## High Fidelity Wraparound



HFW is recognized nationally as the gold standard for preventing outof-home placement for youth living with significant behavioral health needs

It is a team-based, family-centered model, providing a comprehensive, holistic, evidence-based, youth and family-driven process for responding to significant mental health or behavioral challenges

The model follows an "anything necessary" approach to care for youth with the most intensive behavioral health challenges. The primary goal is to deliver care to youth in the least restrictive environment. High fidelity to defined Wraparound standards is directly correlated with improved outcomes for young people



# **HFW Principles**

The family's perspective is paramount.
Focusing on inherent strengths of youth and family.
Creating a structured, creative, individualized set of strategies.
Empowering youth and natural support to develop sustainable strategies.
Services are centered within the youth's community.
Services must align with the individuals' cultural beliefs, and communication needs.
Care planning is centered within the context of a Child and Family Team
Working across child-serving systems (schools, child welfare, etc).
Measuring effectiveness to ensure intended goals are met.
Remaining committed to youth and family, even when challenges arise.



### Structure and Process

#### **Centered on the Child and Family Team (CFT)**

- CFT is integral part of HFW, consisting of youth and family, natural supports, and HFW staff.
- The youth and family are active members and play a key role in identifying other CFT members.
- Individuals in the CFT work together as an integrated team to plan, implement, refine, and transition services.

### **Four Required Phases of Service Delivery**

- Engagement and team preparation: Introduce HFW process, identify CFT members, discuss needs/strengths
- **2. Plan development**: CFT develops plan of care that reflects family's needs and strategies
- **3. Plan implementation**: CFT meets regularly to review and update plan, gradually shifting responsibilities to family/natural supports
- 4. **Transition**: CFT prepares youth and family for transition, organizes closing ceremony/ celebrates success.



### **Core Services:**

- HFW facilitation and coordination: Trained facilitator initiates and coordinates HFW, working within the CFT.
- Needs assessment (CANS): HFW staff administer
  CANS, working with CFT to develop plan of care and
  coordinate across systems.
- Individualized care planning: Write plan based on needs, including a safety plan to address crisis risk and proactive strategies.
- Caregiver peer support: Support provided by Caregiver Peer Support Specialists.

### **Critical Staff Roles:**

- HFW Facilitator: Leads team and develops/implements plan of care. Expected ratio: serves ten youth/families.
- Caregiver Peer Partner: Directly supports
   caregivers, must be certified Peer Support

  Specialist with Lived Experience.
- HFW Supervisor: Manages and coaches team to ensure they follow the HFW process with fidelity.
   Expected ratio: works with eight HFW Facilitators.
- Licensed Clinician: Provides clinical consultation and oversight, but does *not* serve as youth's therapist.



# Fidelity and Quality Oversight

### **Key Fidelity Indicators**

 Timely engagement & planning, led by youth, strengths-based, use of natural/community supports, outcomes based process, & persistence



# Training and Technical Assistance

 A Center of Excellence will be established to support implementation, training, fidelity assessments, monitoring, and TA



### **Expected Outcomes**

- Youth and family satisfaction
- Improved school & community functioning
- Increased caregiver confidence
- Reduction in hospital admissions
- Positive exits from HFW



## **Questions?**



#### Additional Resources:

- SAMHSA: Wraparound implementation and practice quality standards.
- <u>California Wraparound [UC Davis]</u>

