



SYSTEM OF CARE: WRAPAROUND

"We must view young people not as empty bottles to be filled, but as candles to be lit."

-Robert H. Shaffer

Some of our young people find themselves in the middle of a tightrope, such as a mental illness, that they must figure out how to successfully navigate.

Successful navigation of this tight rope becomes possible with the right mix of **individualized tools and supports** that may include:

- a balance beam – supportive tools
- netting below the tight rope – safety net
- coaches and other supportive persons
- practiced ability to focus and concentrate on the task at hand
- practiced ability to constructively cope with nervousness and fear

In this same way, our youths and their families need the right mix of **individualized tools, services, and supports** so that they together may successfully navigate the challenges of the serious emotional disturbances these young persons are unfortunately experiencing.

*"There are no hopeless situations;
there are only people who have
grown hopeless about them."*

-Clare Booth Luce

Unfortunately, the stigma and challenges that are associated with raising children with severe behavioral health needs often leave parents feeling shamed and blamed for many problems and situations that are beyond their control.

The traditional service systems and structures in place are largely driven by a focus on family deficits and prescriptive solutions meant to "fix" broken families as opposed to helping families harness their strengths to meet their own needs.

**TRANSFORMING OUR SYSTEM INTO ONE THAT
SUPPORTS FAMILY-DRIVEN CARE WILL REQUIRE
EDUCATION, ADVOCACY AND EMPOWERMENT
FOR FAMILIES.**

Arkansas System of Care uses a large range of community services and supports to coordinate care planning and management.

The Mission of the Arkansas System of Care is to provide training that equips community members, professional service providers, families, children, and youth with the knowledge and skills that will empower them to implement System of Care for children and youth in their communities.

FAMILY VOICE AND CHOICE



At the core of family-driven care is the recognition that when it comes to the care of children, families will be engaged, prepared, empowered and have the final say in the decisions regarding their children. For professional's family voice and choice requires educating parents about the system, their care options and the potential benefits and consequences of their decisions.

CAREGIVERS ARE EXPERTS ON THEIR CHILDREN

No matter the circumstances of the parent (education, social economic situation, or cultural background) they are experts on their children.



STRENGTH BASED

All families, children and youth have strengths to build on and that can be used to address their needs.



FAMILY SUPPORTS: Family supports are experienced and knowledgeable primary caregivers of children in the behavioral health systems.

NATURAL SUPPORTS: Natural supports are individuals in the communities of families of children with severe behavioral health needs that can provide families with social support, acceptance and assistance.

**PARTNERSHIP WITH
COLLECTIVE RESPONSIBILITY**

A *family-driven* approach to serving families means those involved in providing services and supports and families have a collective responsibility to share resources, follow the families care plan and help families use outcomes in decision making.

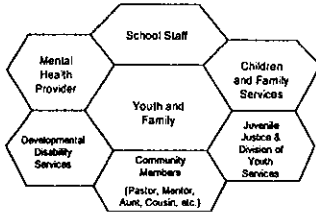
The Wraparound Principles

- Team based approach that involves the children, youth, families, caregivers, community services and professional services.
- Conducted in a family-driven, strength based, and culturally competent manner.
- A community approach that delivers comprehensive, individualized services for children with serious service needs through collaboration.

The objective of the Wraparound process is to implement a Wraparound Care Plan for children and youth that integrates the community based services and natural supports necessary to reduce out-of-community placements. The key to success in wraparound is *persistence and outcome based decision making.*

WHO CAN BE ON A WRAPAROUND TEAM?

A few examples:



What are the four phases of Wraparound?

- Phase 1: Engagement and Team Preparation
- Phase 2: Initial Plan Development
- Phase 3: Implementation
- Phase 4: Transition

What tools will be utilized in this process?

- The Wraparound Checklist
- The Caregiver Narrative
- The Strength/Needs Assessment
- The Crisis Prevention Plan
- The Wraparound Plan

After 6+ months...

- Children and youth improved on clinical outcomes;
- Children and youth with suicide-related histories improved;
- Children and youth improved or remained stable on school-related outcomes;
- Children and youth with co-occurring disorders improved;
- System of care communities adopted a strength-based approach to planning services;
- Families/caregivers were satisfied with the cultural competence of service providers.

EXAMPLES OF SUCCESSFUL WRAPAROUND PROCESSES

- John* was very aggressive with violent thoughts, statements about Lucifer, and statements about cutting other's heads off. John had an in-patient acute stay at a behavioral hospital and upon his release back into his local community, a local service team developed a plan on behalf of his needs, interests, and risk factors for an out-of-home/community placement. Through this plan John and his family were benefited through: special education testing for John, mental health therapy for John and his family, financial assistance to help with utilities, karate lessons for John, new clothing for John, a new haircut for John, and eyeglasses for John. John now reports a stable mood, improved academics, no behavior problems at school, and improved self-esteem. The family reports less distress and increased resiliency.

EXAMPLES OF SUCCESSFUL WRAPAROUND PROCESSES

- Abby* was emotionally and sexually abused until she entered foster care at age 13. She was diagnosed with Post Traumatic Stress Disorder (PTSD) and was repeatedly suicidal with severe depression, anxiety, and flashbacks. She had also had 12 acute and long-term behavioral health hospital stays in 1 year. Abby received mental health counseling, clothing, mentoring, therapeutic horseback riding, and tutoring through a wraparound program. Abby currently has zero flashbacks and has not had an inpatient acute or long-term hospital stay.

EXAMPLES OF SUCCESSFUL WRAPAROUND PROCESSES

- Jane* has a history of both hospitalization and residential treatment. She was referred to a local service team for wraparound services. Jane began outpatient mental health services which included case management and mentoring services. Jane has resolved the issues with peers at school, only having minor incidents. Jane has also gotten involved in volunteering at the Humane Society with her mentor. She shows a more positive attitude about life, and seems to be a happier child.

CONTACT INFORMATION

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