

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 6, 1998

ALL COUNTY INFORMATION NOTICE NO. I-24-98

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL COUNTY CHILD WELFARE SERVICES  
 PROGRAM MANAGERS  
 ALL COUNTY CHIEF PROBATION OFFICERS  
 ALL COUNTY MENTAL HEALTH DIRECTORS  
 ALL COUNTY ADOPTION AGENCIES AND STATE ADOPTIONS DISTRICT OFFICES  
 CALIFORNIA ASSOCIATION OF SERVICES FOR CHILDREN  
 CALIFORNIA ASSOCIATION OF CHILDREN'S HOMES  
 ASSOCIATION FOR MINORITY ADOLESCENTS IN RESIDENTIAL CARE HOMES

## REASON FOR THIS TRANSMITTAL

- State Law Change  
 Federal Law or Regulation Change  
 Court Order  
 Clarification Requested by  
 One or More Counties  
 Initiated by CDSS

SUBJECT: CHILDREN: SENATE BILL (SB) 163  
 WRAPAROUND SERVICES PILOT

REFERENCE: SENATE BILL (SB) 163, CHAPTER 795, STATUTES OF 1997  
 ALL COUNTY INFORMATION NOTICE NO. I-74-97

The purpose of this information notice is to provide additional instructions to counties that want to participate in the SB 163 wraparound services pilot, and transmit the "**Wraparound Services Standards.**" As stated in All County Information Notice No. I-74-97, all counties have the opportunity to participate in a five-year pilot, upon California Department of Social Services (CDSS) approval. This pilot allows counties to provide eligible children with family-based service alternatives to group home care. The Wraparound Process is the service alternative targeted. The pilot does not provide for new funds. Instead, it permits flexible use of State foster care funds and, in limited circumstances, Adoption Assistance Program (AAP) funds, to pay for service allocation slots that provide the individualized, intensive wraparound services packages necessary to keep these children in or return them to family settings. The county and CDSS will determine the number of slots assigned to a county.

SB 163 (Welfare and Institutions Code Section 18250 et. seq.) defines the target population for this pilot as children who are currently, or who would be placed, in a group home licensed at a rate classification level of 12 or higher. Adopted children who are otherwise eligible for AAP funded group home placements in accordance with requirements of Welfare and Institutions Code Section 16121, and who meet the definition of the target population, may also participate in the pilot. As in the case of any group home placement of an AAP recipient child, duration of services is limited to an 18-month cumulative period of time for a specific episode or condition that would otherwise justify

AAP funded group home placement. No federal share of funding available for a federally eligible AAP recipient child can be used for purposes of providing wraparound services through the pilot.

CDSS is committed to implementing the SB 163 wraparound pilot in a careful and deliberative way, incorporating incremental program growth, to ensure statewide consistency and success. This means ensuring that counties and provider Wraparound Agencies that deliver services utilizing the Wraparound model meet and maintain the highest standards of care. As a result, counties wishing to participate in the SB 163 pilot must 1) have all staff participating in the pilot become trained in the Wraparound Process by a CDSS-approved trainer utilizing an approved curriculum, and 2) submit for approval a detailed start-up plan that demonstrates the county's capacity to meet specific standards.

The "**Wraparound Services Standards**" (attached) are the initial standards that counties and provider Wraparound Agencies must meet in order to participate in the pilot. As an additional means of ensuring quality, CDSS can provide technical assistance to individual counties on appropriate training and program planning, development and ongoing maintenance. The "County Requirements" section of the **Standards** identifies specific areas that must be addressed in the start-up plan. The county must also meet the following statutory evaluation requirements:

- Ensure that an evaluation is conducted to determine the cost and treatment effectiveness of outcomes such as family functioning and social performance, preventing placement in more restrictive environments, improving emotional and behavioral adjustments, school attendance, and academic performance for eligible children.

The evaluation must include Mental Health Systems of Care outcomes that are applicable to the target population.

- Prepare interim and final evaluations and submit them to the appropriate committees of the Legislature and CDSS. The interim evaluation is due not later than six months following the start of the third year of the pilot; the final evaluation not later than six months following the end of the pilot.

These reports must assess the effectiveness of the pilot and include, but are not limited to, all of the following:

1. The effectiveness in reducing the level of out-of-home services required and in reducing the average length of stay in out-of-home care.
2. A comparison of the cost of placement and services for children in the pilot with the average cost of out-of-home placement for the same number of children.
3. The effectiveness in assisting children and families in attaining their service goals.

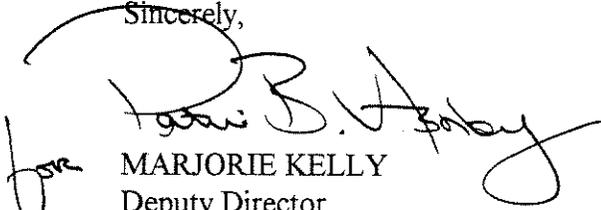
The five-year pilot period began January 1, 1998. There is no specific date by which counties need to submit an application for participation. Counties will be added to the pilot based on their demonstrated capacity to implement and maintain a quality program, and CDSS' ability to provide the necessary support to ensure quality statewide.

Counties that are interested in participating in the pilot should review the pilot requirements, conduct internal discussions with key stakeholders, and secure broad-based support for participation. Before counties complete and submit their county start-up plans, however, CDSS recommends that the counties obtain technical assistance and meet with CDSS to discuss specific county training needs and capacity/readiness.

The Title IV-E Child Welfare Waiver Demonstration Project also permits from two to twelve counties to provide intensive, individualized services in a flexible and innovative manner to identified children and families. Like SB 163, this demonstration project does not provide for new funds. Rather, the IV-E demonstration project permits the flexible use of **federal foster care funds** for service alternatives other than group home care to promote permanence in a family setting. The Wraparound Process is a service model option under the Intensive Services Component of the demonstration project. Counties that opt to participate in the SB 163 project may, but are not required to, also participate in the IV-E demonstration project. On March 10, 1998 the CDSS mailed an Invitation to Counties to participate in the Intensive Services Component. This Invitation describes the process counties should follow in submitting proposals to CDSS for consideration. Counties should refer to the March 10 Invitation document or contact Sheila Dupuy at (916) 323-4142 for details regarding the IV-E waiver demonstration project.

If you have any questions about the SB 163 pilot or "**Wraparound Services Standards**", or want to request technical assistance, please contact Sharron Goldstein at (916) 323-2677 (e-mail: [sgoldstein@dss.ca.gov](mailto:sgoldstein@dss.ca.gov)) or Lisa Foster at (916) 324-3040 (e-mail: [lfoster@dss.ca.gov](mailto:lfoster@dss.ca.gov)). In addition, for CDSS resource planning purposes, please contact Sharron or Lisa if your county may be interested in participating in the pilot within the next 15 months.

Sincerely,

  
MARJORIE KELLY  
Deputy Director  
Children and Family Services Division

Attachment

# WRAPAROUND SERVICES STANDARDS

(2/98)

## POLICY OBJECTIVE

The California Department of Social Services (CDSS) is committed to using the Wraparound Process to advance an overall policy objective of establishing safe, stable, and permanent family-based living environments for children at risk that promote healthy social, emotional, physical, and cognitive development.

The CDSS has embarked on a number of family centered program strategies that share the same philosophy. These strategies span the Child Welfare Services (CWS) continuum from the prevention of child abuse and neglect (e.g., Home Visiting), to services to families (Family Conferencing), to intensive services options (e.g., Wraparound) aimed at resolving abuse and neglect situations by strengthening family capability. Through these service efforts, the CDSS intends to join forces with other state and county agencies to expand the ability to increase permanency efforts for children with cross-system involvement.

For many children encountering the CWS system, permanency and stability outcomes have not been as favorable as we would have liked. Their experience with CWS has often times included a lack of permanency as they cycle from foster home to foster home and institution to institution. The inability to break this trend may be attributed to CWS practices which focus inordinately on child protection to the relative exclusion of services to achieve permanency and stability. CWS practices need to support increased family capability and resources and promote the health and development of children and families.

We believe the Wraparound Process can secure permanency for the highest need families and children through its ability to strengthen families and promote child development and functioning by providing individualized services and supports that address the unique strengths, needs, values, norms, culture, and preferences of children and their families. The Wraparound Process can also set the foundation for successful independent living for older adolescents who are in transition to living on their own.

The CDSS believes that in the continuum of family centered service strategies the Wraparound Process, as a specific services approach, is most appropriate for those

children and their families with the most complex needs. Therefore, the operation of Wraparound is targeted to children who are placed in group homes at Rate Classification Levels 12 to 14, or who are at risk of being placed at this level of institutional care without intensive intervention.

As a result of the permanency placement emphasis, the CDSS expects that, in most counties, the county social services agency will function as the lead agency in the interagency collaborative process to implement the Wraparound Process. County mental health agencies are anticipated to be active collaborative partners. Implementation of the Wraparound Process for the probation population may require modifications to address such issues as public safety and accountability.

A "Wraparound Agency" is the direct provider of Wraparound services. It may be public, private or a unique combination of both. However, due to the level of flexibility needed, the CDSS expects that in most cases Wraparound services will be delivered by one or more contracted community-based private service agencies.

The CDSS is committed to ensuring that counties and agencies implementing the Wraparound Process in the State meet and maintain the highest standards of care. Further, the CDSS is also committed to implementing Wraparound in a careful and deliberative way to ensure statewide consistency and success. As a result, counties and service providers (Wraparound Agencies) wishing to implement Wraparound will be required to 1) become trained in the Wraparound Process by a CDSS-approved trainer and 2) submit a detailed start-up plan that demonstrates the county's capacity to meet specific standards, including incremental program growth across time.

The **Wraparound Services Standards** are initial standards that counties and Wraparound Agencies must meet in order to participate in the SB 163 (Chapter 795/1997) Pilot. These standards must also be met if the county proposes to implement Wraparound as a specific service model under the Intensive Services Component of the Title IV-E Child Welfare Waiver Demonstration Project. The CDSS will provide any modifications that are necessary to address probation issues through technical assistance provided to counties that plan to utilize the Wraparound Process for that population.

**Final standards will be included in an accreditation process, conducted by an independent organizational entity that will be released by the end of 1998. Once this process is in effect, participation of any provider Wraparound**

Agency in Wraparound will be conditional upon the agency becoming accredited and maintaining its accredited status.

## WRAPAROUND PRINCIPLES

Wraparound is a family centered, strengths-based, needs-driven, and individualized service planning and implementation process. At its core is a set of essential principles (identified below) that serve as the philosophical base. These principles demonstrate an unconditional commitment to create and provide highly individualized services and to support normalized and inclusive options for children and their families with complex needs.

- The team makes a commitment to *unconditional care*. Services are changed to meet the changing needs of the child and family.
- An *individualized service plan* is developed by a *Child and Family Team*, the people who know the child and family best, including the child and family. The team is no more than half professionals.
- This plan is *needs-driven* rather than service-driven. Services are not based on a pre-set “menu” of what is available (although a plan may incorporate existing categorical services if appropriate to the needs of the child and family.) The initial plan is a combination of existing or modified services, newly created services, informal supports, and community resources; it includes a plan for a step-down of formal services.
- This plan is *family centered* and *child focused*. The plan is based on the unique strengths, values, norms, and preferences of the family. It also addresses the goals of child safety and permanency.
- The *parent* is an integral part of the team and has *ownership* of the plan.
- The plan is *strengths-based*. It focuses on assets and skills rather than deficits and pathologies.
- The plan is focused on *normalization* within the family, community, and cultural context.

- Services are created to meet the unique needs of the child and family. Though many Wraparound plans rely on blending and reshaping categorical services, teams have the capacity to create *individualized services and resources*. In addition, services are created to meet the unique needs of adolescents who are in transition to independent living (e.g., need for educational, vocational, and independent life skills).
- Services are *community-based*. For example: when residential treatment or hospitalization is accessed, these are to be used as service resources and not as placements that operate outside of the plan.
- Services and supports and service delivery are *culturally competent* and tailored to the unique values and cultural needs of the child, family, and culture that the family identifies with.
- Planning and services are *comprehensive* and address needs in three or more life domain areas. Life domain areas include family, living situation, educational/vocational, social/recreational, psychological/emotional, medical/dental, legal, and safety. There is always a *crisis plan*.
- The plan is financially supported by the *flexible* use of existing categorical dollars or through a *flexible fund*.
- *Outcome measures* are identified and the plan is *evaluated* systematically and often.

### DESIRABLE OUTCOMES

- More children will be in a permanent, safe and stable family setting.
- Fewer children will be in high-end group care/institutions.
- Length-of-stay in group home care will be reduced.
- Families will believe individualized service plan meets their needs and take ownership in plan/process.

- Families and children will be satisfied with service process.
- Families and children will function better.
- Use of naturally occurring community-based resources will increase.
- Interagency collaboration and satisfaction will increase.
- Any savings obtained through more effective utilization of community resources will only be reinvested in prevention, early intervention and other services to children and families at risk.

## COUNTY REQUIREMENTS

The county must have a detailed start-up plan with milestones and timeline targets, and a description of incremental program growth over time. This plan must include outcomes and indicators, and a list of measurement instruments that will be used. It must address the following system, process, and financing capacities:

### SYSTEM

The county must demonstrate the county's capacity to develop and implement the systems necessary to successfully implement and maintain the Wraparound Process.

- Document commitment, or the capacity and plan to secure commitment, from all key stakeholders within the community to be served in planning, design/development, service delivery/implementation and evaluation. Key stakeholders include:

County Agencies (e.g., social services, mental health, probation, substance abuse, health services)

Service Providers

Consumers/Families

Schools (e.g., special education local planning agencies, school districts)

Juvenile Courts

Community Leaders  
Child/Family Advocacy Groups  
Other Community Institutions

- Specify the organizational structure for interagency planning, service delivery and monitoring. This must include coordination with the county's Mental Health Children's System of Care Plan.
- Demonstrate experience with or the capacity to manage and/or lead change process necessary to reconfigure the service delivery paradigm from a "professional centered" to "family centered" model [see Attachment A].
- Demonstrate the county's competence or a plan to achieve competence, in the core areas of Wraparound service delivery. This includes the capacity to adhere to the **Wraparound Services Best Practice Standards** [identified in Attachment B] across time.
- Describe the partnership with a provider Wraparound Agency(ies) that has competence, or a plan to achieve competence, in the core areas of Wraparound service delivery. The Wraparound Agency must have the demonstrated capacity to adhere to the **Wraparound Services Best Practice Standards** across time and meet any additional attributes identified by the CDSS.
- If a different model is proposed (public agency or public/private agency combination), describe this structure and how the public agency will perform the requirements of the Wraparound Agency.
- Identify the staff resources to design and implement the Wraparound service process.
- Describe the organizational capability for staff development, including planning, recruiting, training and supervising staff for all key roles involved with service facilitation and quality oversight. Provide a plan for training staff using a curriculum and training provider approved by the CDSS.

- Describe the quality management plan for ongoing monitoring and continuous improvement of the Wraparound Process. [See Attachment C for the components of a quality management system.]
- Describe the capability to meet evaluation requirements.
- Describe the ongoing monitoring system that assures that provider Wraparound Agencies meet accreditation standards (once implemented) on a continuous basis.

### PROCESS

The county must demonstrate the county's capacity to develop and implement the specific processes necessary to successfully implement and maintain the Wraparound Process.

- Describe the process for determining eligibility of children/families for Wraparound services.
- Describe the process for referring potential eligible participants to a Wraparound Agency for services.
- Provide evidence of consumer involvement in the design of the county model and its implementation.
- Describe the process for monitoring service delivery.
- Describe the process for measuring standardized outcomes including, but not limited to, child and family functioning, family integrity, restrictiveness of living environment, recidivism, implementation of family-centered practice and satisfaction with services.
- Describe the process for measuring progress in meeting policy objectives for the population served.

## FINANCING

The county must demonstrate the county's fiscal commitment and capacity to support the design and implementation of the Wraparound Process as follows. In addition, county fiscal objectives and practices must be consistent with State and county policy objectives to provide better outcomes for children and families.

- Specify how start-up costs will be funded: Wraparound Agency only, county only, or both.
- Specify how the county will support, through interagency agreements or other means, the responsibility of the Wraparound Agency (ies) to blend and/or pool State, federal and county funds at the programmatic level to maximize resources.
- Describe the county's commitment and plan to reinvest any cost savings realized by utilizing Wraparound in the further expansion and/or enhancement of services and resources for children and families.

## **WRAPAROUND AGENCY REQUIREMENTS**

The Wraparound Agency is responsible for leading and administering the development of the program needed to support the Wraparound Process, and delivering outcomes consistent with CDSS and county policy. All Wraparound Agencies must have the demonstrated capacity and credibility to flexibly and creatively organize, develop, and deliver care in the community to individual children and families which reflect the Wraparound Services Best Practice Standards. All Wraparound Agencies must also satisfy the following requirements:

1. Meet **accreditation standards** (once implemented) and **maintain accredited status**.
2. Have **documented ties to the community and support from community leaders and key community institutions** within the community's defined service area. The Agency must have experience or demonstrated capacity in developing and maintaining community partnerships.

3. Demonstrate **ongoing involvement with all key stakeholders** in the Wraparound Process within the community the Agency serves.
4. Have a **clear organizational commitment to the development of Wraparound services**. This should be reflected in a business plan, consistent with the Wraparound Process principles and Best Practice Standards, demonstrating organizational capability to address start-up, implementation, and ongoing operations.
5. Demonstrate a **comprehensive understanding of the issues** involved in implementing the Wraparound Process in relation to the traditional service delivery system and financing of care for children.
6. In concert with the county, have the **capability and credibility to manage and lead the change processes** involved in reconfiguring the existing service delivery system and constituent relationships into a Wraparound system. The Agency must have the working relationships necessary to involve other key community leaders and agencies in the transition process to Wraparound.
7. Have **experience with collaboration and documented agreements with all constituent service agencies** that show commitment to collaborative planning and coordinated programming at the county level.
8. Have **demonstrated experience in service delivery, support, and coordination of care associated with the target population**.
9. Have the experience or demonstrated capacity to **implement a community-based program that delivers services consistent with the strength-based, life domain approach to Wraparound individualized service plans**. This also includes the ability to provide 24-hour/7 days per week response capacity. The Wraparound Agency must also have experience developing and utilizing a **network of community resources** or a plan to develop and expand that network.
10. Have a **documented partnership with the county agency** as the primary case manager for children receiving Wraparound care. The Agency must have clear strategies for integrating the Wraparound Process and the roles/responsibilities of the Wraparound Agency with the roles/ responsibilities of the county agency.

11. Have the **financial capability to fund startup costs and support ongoing operations**, based on a credible budget/business plan and a recent financial audit report.
12. Have the **capacity to aggregate all available target population revenue** to provide flexibility (i.e., monthly revenue accumulated and amounts spent as needed.)
13. Have the capacity to provide a **financial profile of flexible fund expenditures** delivered through the implementation of individualized service plans.
14. Have the capacity to **blend and/or pool State, federal and county funds at the programmatic level** to maximize resources while meeting statutory/regulatory requirements; and the capacity to maintain appropriate records.
15. Be, or have an ability to become, **Medi-Cal certified** in order to secure mental health funding.
16. Have the capability to comply with **documentation and record keeping standards**, and to gather, organize, and distribute information needed to satisfy the needs of funding sources and stakeholder partners. This includes the ability to **produce outcome data using required measurement instruments**.
17. Have the ability to **comply with ongoing monitoring and quality management by the county and the CDSS** that assures accountability to desired outcomes.

## **MEASUREMENT INSTRUMENTS**

Pending release of the accreditation standards, the instruments listed below are required for implementing Wraparound:

✓ **Child Behavior Checklist (CBCL)** (*Achenbach, 1991*)\*

✓ **Child and Adolescent Functional Assessment Scales (CAFAS)** (*Hodges, Bickman and Kurtz, 1991*)\*

- ✓ **Child Living Environment Profile (CLEP)** (*Children's Performance Outcome Technical Work Group*)\* or  
**Restrictiveness of Living Environment Scale (ROLES)** (*Hawkins, 1990*)
- ✓ **Scale to Assess Restrictiveness of Educational Setting (SARES)** (*Epstein, 1993*)
- ✓ **Family Empowerment Scale (FES)** (*San Mateo County Mental Health Services*)\*
- ✓ **Family Centered Behavior Scale** (*Petr and Allen, 1995*)
- ✓ **Harter Self-Perception Profile for Children/Adolescents Scale** (*Harter, 1985, 1988*)
- ✓ **Social Skills Rating System (SSRS)** (*Gresham and Elliot, 1990*)
- ✓ **Walker Problem Behavior Identification Checklist** (*Walker, 1970*)
- ✓ **Global Assessment of Relational Functioning (GARF)** (*DSM IV Appendices*)
- ✓ **Parent/Caregiver Satisfaction Survey/Client Satisfaction Questionnaire (CSQ-8)** (*Attkisson, University of California, San Francisco, 1990*)\*
- ✓ **Youth Satisfaction Questionnaire (YSQ)**\*
- ✓ **Youth Self Report (YSR)** (*Achenbach, 1991*)\*

[\*Also required for Mental Health Systems of Care counties]

## ATTACHMENT A

### SHIFTING PARADIGM

#### From Professionally Centered

- ◆ Experts determine need
- ◆ Families as deficit
- ◆ Service aimed at correcting deficit
- ◆ Fit family to professional service
- ◆ Low level of family decision making
- ◆ Focus on removing problems
- ◆ Fixed roles and service provision

#### To Family Centered

- ◆ Families identify need
- ◆ Families as capable
- ◆ Service aimed at strengthening families
- ◆ Tailor services to uniqueness
- ◆ High level of family decision making
- ◆ Focus on enhancing competencies
- ◆ Flexible roles and service provision

## ATTACHMENT B

### WRAPAROUND SERVICES BEST PRACTICE STANDARDS

1. Ensure the provision of individually tailored, community-based services and supports, which assist in establishing normative behaviors.
2. Make a commitment to the provision of least restrictive service.
3. Ensure family centeredness by partnering with families in building response.
4. Embrace consumer driven services by ensuring access and voice for parents and children in the design, delivery, and evaluation of services.
5. Establish community-wide involvement in service design and system evolution, including parents, mental health, juvenile justice, education, social welfare, cultural leaders, housing, civic groups, law enforcement, business leaders, and other key stakeholders in the community.
6. Build on family and child strengths in developing service response.
7. Ensure life-domain, needs-driven assessment and planning.
8. Ensure crisis planning, for prevention purposes and to deal with crises when they occur.
9. Individualize services and supports to the unique needs of each child and family.
10. Provide unconditional care by continuing to offer services regardless of the nature and severity or difficulty of presenting issues.
11. Ensure the provision of culturally competent services by tailoring them to family culture, values, norm, strengths, and preferences.
12. Ensure service planning is child and family team-based and inclusive of natural/informal support persons.
13. Build on the use of naturally occurring community and family supports and resources.
14. Ensure flexibility in location, time, planning, service response, and funding.
15. Ensure measurable accountability and outcomes driven individualized service plans.

## ATTACHMENT C

### QUALITY MANAGEMENT SYSTEM

A quality management system provides a specific tool for continuous monitoring for outcomes and fidelity to core family centered principles and core Wraparound values. Specifically, a Quality Management Plan:

- Addresses how the effectiveness of the Wraparound Process will be measured, including specific outcomes and indicators (*PLAN*)
- Specifies what and how data will be collected (*DO*)

Identifies critical indicators for the following functional areas:

- Governance and administration
- Cultural competence
- Interagency collaboration
- Family centered care practice implementation
- Population identification, eligibility determination and enrollment
- Individualized service plan design and implementation
- Outcome management and policies review
- Resource development and management of oversight

- Describes how findings from data collection and analysis will be utilized to evaluate the effectiveness of the Wraparound Process (*CHECK*)
- Describes how changes will be made to assure continuous improvement of the Wraparound Process (*ACT*)