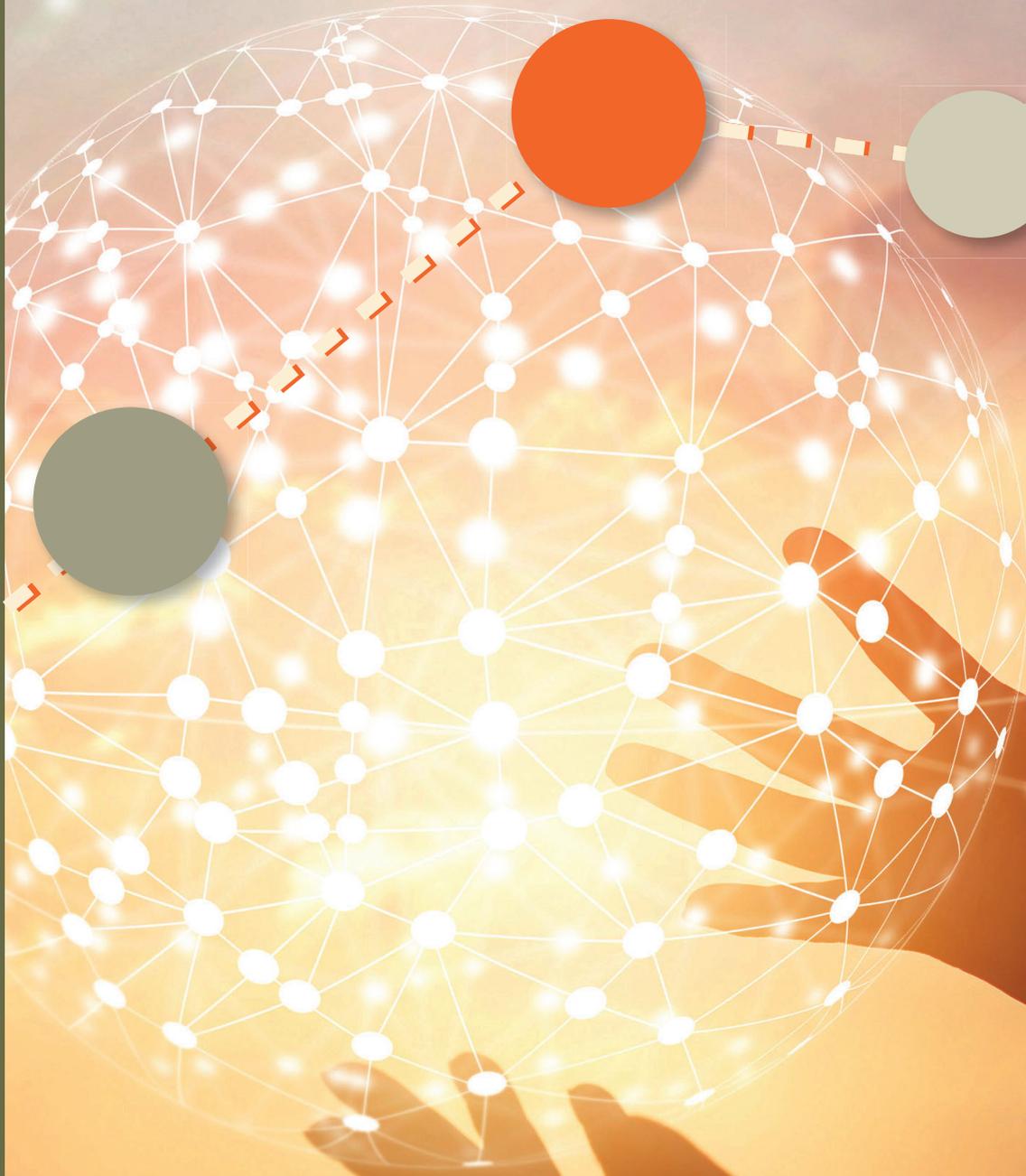


Youth and Family Training Institute connecting the dots...



A Ten Year Review 2009 - 2019

This publication is dedicated to the memory of
Irina Puchkareva,
our brilliant and creative colleague and friend.

introduction...

This review describes how the University of Pittsburgh's Youth and Family Training Institute (YFTI) has helped to improve the lives of thousands of youth and families and changed the way that human services are delivered in counties throughout Pennsylvania. Over the past 10 years, YFTI has worked with the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS), Community Care Behavioral Health Organization (CCBHO) and other Medicaid behavioral health managed care organizations, and the YFTI Advisory Board to engage leaders across the state in honoring the concept of, and implementing partnerships with, youth and families. YFTI is helping to "connect the dots" so that systems, providers, counties, youth and families can work better together. This review shows how YFTI has provided the training, coaching, credentialing, fidelity, and outcomes monitoring for 17 of the most populated counties in the state to establish the nationally acclaimed high fidelity wraparound (HFW) process to serve youth with complex behavioral health challenges, and their families.

OMHSAS created YFTI to serve as a creative and unique infrastructure to support the appropriate and effective use of HFW throughout the state. YFTI provides HFW workforce certification, assists counties in implementing HFW, and provides a system for the collection of comprehensive real-time fidelity and outcome monitoring. The creation of YFTI to promote HFW dissemination and implementation has been lauded by the federal government, and YFTI staff now provide technical assistance and consultation to other states, providers and programs as they seek to implement the "Pennsylvania HFW model."

This review briefly covers two years of start-up (2007-2008) and provides focused attention on the 10 years since youth and families began to be served through HFW supported by YFTI (2009-2019). Input was gathered through surveys involving youth and families, the HFW workforce, state and county officials, behavioral health managed care organizations (BHMCOs), agency leaders that are involved in providing HFW, and system partners.

Our sincere thanks to all that are working so that youth and families can realize their hopes and dreams.

YFTI

Common Theme

There is extraordinary benefit for youth and families when OMHSAS, system partners, counties, behavioral health managed care organizations, providers and YFTI work together to promote high fidelity wraparound, implement it with fidelity, and support continuous quality improvement.

messages from...

University of Pittsburgh, Department of Psychiatry

**Ken Nash, MD, MMM,
Chief of Clinical Services
UPMC Western Psychiatric
Hospital**

The University of Pittsburgh's Department of Psychiatry and UPMC Western Psychiatric Hospital have provided support for this exciting work since 2007. From the very beginning we involved youth and family members in all aspects of the model development and the process. The effect of involving youth and family members as equal partners with system representatives enriched the training, coaching, credentialing, and evaluation of HFW. Today, the ripple effect of youth and family involvement has forever changed the language and fabric of behavioral health. It has become commonplace to hear doctors, clinicians, county administrators, managed care organizations, and other stakeholders talk about youth and family support, natural supports, cultural and linguistic competence, and engagement.

Ten years later, the model remains practical, skill-based, data-driven, and produces good outcomes for the most complex youth and their families. The model has been so successful that providers of other chronic conditions such as diabetes and sickle cell are piloting integrated clinical models using HFW teams and the HFW model. The future of YFTI is bright, and we remain in full support in the continued expansion and growth of HFW.

Pennsylvania Office of Mental Health and Substance Abuse Services

**Scott Talley, Director, OMHSAS
Children's Bureau**

Congratulations to the Youth and Family Training Institute on reaching the 10-year milestone. You have been an excellent partner working with us to establish high fidelity wraparound (HFW) as a best practice model for serving youth with significant behavioral health challenges in counties throughout Pennsylvania. HFW is now serving hundreds of youth and their families in 17 counties, and has achieved remarkable outcomes in the behavioral health, child welfare, juvenile justice, and education systems. The enhancements to the HFW model to include youth support partners as an intrinsic part of the team has been ground breaking. The excellent work that you have done on training, coaching, and credentialing has been recognized by other states that have asked for your help. We look forward to continued productive work on expanding HFW and supporting the movement of engaging youth and families as valued partners in their own care and being integral in developing the systems that serve youth and families in Pennsylvania.

Community Care Behavioral Health Organization

**Jim Gavin, President and Chief
Executive Officer**

It was a little more than 10 years ago that the Community Care Behavioral Health Organization (CCBHO) pledged a financial commitment, as well as clinical and administrative resources, to support the establishment of the Youth and Family Training Institute. Since that time, YFTI has advanced the vision that we wanted to see: the transformation of children's behavioral health and the empowerment of youth and families. Many of the counties supported by CCBHO, as well as other counties in the state, have worked with YFTI to establish high fidelity wraparound as an organizing process for enabling youth and families to work more effectively with child serving systems, and their own natural supports. The results that we have seen in reduction of out-of-home placement, and other high cost services, and the positive outcomes of improved functioning and family cohesion has more than justified the commitment that we made to support YFTI. Community Care remains committed to this work, a critical dynamic in the behavioral health continuum and an active partner with the clinical, case management and peer services for youth and families. We look forward to our continued collaboration with YFTI.

advisory board...

The YFTI Advisory Board reflects the core value of partnership with equal membership of: 1) youth under the age of 26, who are managing their own behavioral health issues, 2) family members that have or are currently raising a child with behavioral health challenges and 3) system partners including representatives from behavioral health, drug and alcohol, education, juvenile justice, and child welfare. It is structured as a model of shared governance and oversight with 1/3 youth leaders, 1/3 family leaders and 1/3 system partners and a corresponding tri-chair leadership structure with a youth, family member and system partner sharing responsibility for facilitating advisory board meetings. Youth and family members receive stipends and travel reimbursement in appreciation of their time and leadership.

The YFTI Advisory Board has been a training ground for its youth and family leaders, and a springboard to state-level committees such as the State Leadership and Management Team that oversees the Commonwealth's SAMHSA grants. YFTI has been called on by SAMHSA's Technical Assistance Network, other states and other programs to share this model at conferences, webinars and in publications.

The purpose of the advisory board is to provide high level input into the development and implementation of the program by representing the views of key stakeholders, recommending priorities, monitoring progress, assuring that progress and results are communicated to the stakeholders as well as to the wider community, and providing recommendations for expansion and sustainability.

The board has developed the following:

Mission Statement

To achieve quality family and youth driven outcomes by advancing the philosophy, practice and principles of high fidelity wraparound through training, coaching, credentialing, fidelity, and outcome monitoring.

"Being on the advisory board has given me the confidence to step outside my comfort zone and participate in my community. I have started volunteering at the homeless shelter, and for the Suicide Prevention Task Force, and I have several part-time jobs."
– Youth Tri-Chair

"Thank you to the advisory board and all of the staff members and friends we have met along the way! Here's to another wonderful 10 years!"
– Family Tri-Chair

history and development...

Background

The modern system of serving children with mental health challenges in the United States can be traced to a study in 1982, entitled *Unclaimed Children: The Failure of Public Responsibility to Children in Need of Mental Health Services*. This report found that children with severe emotional disturbances were largely “unclaimed” by public agencies and there was little coordination among the child-serving systems. To address this need, Congress in 1984 created the Child and Adolescent Service System Program (CASSP), envisioned as a comprehensive mental health system for children, adolescents and their families.

In Pennsylvania the CASSP initiative enabled county mental health programs to hire CASSP coordinators with responsibility for coordinating services from various child serving systems. Pennsylvania created the CASSP Institute to provide training and technical assistance to counties developing a range of publicly funded services for children with mental health challenges.

In 1989 federal changes in Medicaid rules established incentives for early identification and treatment and in 1992, Pennsylvania entered into a settlement agreement in the Lawrence K. lawsuit to provide expanded access to medically necessary mental health services for children who are Medicaid eligible. This spurred the development of a range of community-based and residential services for children with mental health problems.

The development of “wraparound,” related to a highly individualized planning process for working with youth and families with the most complex needs, was gathering momentum in mental health programs

throughout the country during this time. In Pennsylvania, what was initially referred to as wraparound was implemented through a series of services called behavioral health rehabilitation services (BHRS). In 2000, the Kirk T. v. Houston lawsuit led to an agreement for the development of an array of BHRS services, along with interagency team meetings, qualifications, training, and supervision. While BHRS was frequently referred to as wraparound in Pennsylvania, in reality this was misnomer, since wraparound involves an individualized planning process and not a set of services. The CASSP Institute developed training for the growing workforce of staff providing BHRS.

In 1992, federal legislation created funding for systems of care as the evolution of the CASSP movement and there was growing recognition that wraparound, a central component of systems of care was not intended to be delivered as a service, but was rather a planning and organizing process directed by the needs and aspirations of youth and their families.

Development of wraparound continued and 2003 saw the first meeting of what became the Advisory Group of the National Wraparound Initiative involving parents, parent advocates, wraparound trainers, practitioners, program administrators, researchers, and systems of care technical assistance providers. At this initial meeting, the group agreed to define a common wraparound practice model, potential methods for implementation, and specific outcomes. The result was a consensus about what is most needed to promote high quality in wraparound.

history and development cont...

Creation of YFTI



In Pennsylvania, the Children’s Bureau in the Office of Mental Health and Substance Abuse Services (OMHSAS) decided to develop ‘wraparound’ in Pennsylvania in a manner that was consistent with its underlying principles and research-support practices. A request for proposals (RFP) was developed in 2007 to form an entity to bring a consistent approach to the training, coaching, credentialing, fidelity, and outcome monitoring of what would now be referred to as the high fidelity wraparound (HFW) process in Pennsylvania.

There were three respondents to the RFP and the University of Pittsburgh was selected, because of the commitment to the comprehensive involvement of youth and families, and financial support from Community Care Behavioral Health Organization and the University of Pittsburgh, Department of Psychiatry. A contract was developed between the Commonwealth and the University, and the Youth and Family Training Institute (YFTI) was created.

Initially YFTI contracted with Vroon VanDenBerg, a national trainer of high fidelity wraparound, to conduct information sessions throughout Pennsylvania and to provide training in counties that were interested in implementing HFW. Within the first few years, YFTI enhanced the HFW model by adding the youth support partner position to join the facilitator and family support partner. From the initial group of five counties, implementation of HFW spread to many of the most populous counties in the state.

Over time, the OMHSAS Children’s Bureau and the YFTI leadership and its partners have

worked together to create a unique infrastructure that works closely with partner counties to implement the model, has built a skilled HFW workforce that implements the model with fidelity through uniform training and coaching, provides a system for the collection of comprehensive real-time fidelity and outcomes data used for continuous quality improvement, and supports the appropriate and effective use of HFW.

“The Pennsylvania model for implementation of HFW enables counties to identify their own target population and ensure that the HFW process is consistent with county priorities.”

– YFTI Advisory Board Member

“The youth support partners and the family support partners are unique components of this process and they have made a difference in the lives of youth and families in our community.”

– HFW Supervisor

high fidelity wraparound...

Definition

High fidelity wraparound (HFW) is a team-based, collaborative process for developing and implementing individualized plans for youth with complex behavioral health and/or other challenges, and their families.

The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. HFW plans are more holistic than traditional care plans in that they are designed to meet the identified needs of caregivers and siblings and to address

a range of life areas and social determinants. Through the team-based planning and implementation process – as well as availability of research-based interventions that can address priority needs of youth and caregivers, HFW aims to develop problem-solving skills and coping skills that will assist the youth and family in becoming self-sufficient. (National Wraparound Initiative, 2012).

Theory of Change

The HFW process is driven by a four-part theory of change that enables youth and families to learn how to use their resources and the help of others to overcome challenges and to achieve their hopes and dreams. These four parts are:

1. **Youth and Family Voice and Choice:**

HFW helps the youth and family to prioritize and focus on their most pressing needs.

2. **Natural Supports:**

The HFW workforce assists in developing and strengthening the family's natural support network in order to sustain the youth and family in the future.

3. **Integrated Planning:**

Youth and families often have complex and multiple needs that require support from several different agencies and/or systems. Bringing together all providers, systems, and support networks with an integrated and simplified plan for the whole family helps with success.

4. **Self-Efficacy:** The HFW process assists the youth and family in developing the skills and confidence to believe they can successfully manage their challenges and continue to do it after HFW ends.

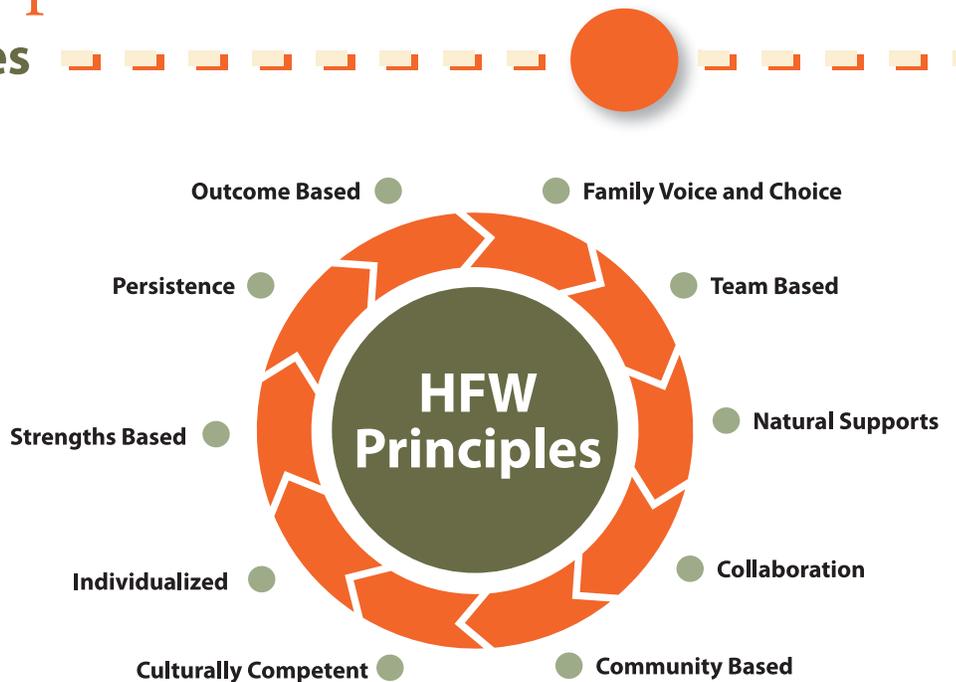
"HFW represents an innovative way to address the needs of those children with the greatest behavioral health challenges and their families, whose needs historically have gone unaddressed."

– Child Psychiatrist

high fidelity wraparound cont...

Principles and Phases

Wraparound done with fidelity to the research proven model follows a set of 10 principles and four phases that consist of specific tasks and activities to bring together youth, family, friends, natural supports, service providers, and representatives of child-serving systems such as education, child welfare, juvenile justice, substance use, and behavioral health.



Phase One - Engagement

Orient the family to wraparound
Crisis stabilization
Strengths, needs, and culture discovery
Team formation

Phase Two - Planning

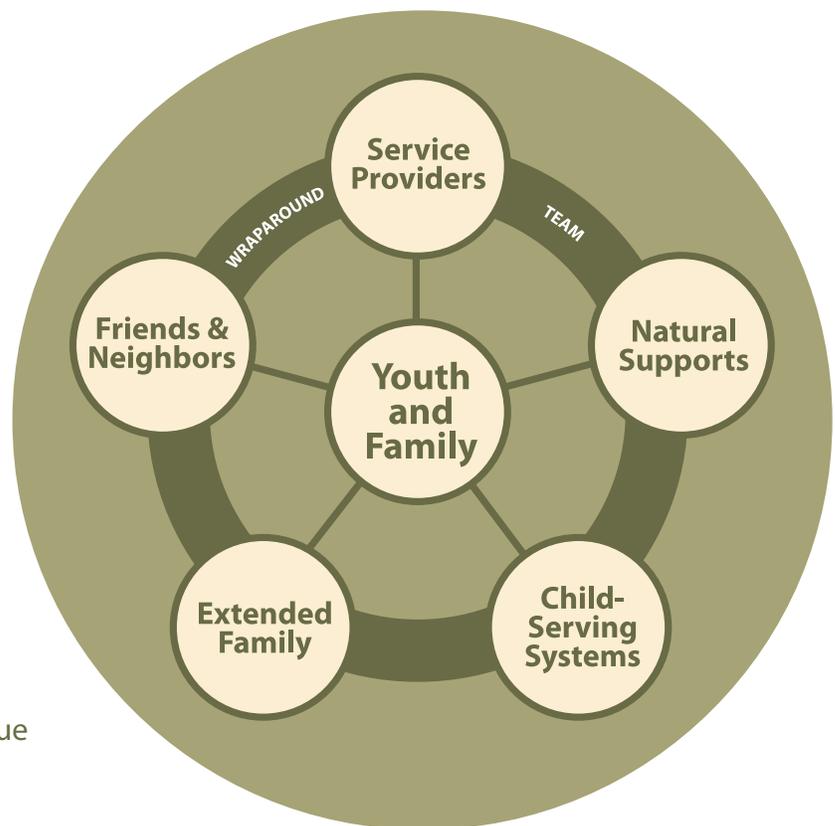
Develop the wraparound plan
Develop the crisis plan

Phase Three - Implementation

Monitoring implementation and process
Revising the plan as needed
Strengthening and sustaining the team

Phase Four - Transition

Developing the transition plan
Modifying the process for family to continue
Developing "post wraparound" crisis plan
Aftercare



high fidelity wraparound cont...

Workforce Training, Coaching, and Credentialing



The HFW workforce consists of four positions that work in equal partnership.

Coach - Serves as the skill-based teacher and assures that the team is working in fidelity to the model.

Facilitator - Helps the youth, family, and the HFW team to develop their plan and achieve their vision.

Family Support Partner - Uses their lived experience and training to provide direct support to the family.

Youth Support Partner - Uses their lived experience and training to provide direct support to the youth.

Partner counties employ their HFW team(s) in a variety of ways. Some hire the entire team as part of their county human services department, and others issue a request for proposals to their providers. Some providers employ HFW teams for two or more counties.

Adelphoi Village - Fayette

Allegheny Family Network - Allegheny

Child and Family Focus - Bucks, Chester, Del., Mont.

Community Behavioral Health - Philadelphia

Erie County Care Management - Erie

Family Resources - Allegheny

Greene County Human Services - Greene

Human Services Admin. Org. - Allegheny

Keystone Family Services - Northumberland

Mars Home for Youth - Crawford, Venango

Northeast Counseling Services - Luzerne

Pinebrook Family Answers - Lehigh, Northampton

Resources for Human Development - Philadelphia

Service Access Management - York

Youth Support Partner Unit - Allegheny

The Youth and Family Training Institute is responsible for the training, coaching, credentialing, fidelity and outcome monitoring of the HFW workforce in PA. YFTI requires that the training and coaching staff have worked in HFW and have completed the same training, coaching and credentialing process that is required of the workforce.

YFTI's *Five-Day High Fidelity Wraparound Team Training* is the foundation. The training provides in-depth learning about the HFW theory of change, principles, and phases. Over 900 individuals have participated in this training. Since 2015, YFTI has been a member of the National College Credit Recommendation Service. The *Five-Day High Fidelity Wraparound Team Training* is eligible for two semester hours (credits) as a social science elective.

As a continuation of the training, YFTI provides

coaching to the HFW workforce. Coaching is the process of demonstrating and assessing workforce skills, and in providing ongoing consultation. Coaching teaches the HFW workforce how to deliver the HFW process with fidelity to the model.

The credentialing process requires workforce members to attend the *Five-Day High Fidelity Wraparound Team Training*, the evaluation trainings, and to demonstrate the skills needed for their role. The expectation is that workforce will complete the credentialing process within 12-18 months. Thus far, 150 staff have completed the credentialing process including 31 youth support partners and 32 family support partners. To support the continued growth of staff, there is an advanced training credential renewal (ATCR) process that requires eight hours of training over two years and demonstration of skills.

high fidelity wraparound cont...

Youth and Family Support Partners

Pennsylvania's HFW model is unique in that the team includes both a youth support partner (YSP) and family support partner (FSP) that function in equal partnership with the facilitator.

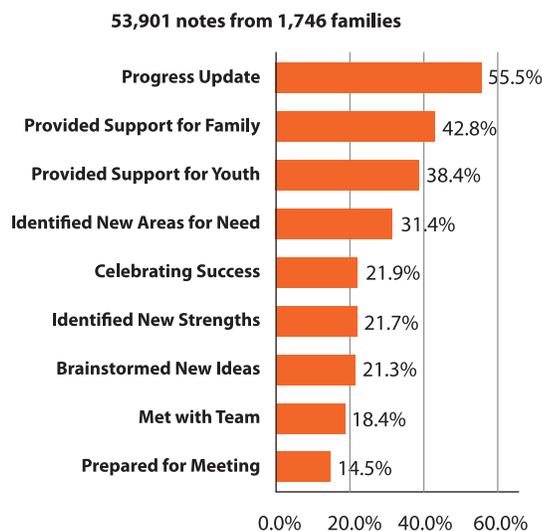
Qualifications

- YSPs are under age 26 and are currently managing their own mental illness and/or system involvement
- FSPs have direct experience raising a child with mental health challenges
- Have a high school education or GED
- Have a driver's license and reliable transportation

FSP and YSP Primary Functions

- Ensure youth and family voice and choice
- Support improved self-efficacy and confidence
- Promote and strengthen healthy relationships
- Use their personal story to teach and role model through experience
- Connect youth and families with resources

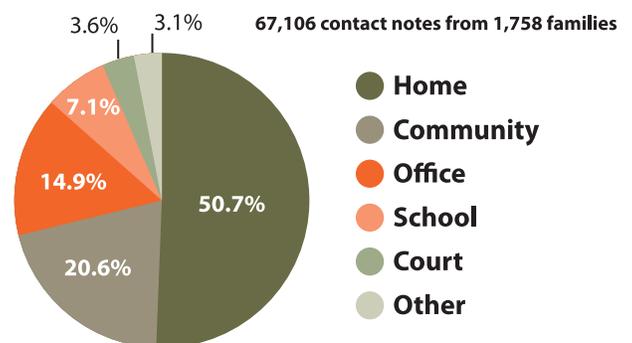
Youth and Family Support Partner Skills



The skills used by FSPs and YSPs are recorded on every contact note, and reflect the identified needs across the life domains and as part of the HFW process. The most frequently performed skills were updating the team on progress toward their goals and providing support for the youth and family. However, identifying new areas of need and new strengths were very important as well as celebrating successes, brainstorming new ideas, and preparing for team meetings.

The FSP and YSP roles are flexible and can be performed in a variety of settings and contexts. 87% of the contacts are done face-to-face with members of the team. Over half of the interactions with the team happen in the family's home, 21% in the community, 15% in the office, 7% in the school, 4% in court, and 3% in other settings.

FSP and YSP Time Spent By Location



Youth and Family Training Institute (YFTI)

timeline

2009

2010

2011

2012

2013

2007

- Office of Mental Health and Substance Abuse Services (OMHSAS) Children's Advisory Committee Call for Transformation
- Youth and Family Training Institute (YFTI) created through contract with State
- Adopted National Wraparound Initiative workforce model of coach, facilitator, and family support partner along with the training curriculum

2008

- YFTI Advisory Board established
- Allegheny, Chester, Erie, Fayette, and Montgomery counties selected to provide high fidelity wraparound (HFW)
- Youth support partner role in HFW developed by YFTI
- Coach training and HFW credentialing process implemented

2009

- The HFW team in Chester county enrolled the first youth/family in PA.
- Lehigh county joined HFW movement
- State awarded first SAMHSA System of Care (SOC) grant using HFW as practice model

2010

- YFTI Advisory Board tri-chair structure implemented
- Bucks and Northumberland counties joined
- Medicaid funding mechanism for HFW developed

2011

- York and Delaware counties joined
- HFW team training launched
- YFTI State contract renewed for additional five years

2012

- Philadelphia county joined
- First annual summit/role day for HFW workforce
- Evaluation team hired to support YFTI and SOC

2013

- Crawford and Venango counties joined
- Adopted the Wraparound Fidelity Index - short form (WFI-EZ) through the University of Washington
- OMHSAS awarded SAMHSA SOC Expansion and Implementation grant. HFW is practice model and YFTI is fiduciary agent, oversees staff, and oversees evaluation process

2014

- Greene county joined
- HFW chart forms developed and piloted
- Contract with Commonwealth of Virginia to train their HFW workforce
- OMHSAS awarded Healthy Transitions grant; YFTI supported evaluation component
- First of many presentations/workshops/posters to state and national audiences

2014

2015

2016

2017

2018

2019

2015

- Luzerne and Wyoming counties joined
- Contract with Commonwealth of Virginia to train their HFW workforce
- Behavioral Health Alliance of Rural PA (BHARP) System of Care contracted with YFTI to provide the evaluation component of their SAMHSA SOC grant

2016

- YFTI contract renewed for additional five years
- YFTI developed and implemented data dashboards for HFW counties
- Erie and Luzerne counties contracted with YFTI to provide the evaluation component of their SAMHSA SOC grant
- HFW skill sets revised based on coach feedback

2017

- 1000 youth/families enrolled in HFW via the model's chart forms
- Allegheny county contracted with YFTI to support the evaluation component of their SAMHSA SOC grant
- OMHSAS awarded SAMHSA SOC Expansion and Sustainability grant using HFW as practice model. YFTI provides data management, quality improvement, and reporting
- PA Department of Drug and Alcohol (DDAP) contracted with UPMC for implementation of Medication Assisted Treatment – Prescription Drug and Opioid Addiction Program grant; YFTI provides support for evaluation component

2018

- Northampton county joined
- 1500 youth/families enrolled in HFW via Chart Forms; 120,000 contact notes
- Implemented biennial credential renewal process for HFW workforce
- Scorecards developed for 18 key HFW process and fidelity indicators
- Contract with Utah to train, coach, and credential their HFW workforce
- Contract with Virginia to train and credential HFW coaches
- BHARP contracted with YFTI to provide evaluation component to the SAMHSA Youth and Family TREE grant

2019

- Nearly 900 people have completed the five-day team training
- 150 staff have completed credentialing process including 31 youth support partners and 32 family support partners
- Implemented UPMC Children's Hospital Diabetes Wraparound Program
- North Carolina contracted with YFTI to provide HFW consultation and purchased HFW chart forms for implementation statewide

high fidelity wraparound cont...

Financing

The primary funding for HFW in Pennsylvania is authority under federal Medicaid rules (42 CFR 438.208) that guides how managed care entities provide coordination and continuity of care. Most of the youth receiving HFW are eligible for Medicaid because they meet the standard of having a disability as a result of their complex behavioral health disorder. Medicaid requires a comprehensive assessment as well as a treatment or service plan developed in conjunction with the person being served and any provider involved in the service. Pennsylvania refers to this as the joint planning team and applies it to high fidelity wraparound.

The joint planning team process, (also called high fidelity wraparound), is treated as an administrative cost (like case management) for youth and families that are eligible for Medicaid Managed Care because it is a planning process and not a medical service.

"HFW has made a difference in the lives of youth and families by improving family dynamics, increasing communication between family members, repairing relationships, and reduction of high cost services (hospitalizations, residential placements, foster care and JPO placements)."

– County Administrator

"There has been less utilization of higher levels of care with families that have experienced HiFi in our community."

– HFW Provider

However, cost savings are expected to be realized through decreased out-of-home placement, decreased hospitalization, and a more appropriate use of available community-based services. Counties that are able to demonstrate cost effectiveness are able to have those costs included in their capitation rates.

There are 13 counties that use this approach to funding HFW. Two of these counties also use funds from the county children and youth agencies to pay for HFW teams to work with youth involved in the child welfare system. Two counties are using Medicaid reinvestment funds that counties and the BHM-COs control, and two counties are paying for HFW through county needs-based budget funds.

"Families are now more intact, with decreased out of home placement and decreased recidivism into CYS/JPO."

– County Representative

evaluation process...

Evaluation Methods

YFTI training and coaching models are supported by an innovative data collection and visualization system that utilizes standardized documentation for HFW charts and a data dashboard system for viewing data in real time. Since implementing the data collection process in 2013, we have collected data on over 1800 youth and families.

We can provide information about how the

model is implemented with fidelity, satisfaction of youth and family members, how wraparound teams are moving through the process compared to key benchmarks in the model, and outcomes related to families and youth feeling better supported, achieving their vision, and needing less mental health services and out of home placement.

Youth and Families Have Complex Needs

System Involvement

76% of the youth enrolled in HFW are involved in two or more of the child-serving systems (mental health, child welfare, juvenile justice, alternative education, special education, drug and alcohol, physical health).

Trauma

70% of the youth enrolled in HFW experienced trauma in their lifetime. Almost 35% of youth experienced trauma in five or more categories.

Presenting Problems

The most common concerns facing youth and families at the start of HFW are depression, anxiety, hyperactivity, attention, behavior, school performance, caregiver mental health concerns, and suicide related problems.

Mental Health Diagnoses

The most common mental health diagnoses given to youth in HFW are attention-deficit / hyperactivity disorder, depression, oppositional-defiant disorder, anxiety, posttraumatic stress, autism, and bipolar disorders.

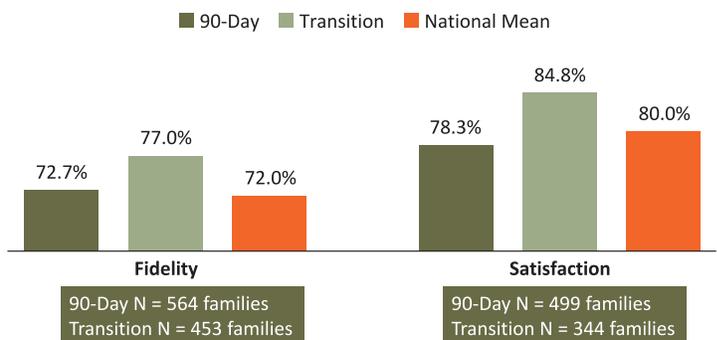
Mental Health Services

Almost 60% of youth have participated in high-level services like inpatient hospitalization, residential treatment, partial hospitalization, and crisis / emergency services in the year before starting HFW.

Fidelity and Satisfaction

YFTI began implementing the National Wraparound Fidelity Index – Short Form (WFI-EZ) in 2013 and has validated data from over 1,000 family teams. The overall mean fidelity scores for PA counties at both 90-days into the HFW process and at transition have been consistently higher than the national mean. In addition, satisfaction ratings taken from youth and caregivers are consistently high, and above the national mean at the transition assessments.

Fidelity and Satisfaction



evaluation process cont...

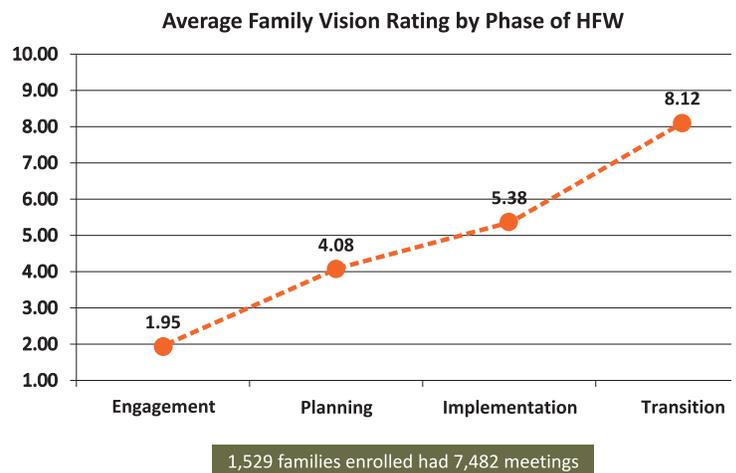
Process Benchmarks

The high fidelity wraparound process lasts an average of 277 days (around 9 months) based on data from 1343 youth already transitioned (discharged). We have analyzed process data to implement scorecard dashboards for viewing wraparound process benchmarks at both the aggregate level and family level. Coaches can access three scorecards structured around eighteen benchmarks for key events in the HFW process, targets for frequency of contacts with team members, and comparison points for fidelity and satisfaction data. This continuous quality improvement process identifies the strengths and challenges of each team and allows coaches to view their team summary and also drill down to check the status of each family enrolled to provide more support when coaching staff around specific family needs. This also provides opportunities for coaches with strengths in different areas to support each other with peer coaching.

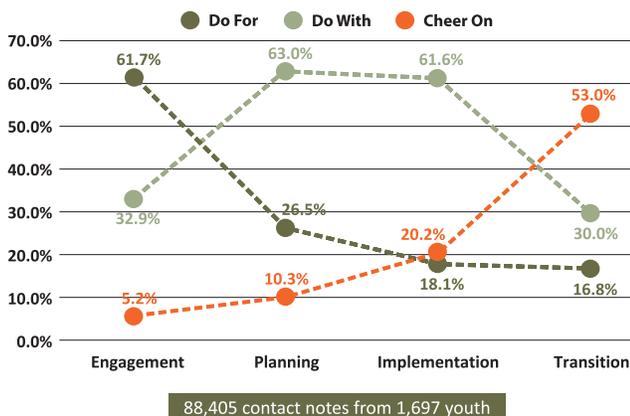
Youth and families set their own goals, develop a family vision, and then rate how close they feel they are to accomplishing it on a scale of 1-10 at each team meeting.

Data from over 1,500 family teams and almost 7,500 meetings show the average vision rating at the end of the engagement phase is 1.95 and the average vision rating grows to 8.12 by the transition phase. Setting realistic visions and helping coaches to monitor the vision progress is a key part of being able to transition families at the right time.

Family Progress Toward Reaching Their Vision



Doing For, Doing With, Cheering On



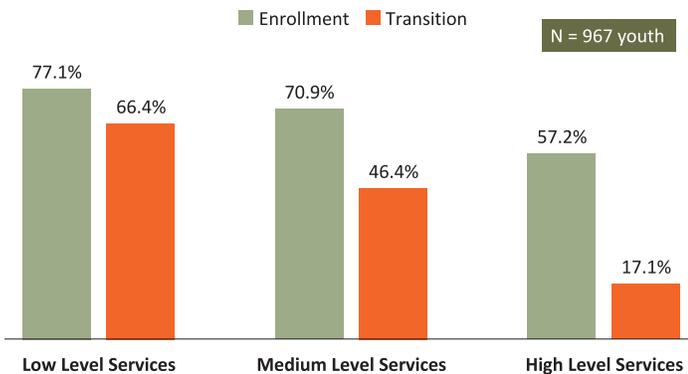
Another way of tracking when the HFW process has achieved a successful result is to track when the teams have moved from “doing-for” families or modeling key skills, to “doing-with” families or supporting them in learning the skills themselves, to “cheering-on” families or celebrating their successes and self-efficacy. The engagement phase begins with 34.4% of contacts “doing for” and only 2.9% of contacts cheering on”, but shifts to only 10.7% of contacts “doing for” and 32.2% of contacts “cheering on” by the end of the process. The shift demonstrates an increase in self-efficacy and confidence for youth and families to plan for their own needs.

evaluation process cont...

Outcomes

Behavioral Health Services Summary

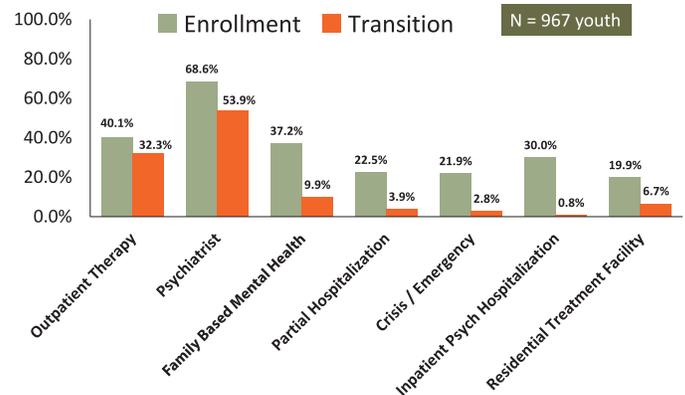
Percentage of youth receiving services at Enrollment and Transition



Youth and families are assessed during the engagement phase of HFW to determine what their utilization of services has been during the year before starting HFW and then assessed again when they transition out of the process. We have been monitoring a 40% reduction in HFW youth and families using high-level behavioral health services as well as a 25% reduction in medium level services and an 11% reduction in low level services.

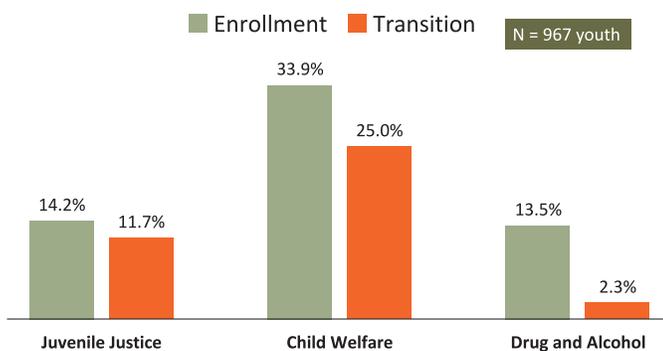
Here you can see a further breakdown of specific low, medium, and high level services where we are seeing decreases in utilization. Outpatient therapy (8%), psychiatrist (15%), family based mental health services (27%), school-based mental health services (9%), partial hospitalization (19%), crisis and emergency services (19%), inpatient psychiatric hospitalization (29%), and residential treatment facilities (13%).

Behavioral Health Services Details



Other Systems Summary

Percentage of youth receiving services at Enrollment and Transition



Some additional key outcomes are reductions in the other child-serving systems of juvenile justice (3%), child welfare (9%), and drug and alcohol (11%). These data indicate the importance of utilizing the HFW process for youth and families who are the hardest to reach and who result in the highest cost to the child-serving systems.

today...

Diversification

YFTI continues to advance the development of high fidelity wraparound as an effective, research-based practice for youth and families. A comprehensive review of the wraparound literature from 1986-2014, published in 2017 by Coldiron, Bruns, & Quick (<https://nwi.pdx.edu/pdf/Wraparound-Lit-Review-Manuscript-Self-Archive.pdf>) found 22 controlled wraparound effectiveness studies. The findings of the research are that, when implemented well, and for an appropriate population, wraparound is likely to produce positive youth, system, and cost outcomes.

The core functions of YFTI continue to support a research-based approach through training, coaching, credentialing, fidelity, and outcome monitoring of HFW. In addition to supporting high fidelity wraparound in Pennsylvania, YFTI has expanded to provide all or part of these core functions in Utah, Virginia, and North Carolina. YFTI has also developed a sophisticated web-based data collection and dashboard system which provides real time information for monitoring and quality improvement. YFTI has been chosen to provide its data management and evaluation services to a number of counties and states that are implementing federal grants.

Recently, YFTI was asked to partner with the UPMC Children's Hospital Department of Endocrinology to develop HFW for youth with complex type 1 diabetes. The principles of engagement with the youth and their family, the mutual development of practical plans, and the support of various systems and natural helpers suggests that HFW can be very effective with this, and other childhood populations

managing persistent medical conditions.

YFTI continues to look for new ways to honor the voice of youth and families. YFTI worked with Allegheny Family Network to produce a family needs assessment, partnered with Community Care Behavioral Health Organization to solicit youth input through focus groups, videos, and informational brochures using comics, and is actively involved in the development of the family peer support specialist (FPSS) statewide effort.

"Youth have improved their behaviors at home and school. Parents have gotten natural and community supports needed to maintain their families. Parents have received help in understanding the mental health challenges of their children. Students and parents have learned skills to gain employment and help with drug and alcohol."

- HFW Provider Agency

tomorrow...

Challenges and Future Opportunities

There have been many lessons learned by YFTI in the past 10 years. Ongoing discussions with youth and families, OMHSAS, managed care companies, counties, system partners, providers as well as respondents to the interviews and surveys that were conducted to support this 10-year review identified a number of lessons and challenges for YFTI:

1. Financing to support expansion in current counties as well as new counties
2. Maintaining fidelity to the research supported model
3. Developing ways to use the HFW model to serve additional populations
4. Continuing to support the workforce through innovative training, coaching, credentialing, fidelity, and outcome monitoring

These challenges reflect the maturation of HFW which has produced impressive outcomes for youth and families in Pennsylvania, and has potential for more. Among the very promising opportunities for the future of YFTI are:

- Work with counties and behavioral health managed care organizations to develop sustainable financing and to address additional populations (youth in out-of-home placement, youth with drug addiction, youth with autism, etc.)
- Develop ways to expand the HFW model to juvenile justice, child welfare, and schools
- Capitalize on opportunities for earlier intervention with families through the new Family First Prevention Services Act.

- Build on the experience with the Diabetes Wraparound Program pilot project to serve other persistent health care challenges, and to expand opportunities for integration of physical and behavioral health through HFW
- Capitalize on opportunities to partner with other evidence-based practices such as family-based (FB), multisystemic therapy (MST), and functional family therapy (FFT)
- Build on natural supports to help families with “real life” needs, which reflect the social determinants of health and mental health
- Expand use of technology in the HFW model, and for training and coaching
- Develop training of values, principles, and practices for use by non-HFW staff
- Make use of champions, including county leaders, BHMCOs, providers, HFW staff, youth, and families in expanding the development of HFW

YFTI

To discuss these, or other opportunities, or for more information about the Youth and Family Training Institute and high fidelity wraparound, please call 412-856-8781 (or toll-free at 1-866-462-3292), or email yfti@upmc.edu

