



Wraparound for Deaf youth/families: TLC/WCS

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The Learning Center *for the Deaf*

Walden Community Services



The Learning Center for the Deaf

services for deaf and hard of hearing children and adults.

We deliver a full spectrum of **EDUCATIONAL SERVICES** to empower deaf and hard of hearing children of all ability levels to achieve their full potential.

- Marie Philip School**
A vibrant Pre-K-12+ Bilingual-Bicultural Community of Learners
- Parent Infant Program**
An Early Intervention Specialty Service Provider
- Public School Partnerships**
Consultation and Support Services for Mainstream Students
- Walden School**
A Bilingual-Bicultural Residential

Our continuum of **THERAPEUTIC SERVICES** provides highly individualized care and therapy to deaf and hard of hearing children and adults facing social and emotional challenges.

- Walden School**
A Bilingual-Bicultural Residential Treatment Program for Emotionally Challenged Students
- Walden Community Services**
Home and community-based clinical and support services to youth and families

We offer a range of **COMMUNITY SERVICES** designed to empower, educate, and engage deaf, hard of hearing, and hearing people in the MetroWest area and beyond.

- Community Audiology Clinic**
A comprehensive outpatient clinic, open to the public
- Community ASL Classes**
10-week classes taught by native users
- Community Interpreting Services**
ASL-English interpreting for educational, medical, and community agencies

As a nationally known provider of services to the deaf community, we are committed to **CULTURAL & RESEARCH SERVICES** that build awareness and support for deaf culture in the US and beyond.

- Center for Research and Training**
ASL-English Assessments, Consultation, and Professional Development Trainings
- Signing for Success**
ASL Classes, resources, and workshops for parents and educators
- Deaf Cultural Center**
Celebrating, Preserving, and Promoting Deaf Culture



Brief History of WCS

- Walden School placements-too late and too long
- 2001-2006: Exploration and Consensus Building. First System of Care
- 2006-present: Dept. Children and Families/Family Networks contracts
- 2009-present: Children's Behavioral Health Initiative (CBHI). Medicaid remedy to lawsuit. Opportunity to expand in-home services.



History of CBHI in Massachusetts

- 2002: Rosie D. v Romney-MassHealth/Medicaid remedy. CBHI-youth under 21 with SED and their families.
- 2009: 32 Community Service Agencies (CSA). 29 Regional. 3 Specialty.
- 3 Specialty CSA: Latino, Black, Deaf.
- Big Victory for Deaf Community in Massachusetts.
- CSA's provide Wraparound (Intensive Care Coordination and Family Support and Training/Family Partner).
- Other Remedy Services: IHT, IMBT, TM, MCI



CBHI Remedy Services

- Intensive Care Coordination (ICC)*-Wraparound
- Family Support and Training/Family Partner (FS&T/FP)*-Wraparound
- Mobile Crisis Intervention (MCI)
- In-Home Therapy (IHT)*
- In-Home Behavioral Therapy (IHBT)
- Therapeutic Mentoring (TM)*
- *offered at WCS.



What is Wraparound?

Wraparound is a philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community service and natural supports individualized for the specific child and family to achieve a positive set of outcomes.



Wraparound Theory of Change

Meeting the self-defined needs of youth and families, enhancing their confidence and skills to get their own needs met through purposeful transition, and strengthening their natural support network while integrating efforts of the people helping them will result in improved engagement, self efficacy, social support and sustainability of positive outcomes.

* Vroon VanDenBerg, LLC



10 Principles of Wraparound

1. Family Voice and Choice – Family and youth perspective prioritized
2. Team based – Family chosen
3. Natural supports – Family members' network
4. Collaboration – Blends team perspectives
5. Community Based – Most accessible, least restrictive
6. Culturally Competent – Family's unique culture
7. Individualized – Customized plan for family.
8. Strengths Based – Build on existing strengths
9. Persistence – We never give up
10. Outcome Based – Measureable success built in to plan

+ Role of Intensive Care Coordinator-ICC

- MA Level Clinician or BA with extensive Human Service experience
- Assess the clinical need. (CANS)
- Facilitates development of a Care Plan Team who develops an Individual Care Plan for youth and family.
- Link between family and provider community

+ Family Support and Training/Family Partner-FST/FP

- A parent of a child with a Emotional/Behavioral Disability. LIVED EXPERIENCE
- Provides structured strengths based support and mentoring to parent or caregiver.
- Assists parent/caregiver in navigating child-serving systems (e.g., Schools, doctors, Child Welfare, etc.)
- “Do for! Do With! Cheer on!



Before we go further...

There are four phases of the Wraparound Process.

- 1. Engagement of ICC/FP with family*
- 2. Initial Plan Development*
- 3. Plan implementation*
- 4. Transition*



Work Flow/Assessment Tools

- Child Adolescent Needs and Strengths (CANS) assessments (ICC-due in 10 days)
- Safety Planning prior to beginning work (ICC and FP)
- Comprehensive Assessment (ICC-with diagnosis due at 3 months)
- Strengths/Needs/Culture Discovery (FP-Due at 3 months)
- Care Plan Team meeting every three months or sooner



CANS domains

- Family Living
- Medical
- Crisis/Safety
- Cultural/Spiritual
- Social/Fun/Creative
- Emotional/Behavior
- Education/Work
- Legal
- Substance Abuse/ Abuse
- Life Skills



SNCD Domains

- Family
- Social/friends
- Residence/neighbor
- Financial
- Vocational
- Education
- Fun
- Legal
- Medical
- Spiritual



Planning is Family Centered

- Wraparound focuses on how the **FAMILY** defines its needs and strengths
- **Not** how DCF defines it
- **Not** how teachers define it
- **Not** how therapists define it
- **Not** what WE think they should do
- **BUT** where the FAMILY wants to start



Wraparound Process

Family identifies both Natural and Professional supports to work together to help family meet their needs and achieve their goals.



Family Voice and Choice

Coaching, educating, supporting and encouraging family members to use a common language to express their views clearly and to make informed choices.



Team Based

Coach the family through an ongoing process of discovery and inquiry about possible team members to make sure they are connecting with individuals or agencies who can meet their needs. As a result, the family is prepared to make informed choices about team membership and understand why some team members are mandated by systems working with the family



Natural Supports

Help families understand how natural supports can contribute to the overall success of their wraparound plan and help the family identify natural supports they want to bring onto their team and incorporate into their wraparound plan



Collaboration

Coach and encourage the process of collaboration among providers and natural supports. Doing so will help families become empowered in the present and over time to work successfully with diverse individuals and providers as it related to the needs of their child



Community Based

Explain why the wraparound process focuses on community-based living and services for children and youth. Help the family understand the philosophy behind this principle and consider how it could be applied to their own situations



Culturally Competent

Recognize and value differences among families, ethnic and cultural groups and communities. Deliver culturally competent services begins by discovering what is important to the family. Each family has its own unique culture, as do any groups with whom the family identifies



Individualized

Help the family ensure the plan is customized to meet their unique needs and is related to their values, history and traditions. The family must feel that the plan is theirs and is tailored to their daily schedule, transportation requirements and other specific situations. Help the family form a better vision of what it would look like to be “doing okay.”



Strengths Based

All members of the team should model a strength based approach in all their interactions with the family. Family Partners spend time with families in their home and community: they can observe how each family copes with simple and complex tasks in their daily life. ICC's can collect information from the child and team to identify strengths. Strengths are used to help meet needs.



Persistence

We never give up. We always try to find a way. We model this in all interactions with the family. We try something until it works. We celebrate small successes. We try new things. We think “outside the box”. We get creative. We NEVER give up.



Outcomes Based

We measure adherence to the mission/vision of the family, tasks that are completed successfully as well as the families subjective and our objective measures of success. Goals are concrete and measurable. Outcomes are concrete and measurable.



Planning is individualized

- Needs driven-not service driven
- We find and/or create the resources that the family needs.
- Flex funding and issues with this.
- Natural Resources and Supports
- Community Services (formal and informal)



One last word on the process...

- Importance of honesty and transparency.
To the families, with the families and
with each other...



Evidenced Based Practice

- Wraparound Evaluation and Research Team at the University of Washington.
- University of South Florida review.
- Team Observation Measure (TOM). Eric Bruns, PhD.
- Wraparound Fidelity Index. (National Wraparound Initiative)
- Document Review Measure
- System of Care process reviews.
- Vroon Vandenberg (VVDB)



What we have learned about our specialty Wraparound Program:

- Deaf/Hearing teams model how to work together—COLLABORATION.
- Engagement is quick; the work is very slow. (This is opposite of the other programs.)
- Resources are hard to find. We often have to build them ourselves.
- Outcome measures need to be tweaked—there are no Deaf norms.
- Hearing teams begin with the vision/mission. We end with it.
- The team loves the model! Why? Because it works!



Creation of a System of Care

“A system of care is a comprehensive spectrum of mental health and other necessary services [and natural supports] which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families”

-Source: Beth Stroul and Robert Friedman. A system of Care for Children and Youth with Severe Emotional Disturbance (1986)



Things to consider

1. Contract with Medicaid. What services will they cover? There is precedent in other states. Can KY follow?
2. Contract with Child Protective Services. What services will they cover?
3. Ongoing Training and monitoring in High Fidelity Wraparound (we have suggestions!)
4. Ongoing measurement, assessment, evaluation and feedback MUST be built in to the system or else you will be doing old fashioned (ineffective) care management.



Some resources for you on your journey:

- Everything is Normal Until prove otherwise: A book about Wraparound Services, Karel W. Dennis and Ira S. Lourie
- www.wrapinfo.org Information on National Wraparound Initiative, National Wraparound Implementation Center, Wraparound Evaluation and Research and Wraptrack
- www.vroonvdb.com High Fidelity Wraparound training and information
- Information on the Children's Behavioral Health Initiative, Executive Office of Health and Human Services, Commonwealth, MA <http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/childrens-behavioral-health-initiative-overview.html>



...and more resources...

- CBHI:
<https://www.masspartnership.com/pcc/CBHIOverview.aspx>
- Child and Adolescent Needs and Strengths:
<http://www.mass.gov/eohhs/gov/commissions-and-initiatives/cbhi/child-and-adolescent-needs-and-strengths-cans/>
- CANS: <http://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/>
- Collaborative Therapy with Multi-Stressed Families, 2nd edition
William C. Madsen



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