile justice involvement for youth served
8. Maintained stability of current placement for youth served
9. Increased community connections and utilization of natural supports by youth and families

2. Funding Resources Needed and Spending Plan

This program needs \$4,692,000 of MIDD funds per year to develop and sustain the MHCADS staff capacity, provide training and flexible funding and to contract with and sustain a network of organizations to serve all of King County. When allowable, additional resources (including Medicaid and state funds) will be accessed by MHCADS contracted providers and/or our system partners to provide actual services and supports. MHCADS will assure that funds are expended in accordance with contract expectations and standardized protocols (e.g., flexible funds must be used within established parameters).

Dates	Activity	Funding
June – Dec 2008	Start-up (Hire MHCADS staff; development of program design, including training and evaluation plan, consultation needs; RFP development).	\$175,000
	Total Funds 2008	\$175,000
Jan – Dec 2009	Phase in development of readiness capacity. Procurement, selection, contracting, recruitment and training of wraparound provider network.	\$3,000,000
	Total Funds 2009	\$3,000,000
2010 and onward	County-wide network of provider organizations in place; ongoing training, support, quality improvement processes and program evaluation.	\$4,692,000
Ongoing Annual	Total Funds	\$4,692,000

3. Provider Resources Needed (number and specialty/type)

◇ A. Number and type of Providers (and where possible FTE capacity added via this strategy)

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This funding level supports a full-time Wraparound Initiative Specialist at MHCADS (\$90,000 at 2008 county rates) and the capacity to provide ongoing training, monitoring, quality improvement and program evaluation. A phased-in

implementation plan is required to develop, train and sustain a network of provider organizations with capacity to offer high fidelity wraparound to the target population (40 facilitators, 5 supervisors to serve 920 families). Potential provider organizations may include both new and existing providers of wraparound.

◇ *B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)*

Dates:	Activity:
June– Dec 30, 2008	<ul style="list-style-type: none">• Hire and train MHCADS Wraparound Initiative Specialist• Develop and begin implementation of training and technical assistance plan
Jan – Dec 2009	<ul style="list-style-type: none">• Orientation/training offered to develop readiness across the county• Services will be initiated in phases as provider network is selected and develops capacity to offer high fidelity wraparound.
2010 and ongoing	<ul style="list-style-type: none">• Program evaluation and quality improvement processes will help determine ongoing training and technical assistance needs.• Ongoing training and technical assistance is implemented to assure KCWI achieves goal(s).

◇ *C. Partnership/Linkages*

MHCADS and its contracted wraparound provider network will maintain close partnerships with the NWI, with state and local parent organizations and with local partners, including mental health and substance abuse treatment providers, child welfare and juvenile justice systems, schools and other stakeholders.

4. Implementation/Timelines

◇ *A. Project Planning and Overall Implementation Timeline*

1. MHCADS staff person recruited and hired by June 1, 2008.
2. Program design and training plan will be substantially completed by December 31, 2008.
3. First services will be offered by September 2009.

◇ *B. Procurement of Providers*

1. The RFP for provider organizations will be released by March 15, 2009.
2. The response date will be April 30, 2009.

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3. The awards for accepted bids will be made May 15, 2009.

◇ *C. Contracting of Services*

1. Contracts for provider organizations will start on June 15, 2009.
2. Training for provider organizations will begin by July 1, 2009.

◇ *D. Services Start Dates(s)*

First services to families and youth will begin September 1, 2009.