Wraparound and Positive Behavior Support in Kansas

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Projects Funded By:
Purpose of Presentation

To describe two separate but related research and training initiatives in Kansas, one that infused Kansas Community Mental Health Center's (CMHCs) with positive behavior support (PBS) training; and another that included enhanced wraparound best practices training for many of the same CMHCs. The benefits and challenges of integrating these two initiatives to improve outcomes for youth will be discussed.
• Wraparound is a flexible process through which a variety of services and supports can be accessed and utilized (Suter & Bruns 2009).

• Research suggests a need for joining wraparound's family-driven, strengths-based systems of care values with evidenced-based interventions that address challenging behavior in youth with SED (Suter & Bruns; Bertram et al 2014).

• Recent studies demonstrate that when wraparound care plans use specific interventions that address challenging behaviors, wraparound teams are more effective (Bertram et al 2014).

• There are mutually beneficial Kansas & National tools and processes involved in wraparound and PBS (Person Centered Planning).
“I’ve learned that the family must have ownership and voice throughout the whole wraparound process. The families are less likely to work towards goals that I have set for them, because they were MY goals and not THEIRS. I have learned to be less judgmental and more patient with the families and humbled to be included in their journey to wellness.”

–Region 1 trainee
"I think that my ‘aha moment’ came when I was working with my live case study and I was using some of the tools we were given for identifying the function of the behavior...I’m like, ‘aha’, it’s this,’ and I knew what I needed to do next and that was a really good feeling...”
-Interview with a MH professional

“I love that PBS gives you the framework to look at what is the function of the behavior...And I think as a mental health center as a whole, we’re always trying to help families get their needs met but this gives us a more scientific way to actually go about doing that.”
-Interview with a MH professional
Unintentional Consequences:
Kansas Systems Sustaining Youth Instability
Wraparound in Kansas

- One of the first nine states to get 1915c HCBS waiver and include WA as service
- Family Centered Systems of Care Grants in 1990s brought WA training into communities
- Continues to be an SED waiver service; 3,000 children served
- WA drift; Currently no fidelity system

PBS in Kansas

- KIPBS founded 2001 & Kan-Be-Healthy Medicaid PBS Service initiated in 2002
- Response to IDEA, the SEA and LEAs use SW-PBS frameworks to address schools social & behavioral needs. NCLB & ESEA also encourage to address academic needs.
- KS PRTF Alternatives Grant Model. Statewide KMHPBS project started in 2013. SWPBS tools and process adapted for CMHCs/PRTFs.
- In 2014 JJA participants requested new OWPBS Model in Juvenile Corrections.
Positive Behavior Support

- Three-tiered **proactive and preventative** approach to discipline
- Enhances Quality of Life
- Decreases Problem behavior
- Builds Positive Relationships
- Encourages Positive Behavior
Layered Positive Behavior Support System

- Tertiary or Individualized
- Secondary or Targeted
- Primary or Universal
INTENSIVE LEVEL PBS IN WHICH A CHILD HAS A PBS PLAN FACILITATED BY A PBS PROFESSIONAL IS ONE LAYER OF POSITIVE BEHAVIOR SUPPORT

If a child has a formal PBS Plan opened, it means they are receiving all of the following services:

- **PBS Environmental Assessment** - An assessment of environmental events, antecedents, and/or consequences that are associated with or maintain the behaviors of interest, including physiological responses. This service should be billed using the code H2027.

- **PBS Treatment** - Procedures that include environmental manipulation of one or more of the following: antecedent events, setting events, consequent events, and teaching new skills. This service should be billed using the code H2027(U3).

- **PBS Person-Centered Planning** - The use of person-centered planning approaches that integrate a person's desired quality of life, taking into account barriers to achievement. This service should be billed using the code 90882(U3).
Components of Positive Behavior Support

Applied Behavior Science & Evidence-Based Practice

Person-centered and Wraparound Planning

PBS

Improving Quality of Life Across Environments
Awareness Level

Webinars
Workshops

Intermediate
Skill Building

Team-based Action Planning
Targeted trainings for Key Staff

Regional Interagency Meetings

PBS Case Demonstrations
Regional SOC Meetings

Intensive PBS Training
CMHC & PRTF Teams and Staff Training:

- Information Gathering Form for Person Centered Planning
- Quality of Life Survey
- Functional Behavioral Interview Form
- Motivational Assessment Scales
- Additional OW-PBS Processes and Tools

Intensively Trained CMHC & PRTF PBS Training:

- Operational Definitions of Behavior for data collection
- PCP Action Plan
- Competing Behavior Diagram
- Functional Behavioral Assessment
- PBS/PCP Comprehensive Plan
KMHPBS Activities and Regions
2010-2011 Medicaid Focused Study: Eight distinct wraparound models in KS

KDADS contracted with KUSSW to do enhanced wraparound training to address drift (already some WA training with SED Waiver training)
Wraparound Best Practices Training is:

• Voluntary for CMHCs
• Relies heavily on National Wraparound Initiative resources
• Blended training (online knowledge-based, in-person skill-based, post-training coaching and mentoring)
• Evaluated at in-person training, one-month, three-month post
11 MH Centers trained between October 2013-April 2015

- **Pilot sites**
- **Training Sites**
Components of WA Training

• Change Ideas: *Plan, Do, Study, Act*

• Strengths-based Case management

• Wraparound Best Practices Summary

• Wraparound Best Practices Guide to Better Outcomes: *Adapted Fidelity Tool; WFI4 Best Practice Indicators*

• Special focus on Family Vision Statement and Building Natural Supports
Ideal Kansas Wraparound Team Composition

Wraparound Facilitator (WAF)
- Forms WA Team
- Guides & Facilitates staff roles
- Documentation
- Regroups WA Team as needed

Targeted Case Manager (TCM)
- Coordinate services & implementation of Plan of Care

Community Psychiatric Support & Treatment (CPST)
- Provides goal-directed support & interventions

Other CMHC Staff
- Cross-disciplinary service providers including:
  - Parent Support Specialist
  - Outpatient Therapist
  - Medical Staff
  - Attendant Care

Natural Supports
- Extended family and community members involved in youth’s daily lives

Collateral (Other Professional) Supports
- Agencies and organizations involved in youths’ daily lives

Youth & Family

Youth and Parents
- Natural Supports
- CMHC Staff
- Collateral Supports
Specific areas of integration of WA and PBS

- **Organizational “readiness”** through PBS Team-level activities lead to assessment of their practices (including wraparound, crisis planning, and transition planning, and use of data to track outcomes)

- Having **intensively trained PBS staff** allowed for functional behavior assessments and individualized intervention planning for challenging behaviors

- **Person-Centered Planning Tools** brought youth voice and choice in wraparound process again.
Organizations with PBS Frameworks Set the Stage for Effective Wraparound Tertiary Function Based PBS Interventions Meld with WA Planning Organizations with PBS Frameworks Set the Stage for Effective Wraparound Tertiary Function Based PBS Interventions Meld with WA Planning Community-wide PBS & Systems of Care Decrease Fragmentation
Evidence & Research
Informed Practice
- **Wraparound**
- Positive Behavior Interventions and Support
- Individualized & Contextual

Sustained in Systems
- Systems of Care
- Organization Wide & Regional PBS
- State Policies & Resources
- Individualized and Contextual

Building Positive Healthy Communities
FIDELITY

TEAM OBSERVATION MEASURE

The Team Observation Measure (TOM) is employed by external evaluators to assess adherence to standards of high-quality Wraparound during team meeting sessions. The TOM Version 1 consists of 20 items, with two items dedicated to each of the 10 principles of Wraparound. Each item consists of 3-5 indicators of high-quality Wraparound practice as expressed during a child and family team meeting. Working alone or in pairs, trained raters indicate the whether or not each indicator was in evidence during the Wraparound team meeting session. These ratings are translated into a score for each item as well as a total fidelity score for the session overall. A new version of the TOM, the TOM-2 provides a briefer and more efficient measure, reorganized into 8 domains and 44 total items.

Wraparound Fidelity Index Short Form (WFI-E2)

This survey is for a caregiver of a youth in wraparound. We want you to ask you about the experiences that you and your family have had as part of the Wraparound program. You do not have to answer any questions that you don’t want to.

A1: My family and I are part of a team (e.g., “wraparound team,” “child and family team”), AND this team includes more people than just my family and one professional.

A2: Together with my team, my family created a written plan (e.g., “plan of care,” “wraparound plan”) that describes who will do what and how it will happen.

A3: My team meets regularly (i.e., at least every 30-45 days).
Practice without Fidelity, Community Partnerships

Effective Systems of Care—Positive Healthy Communities

- Research-informed-stepping stones continuum
- Hooking onto ladder-contextual fit & sustainability
Wraparound is a team-based planning process and service delivery model intended to provide coordinated, holistic, family-driven care to meet the needs of youth involved with multiple systems, at risk of placement in institutionalized settings, and/or experiencing serious emotional or behavioral difficulties. -NWI

Wraparound Facilitation – *The function of the wraparound facilitator is to form the wraparound team consisting of the participant’s team daily life for the purpose of producing a community-based, individualized Plan of Care (POC). This includes working with the family to identify who should be involved in the wraparound team and assembling the wraparound team for POC development.

PBS Person-Centered Planning - The use of person-centered planning approaches that integrate a person's desired quality of life, taking into account barriers to achievement.

“One of our focuses with implementing PBS is to really bring the PCP concepts and ideas into our current wraparound process to “beef up” or enhance that. These resources will help our case managers and TCM workers to engage kids in making powerpoints, finding unique resources and ideas, connecting team members who might not be able to travel in person to a meeting but could connect by Skype, etc…”
## Wraparound Process

<table>
<thead>
<tr>
<th>Phase</th>
<th>Engagement and Team Preparation</th>
<th>Planning</th>
<th>Implementation</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td>-Orient youth and family to WA</td>
<td>-Develop an initial plan of care</td>
<td>-Implement the WA Plan</td>
<td>-Plan for the cessation of formal wraparound</td>
</tr>
<tr>
<td></td>
<td>-Stabilize Crisis</td>
<td>-Develop Crisis Safety Plan</td>
<td>Revisit and Update the Plan</td>
<td>-Create a “commencement” Follow-up with the family</td>
</tr>
<tr>
<td></td>
<td>-Facilitate conversations</td>
<td></td>
<td>Maintains team cohesiveness and build trust</td>
<td></td>
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<tr>
<td></td>
<td>-Engage other team members</td>
<td></td>
<td>Complete necessary documentation and logistics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-Make necessary meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>arrangements</td>
<td></td>
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</tbody>
</table>

Positive Behavioral Support Model

Collaborative Team

Functional Behavior Assessment

Person Centered Planning

Teach New Skills

Offer Crisis Support

Assess and Revise the Plan

Change the Environment

Change the System

Repeat the Process

Molly Dellinger-Wray, Virginia Commonwealth University
Individual Child
Positive Behavior
Support Plan

Data were collected to demonstrate effectiveness and impact of case study plans were evaluated using the following types of data:

- Individual written plans describing the case studies completed by professionals;
- Direct observation data in a baseline and intervention single subject graph;
- Mentor observations conducted by a professional with behavioral expertise across a minimum of three onsite visits;
- Family and team quality of life and contextual fit survey data;
- Fidelity of implementation data for written plans; and overall impact assessment of all data included in written plans
Example of Direct Observation Data
N=155 Plans
(Severe Aggression, Self-injury, Pica, Property Destruction, etc.)

Baseline, Intervention, and Follow-up Data Over 3 months; Quality of Life Survey, Satisfaction, and Contextual Fit Data from Team Members; Global Risk Factor Data
# KIPBS Facilitator Data-First Billed Cases: Global Risk Assessment Scores

**Global Risk Assessment Scale:**
1 = Strongly Disagree to 5 = Strongly Agree (five-point scale)

<table>
<thead>
<tr>
<th>Risk Assessment Difference for 1st PA Cases (N = 12*)</th>
<th>Mean by Item Pre</th>
<th>Mean by Item Post</th>
<th>Pre/Post Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The individual's behavior significantly and consistently interferes with integration and participation in the community</td>
<td>4.92</td>
<td>3.17</td>
<td>-1.75</td>
</tr>
<tr>
<td>2. The individual's behavior is dangerous to others</td>
<td>3.92</td>
<td>2.08</td>
<td>-1.83</td>
</tr>
<tr>
<td>3. The individual's behavior provides a health risk to self (i.e. head banging, self-biting, ingestion of objects, etc.)</td>
<td>3.70</td>
<td>2.58</td>
<td>-1.12</td>
</tr>
<tr>
<td>4. The individual's behavior results in significant damage to property</td>
<td>3.73</td>
<td>2.08</td>
<td>-1.64</td>
</tr>
<tr>
<td>5. The individual's behavior is likely to become serious in the near future if not addressed</td>
<td>4.92</td>
<td>3.00</td>
<td>-1.92</td>
</tr>
<tr>
<td>6. The individual's behavior is occurring at such a frequency or intensity that a caregiver's ability to effectively provide support is being compromised</td>
<td>4.50</td>
<td>2.08</td>
<td>-2.42</td>
</tr>
<tr>
<td>7. The individual's behavior results in the involvement of law enforcement</td>
<td>2.38</td>
<td>1.09</td>
<td>-1.28</td>
</tr>
<tr>
<td>8. The individual's behavior puts them at risk of institutionalization or loss of a current least restrictive environment</td>
<td>4.67</td>
<td>2.25</td>
<td>-2.42</td>
</tr>
<tr>
<td><strong>Across all</strong></td>
<td><strong>4.17</strong></td>
<td><strong>2.31</strong></td>
<td><strong>-1.86</strong></td>
</tr>
</tbody>
</table>

* Three cases did not have post assessments and were excluded from the analysis

* 12/15 cases (80%) DID have pre/post assessments
Ben’s Story

10-Years Old
Loves to Help Others

Recently Back in Public School
After Several Years of Home Schooling

At Risk for PRTF Placement

Accessing Multiple Services

Several Grades Behind in Reading and Other Subjects

Placed in Special Education
Ben’s Hypothesis Statement

<table>
<thead>
<tr>
<th>Setting Event</th>
<th>Triggering Event or Antecedent</th>
<th>Problem Behavior</th>
<th>Maintaining Consequence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Sleep</td>
<td></td>
<td>Verbal Aggression</td>
<td>THE FUNCTION Escape</td>
</tr>
<tr>
<td>Bored</td>
<td></td>
<td>Physical Aggression</td>
<td>from Task</td>
</tr>
<tr>
<td>Unpredictable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schedule</td>
<td></td>
<td></td>
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</table>
**BASELINE**

**BEHAVIOR: VERBAL AGRESSION**

**INTERVENTION**

**REPLACEMENT BEHAVIOR: ASKING FOR A BREAK**
Awareness Level

Webinars
Workshops

Intermediate
Skill Building

Team-based Action Planning
Targeted trainings for Key Staff

Regional
Interagency Meetings

PBS Case Demonstrations
Regional SOC Meetings

Intensive PBS Training
The Campus-wide Evaluation Tool (CET) is designed to assess and evaluate the critical features of Campus-wide effective behavior support for an organization. The CET results are used to:

- assess features that are in place,
- determine annual goals for Campus-wide effective behavior support,
- evaluate on-going efforts toward Campus-wide behavior support,
- design and revise procedures as needed, and
- compare efforts toward Campus-wide effective behavior support from year to year.

Adapted From:
Organizations with PBS Frameworks Set the Stage for Effective Wraparound Tertiary Function Based PBS Interventions Meld with WA Planning.

- Community-wide PBS & Systems of Care Decrease Fragmentation

Building Positive Healthy Communities

- Mental Health
- I/DD
- Child Welfare
- Juvenile Justice

TIERED APPROACH:

1. **UNIVERSAL**: Activities that benefit all members of the community.
2. **TARGETED**: Services specifically targeted at identified needs.
3. **INDIVIDUALIZED**: Tailored services for individual needs.

"Include PBIS"
Evidence & Research Informed Practice

- Wraparound
- Positive Behavior Interventions and Support
- Individualized & Contextual

Sustained in Systems

- Systems of Care
- Organization Wide & Regional PBS
- State Policies & Resources
- Individualized and Contextual
References


Discussion & Feedback
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