



Mid-Valley Behavioral Care Network

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Statewide Children's Wraparound Initiative Pilot Mid Valley – Wrap

Lessons learned – accomplishments & challenges

1. **Wraparound provides a form and structure** to formally organize around children & youth with significant behavioral and mental health challenges.
2. **Co-locating wrap facilitators and a project supervisory lead identified from mental health and child welfare within DHS offices** is helpful for case planning resolution as well as process improvement. This accomplished a new level of collaborative cooperation with child welfare improving overall communication and working relationships. It has also required increased attention on roles and boundaries of team members and the importance of **ensuring all critical planning conversations occur on the CFT and not in the workplace.**
3. One of the best way to prevent future placement disruptions is to ensure that **100% of children/youth in BRS placements are involved in MV-Wrap.** Communication to Mental Health regarding BRS placements is still inconsistent.
4. **MV-Wrap's implementation was too rapid** (140 youth admitted to the project within the first 90 days). It took a full year before all newly hired wrap facilitator felt they were providing wraparound to fidelity on all 15 cases. **Mature caseloads have CFTs in all 4 phases of wraparound which is the optimal balance for achieving the best outcomes.** Rapid start-up was also very stressful on case workers given the intensive planning in the early phases of wraparound.
5. Working with **BRS programs** who have been providing services on a longer term continuum of care and who now are being asked to change to an episode of care approach has been challenging. **Projects like the “paperwork integration project” that benefit both systems** in terms of workload and efficiency and indirectly improve understanding and working relationships.
6. It is paramount that the **DHS supervisor and the case worker support involvement in the wraparound process and champion the benefits** of the program to the foster parent (brochure attached).
7. CFTs have noted the value of **individually matching and training foster parents** to best meet the needs of a child while working on permanency.

8. **Incorrect enrollment remains a system stressor** that impacts care for children.
9. Pilot funding was identified only for care coordination. Having **funds available to implement innovative services/supports to prevent placement disruptions** would be helpful. Blended/braided funding at the state level would be optimal to create a true system of care.
10. The **collaborative process** by BCN, CW OFSN and CMHPs **in submitting the proposal had great value in creating a common vision and developing relationships**. It would be helpful to have more time between selection to be a pilot and acceptance of children into the pilot to work out processes.
11. Being selected as a pilot **enabled the system of care to work towards resolving other barriers across our system such as rapid access** to services and supports when a child/family is in crisis 24/7 (see attachment of pilot).
12. **MV-Wrap did add Youth Support Partners to CFTs and the Review Committee**. However, the recruitment, hiring, training and maintaining this new classification of staff remains challenging.

Next steps, future goals, potential barriers

1. Continue to provide system of care/wraparound PSU trainings to counties throughout Oregon.
2. Develop a training to be offered to Educators and MH together that explains how both systems work and identifies benefits and ways to work together. Include a video of Governor Kitzhaber, Susan Castillo, Bruce Goldberg, etc. strongly promoting system of care collaboration.
3. Begin discussion on how DSH & MH can co-train foster parents especially as it relates to trauma informed care, Collaborative Problem Solving and attachment issues.

What it will take to get there