



# West Virginia Wraparound Fidelity January 2025



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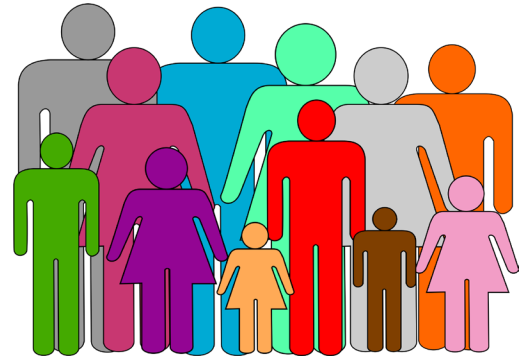
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# WRAPAROUND

Wraparound is an ecologically based process and approach to care planning that builds on the collective action of a committed group of family, friends, community, professional, and cross-system supports mobilizing resources and talents from a variety of sources resulting in the creation of a Plan of Care that is the best fit between the family vision and the story, team mission, strengths, needs and strategies. (National Wraparound Implementation Center)

In West Virginia (WV), the Wraparound process is designed as a strength-based planning process that is child and family driven, and founded on an ongoing, outcome focused planning process. It is a multi-agency collaboration intended to offer flexible assistance through a coordinating agency that ensures accountability.

Wraparound has four phases: engagement and team preparation, initial plan development, plan implementation, and transition. The Wraparound team develops an individualized Wraparound Plan of Care, puts this plan into action, and work to make progress toward the family's vision for the future, meet their underlying needs, and assure they are on track to achieve their hopes and dreams.



## TEN PRINCIPLES of WRAPAROUND

1. Family Voice and Choice
2. Individualized
3. Strengths-Based
4. Natural Supports
5. Collaboration
6. Unconditional Care
7. Community-Based
8. Culturally Competent
9. Team-Based
10. Outcome-Based



# WV WRAPAROUND FIDELITY REVIEW

## Purpose of Review

The purpose of the Wraparound fidelity review completed in January- March 2025 was to assess if Wraparound facilitators were meeting the National Wraparound Initiative (NWI) standards, since training started in February 2022 and coaching in January 2023. Coaching did not start until January 2023 because of the alignments that needed to be made with the Wraparound process and Plan of Care. During the period of November 2024 to February 2025, NWIC coaching and training was unavailable to Providers due to DoHS contract-related delays and barriers.

The report will also include results from the Wraparound Fidelity Index, Short Form (WFI-EZ)- Caregiver and Wraparound Facilitator Forms. A cycle for these surveys occurred February 2025-March 2025.

## WV and Implementation

WV recognized, though the National Wraparound Implementation Center (NWIC) training started in February 2022, that WV was not ready for implementation of high-fidelity Wraparound and standards, which was far more rigorous and systematic than the current WV practice model for care coordination. The WV Implementation Team began immediately working toward aligning timeframes and standards across the three Department of Human Services (DoHS) Bureaus. These three Bureaus often referred to as the funding sources are the Bureau for Behavioral Health (BBH), the Bureau for Social Services (BSS), and the Bureau for Medical Services (BMS). These Bureaus began working on a Plan of Care (POC) template that would work for all three funding sources and align with research-based standards for high fidelity Wraparound as defined by the NWI; see [www.nwi.pdx.edu](http://www.nwi.pdx.edu)). This Plan of Care was initiated on October 1, 2022.

The Fidelity Team also conducted multidisciplinary trainings with the NWIC Team, the Wraparound Evaluation and Research (WERT) Team, and WV Wraparound DoHS Leadership covering Document Assessment and Review Tool (DART) fidelity measures in-depth, the DART evaluation process, and the WFI-EZ evaluation process. These trainings occurred between August 2024- January 2025. In these trainings, Wraparound Providers were able to ask questions of this multidisciplinary team and receive tools that would help them meet high fidelity.

In these trainings, the Fidelity Team was also able to collect strengths, needs, and barriers information for each fidelity measure, and give these results to the DoHS Leadership and NWIC teams to target common training or policy needs that needed addressed. From this data collection, the Fidelity Team and the Statewide Wraparound Coordinator were able to begin monthly meetings with Wraparound Providers to further identify needs, barriers, and possible solutions beginning in December 2024.



### **WV and the Wraparound Evaluation and Research Team (WERT)**

Marshall University has worked closely with the WERT, the accountability and evaluation wing of NWI, to train staff on fidelity assessment and scoring procedures, establish guidelines for stratified random selection of Wraparound-enrolled youth for document reviews, and develop fidelity reports. Marshall University and WERT continue to meet monthly to address the fidelity plan, data analysis and barriers.



# EXECUTIVE SUMMARY AND RECOMMENDATIONS

The Wraparound fidelity review completed January-March 2025 assessed fidelity to Wraparound standards as established by the NWI. The information in the report was obtained through evidence-based fidelity instruments.

**The DART** is a tool utilized to assess adherence to Wraparound principles and practices via a review of relevant documentation captured during the Wraparound process. The DART has 42 items that cover Nine areas of fidelity and Eight items that look at outcomes. One hundred and eighty-three (183) case records were reviewed.

**The Wraparound Fidelity Index, Short Form (WFI-EZ)**-Caregiver and Wraparound Facilitator Surveys are measures of adherence to the primary activities of the Wraparound process on an individual child, youth, or family basis. There were four-hundred and sixty-two (462) surveys completed by the Wraparound facilitator and one-hundred and ninety-eight (198) from the caregiver.

## Summary

The DART data from the youth's records found that Wraparound fidelity has slightly **improved since 2023 but still did not always meet standards.**

WERT provides benchmarks to help interpret overall Wraparound fidelity scores on the WFI-EZ. The return rate was 67%, which was adequate. The results were very similar to the results from 2023. The results for WFI-EZ Care Coordinator (Wraparound facilitator) surveys indicated that WV met the benchmark for **"adequate" overall fidelity**. This was the same for 2023, but the score was higher in 2025. Scores for effective teamwork and the strengths family driven category also continues to fall in the "adequate" range but all scores were higher than in 2023. The benchmark for needs-based category moved from "borderline" to "adequate." The benchmark for outcomes-based category continues to fall in the "high fidelity" range.

## Recommendations

- **Create a statewide oversight team across child-serving Bureaus and funding streams.** A cross-Bureau, statewide Oversight Team should include representatives with decision-making authority from all Bureaus as well as Wraparound Provider organizations. This should be led by the WV Wraparound Coordinator. This entity should be charged with planning, implementing, and overseeing Wraparound statewide in WV. The team should work through the issues identified in this report.
- **Align funding with elements of the practice model wherever possible.** It is evident that Providers are not always able to meet fidelity standards due to funding source requirements. Although discrepancies will occur due to funding requirements, guidance on billing must align with the Wraparound practice model and training and professional development on the model. Where alignment between reimbursement rules and practice do not align, the



statewide Oversight Team, led by the WV Wraparound Coordinator, must work to address these issues that limit Providers' ability to meet fidelity standards.

- **Translate the Wraparound philosophy into concrete policies, practices, and achievements.** This process has been started and should continue through the Oversight Team.
- **Assure standardized documentation across funding sources.** This has been started but needs to address issues identified in this report.
- **Require a process for seamless transition from one facilitator to another.** Sometimes documentation was not completed or was not available for a second facilitator to start where the first left off.
- **Consistent onboarding for new staff and Providers.** All Wraparound facilitators and new Wraparound Providers should go through the same initial training. A training plan should be developed by the Oversight Team. Some areas of training that are recommended include, life domain information collection, mandated reporting, trauma, developmental stages, autism, and developmental delays. Providers should be held accountable for tracking all trainings.
- **Expand the Marshall University Fidelity Team.** This team would be responsible for onboarding for fidelity standards and the WV Child and Adolescent Needs and Strengths (CANS) System. In addition, they would conduct a complete DART review for the first three (3) cases of each new Wraparound facilitator. Their responsibilities would also include focused fidelity reviews as decided by NWIC and the WV Wraparound Coordinator. This team would also create and review a Provider specific fidelity report. They would be responsible for producing an addendum report that reviews Caregiver WFI-EZ information with DART information.
- **Require consistent, centralized data entry for CQI and evaluation.** WV Wraparound needs to work toward all Providers entering data, including the CANS, Wraparound Plan of Care, Crisis Plan, and other relevant documentation into the WV CANS System. Centralized tracking of fidelity, satisfaction, and outcome data will allow consistent monitoring of WV Wraparound and accountability.
- **Assure standardized documentation across funding sources and family friendly documents.** The Plan of Care is being used by all funding sources but there are still formatting and documentation issues, such as having to use a PDF format rather than a Word format. Also, due to the length of the document, the Plan of Care is not family friendly, which can hinder an understanding of goals, strategies, and progress. There should be clear guidelines on where documentation is kept by Providers for easy retrieval.
- **Assure the CANS Tool is used effectively in Wraparound.** Training has been initiated in 2025 to address these issues. All facilitators should be required to go through this training, and it should be included in all onboarding processes.



- **Assure Wraparound Family Teams are being conducted to fidelity.** DoHS support for and coordination of NWIC to observe Wraparound family team meetings with each supervisor and with at least one facilitator from each Provider.
- **Assure Crisis Plans are related to reason for referral.** Further training and coaching will continue to address what to do if an identified crisis occurs as well as how to develop effective crisis plans that attend to the reason for referral and other safety concerns.





# WRAPAROUND FIDELITY & THE DOCUMENT ASSESSMENT & REVIEW TOOL (DART)

Fidelity is the extent to which delivery of an intervention adheres to an established intervention, strategy, or other manualized protocol or program model. The Document Assessment and Review Tool (DART) is WV's primary tool to assess fidelity. The data from the DART was used to develop this report.

The DART is a tool utilized to assess adherence to Wraparound principles and practices via a review of relevant documentation captured during the Wraparound process. The DART has 42 items that assess 9 areas of fidelity and 8 items that assess outcomes. The DART is divided into 6 scored areas:

- Timely Engagement
- Wraparound Key Elements
  - ❖ Meeting Attendance
  - ❖ Driven by Strengths & Families
  - ❖ Natural & Community Supports
  - ❖ Needs-Based
  - ❖ Outcomes-Based
- Safety Planning
- Crisis Response
- Transition Planning
- Outcomes

## Barriers

There were several barriers that affected the overall review of the records below.

1. Not all documents were received from Providers after multiple attempts. This not only delayed the review but limited the amount of data available for review. If the data was requested but not received it was counted as "Missing" in the review.
2. Poor documentation was noted in documents received. Progress notes without relevant information and notes not matching dates on plans of care are just a couple of examples.
3. Inconsistent requirements for dates and location to find dates. This made it difficult to assess timeliness requirements. This is a documentation barrier within differing policies across Wraparound funding sources.
4. The transfer process across funding sources is not standardized, causing the DART administrators to have to look across multiple case records from multiple Wraparound Providers to get a full picture of the case and its timeliness.



## Youth Record Selection

Marshall University worked with the WERT and DoHS Leadership to develop a process for identifying a representative sample of enrolled youth for review. Ten percent of youth that were enrolled in Wraparound from each available agency were selected based on (1) enrollment status (required to be reported active as of November 22, 2025 in the WV CANS System); and (2) length of enrollment in Wraparound (required to have been in Wraparound services at least 1 month, but not more than 12 months). At the time of the review there were 20 Providers actively providing Wraparound to youth that met these requirements. If the Provider was not entering data into the WV CANS system, random selection by the Fidelity Coordinator (FC) was not possible. Some provided Wraparound through just one funding source and others provided Wraparound through multiple funding sources. Enrolled youth were selected for review from each funding type. If the Wraparound Provider had less than 50 eligible youth, then 5 youth were randomly selected. This enrollment window provided between 1-27 months of documentation to be reviewed by DART administrators. Length of enrollment was affected by several things, including: replacement cases provided by Wraparound facilitators or their supervisor to take the place of cases that did not meet criteria to be reviewed, a case's relevant history needing to be reviewed due to a transfer across agencies, some cases having periods of being on-hold, and error's in agencies reporting start dates and closure dates.

If Providers were entering/updating youth information correctly and given typical timelines for the 4 phases of Wraparound, all Wraparound enrolled youth and families included in the review should have been in the implementation or transition phase at the time of selection. A total of 191 case records were requested for review. All documentation was uploaded either to the WV CANS System or a Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant and secured SharePoint folder.



## Final Sample Youth and Families Reviewed via the DART

The final number of youths included in the review was influenced by several conditions:

1. Lack of response to requests for missing documentation from Providers.
2. New Providers who did not have youth who fell into the timeframe were considered ineligible.
3. DART administrators were unable to verify the validity of documentation. Documentation dates were not always consistent with info submitted on the Marshall Fidelity Review Form. (DART administrators asked for clarity on inconsistencies within documentation.)
4. Providers are unable to access the record to audit and/or upload information due to youth being transferred to another Provider in the WV CANS System. (DART administrators asked for replacement youth)
5. Youth documentation had to meet the following criteria (DART Administrators ask for replacement youth)
  - A child and family team had to be established.
  - There was at least one Plan of Care for the child.
  - The child and family team had to meet at least twice.

The final number of youths reviewed was 183. See below for a summary of youth selected for review and successfully reviewed:

Number of Youth's Records Requested	Final Sample
191	183

Wraparound Fidelity is looking at the process, not if a child meets criteria or if the child is in the correct funding source. All agencies should be following the same process to meet high fidelity.

## Data Collection

Data requested for review included:

- a. Crisis Responses & Crisis Notes
- b. Family Story
- c. Marshall DART Review Form
- d. Plans of Care
- e. Referral Information
- f. Transition from Program Documents & Notes
- g. Any Other relevant Documentation

Any data not already entered into the WV CANS System would be added to a HIPAA compliant SharePoint folder by the FC. Reviewers did communicate with Wraparound Providers if data was missing. Extra time was given to all Providers who requested an extension. The FC met with many Wraparound Providers via daily Zoom office hours to identify and resolve any barriers to delayed



documentation uploads or generalized concerns. Most Wraparound Providers were responsive and participated in the FC's Zoom office hours or called, emailed, and texted their needs.

### **Review Process**

Previously certified DART administrators participated in a refresher course to ensure the reliability of scoring. New DART administrators went through an extensive certification process before the reviews were conducted beginning in January 2025. This enrollment window provided between 5-17 months of documentation to be reviewed by DART administrators.

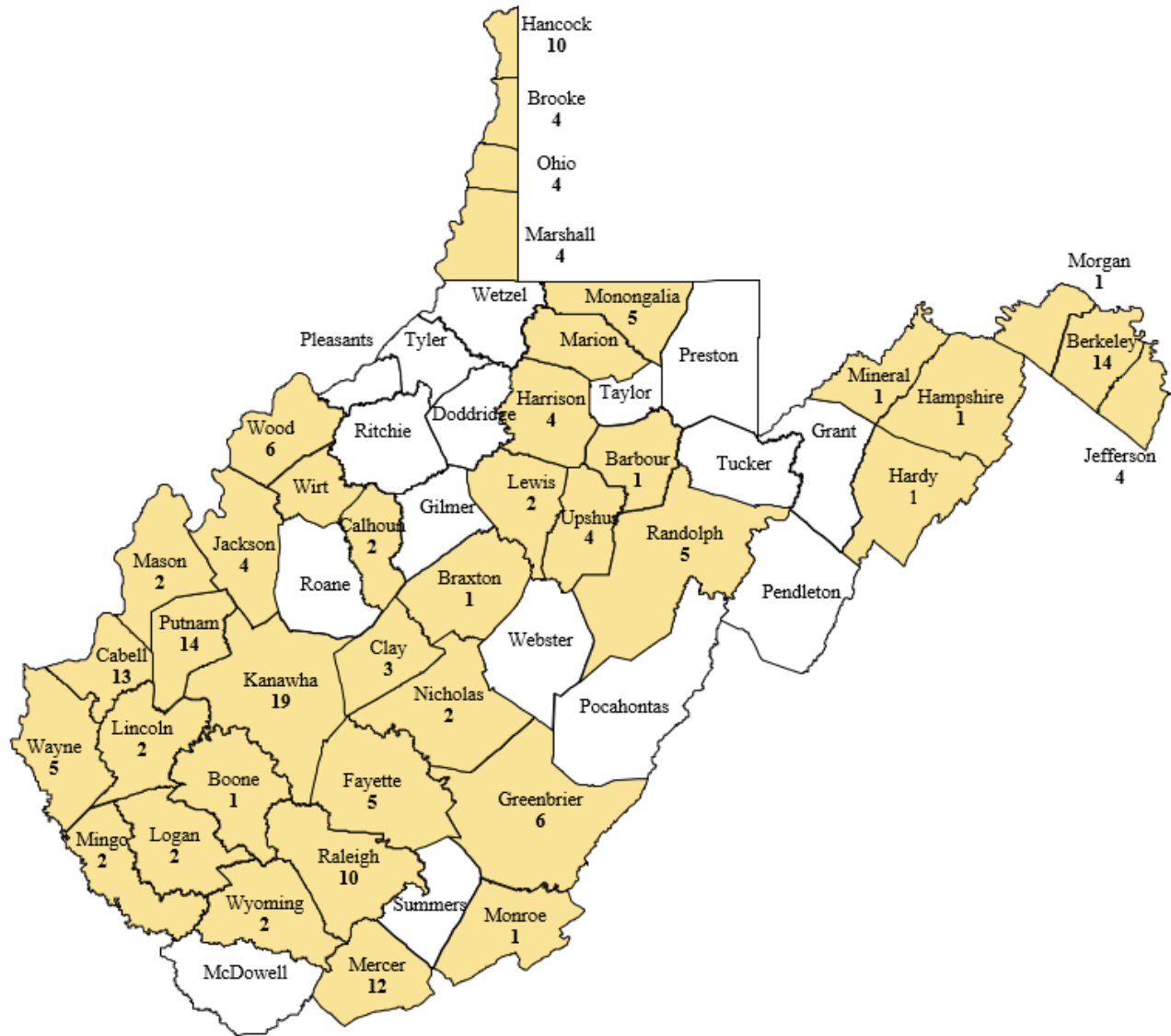
In most instances, cases were randomly assigned by the FC to DART administrators using a stratified random selection in Microsoft Excel. Each review can take from 2-11 hours depending on the amount of documentation, promptness of documentation uploaded by Provider, and upload organization. Wraparound youth selected were discussed weekly with all reviewers to answer questions and clarify ratings. Consultations with NWIC and WERT occurred as needed.

Once data collection was completed it was entered into Qualtrics for analysis. Data cannot be sorted in WrapStat by funding source at this time but was done by our Fidelity Team.

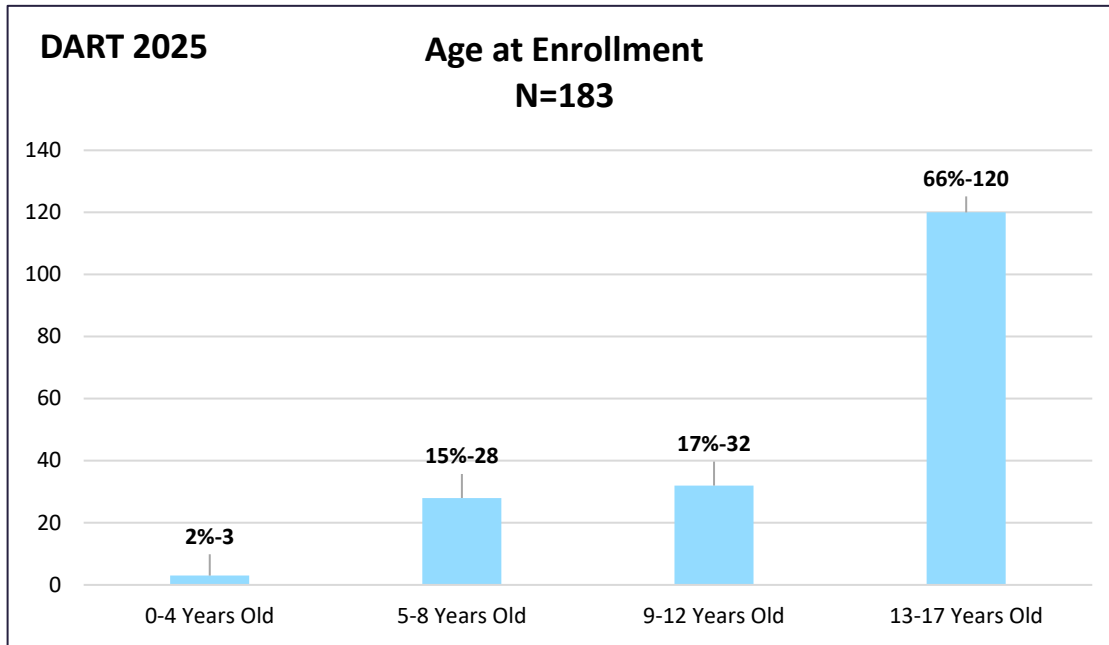


# DEMOGRAPHICS

## DART Youth by County



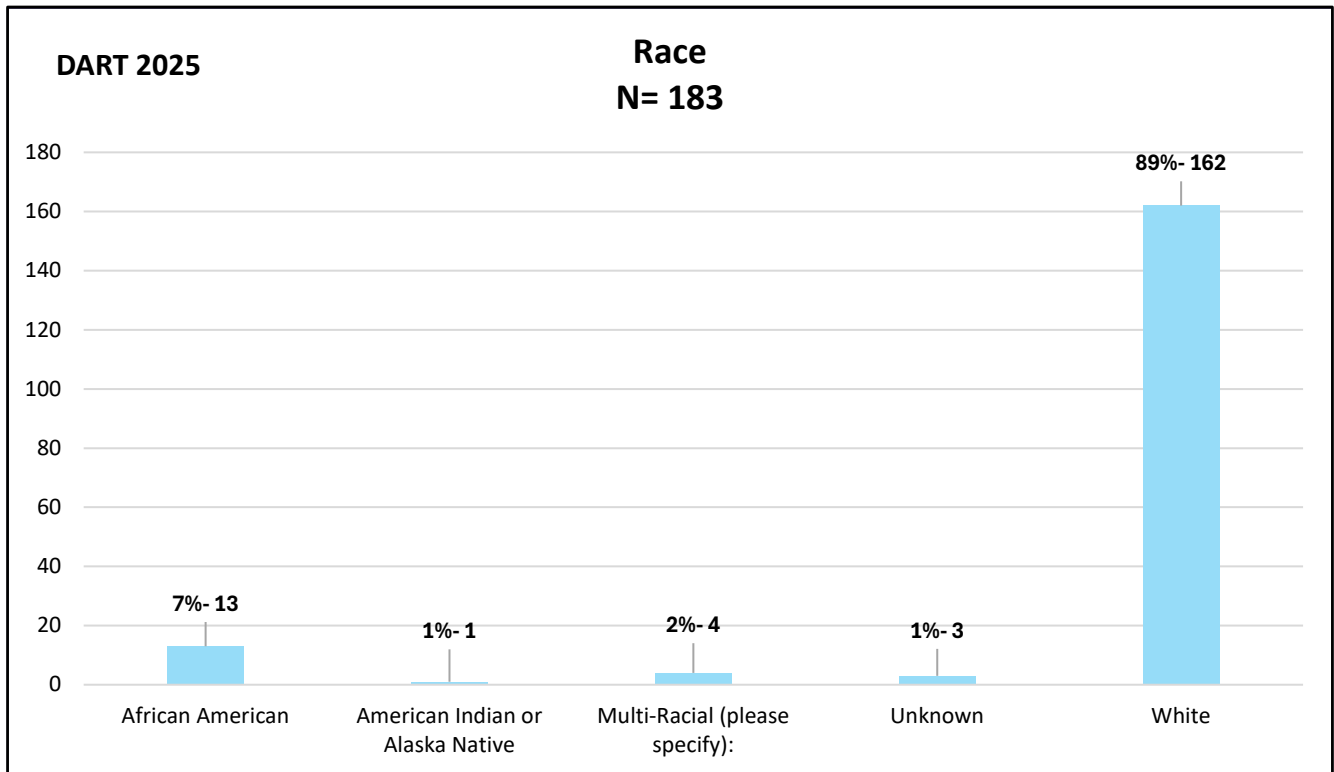
## Youth's Age at Enrollment



The youth for whom records were reviewed using the DART ranged in age from 4 to 17 years old. Three youth were 4 years old, 28 were 5-8 years old, 32 were 9-12 years old, and the majority (120 youth) were 13-17 years old.



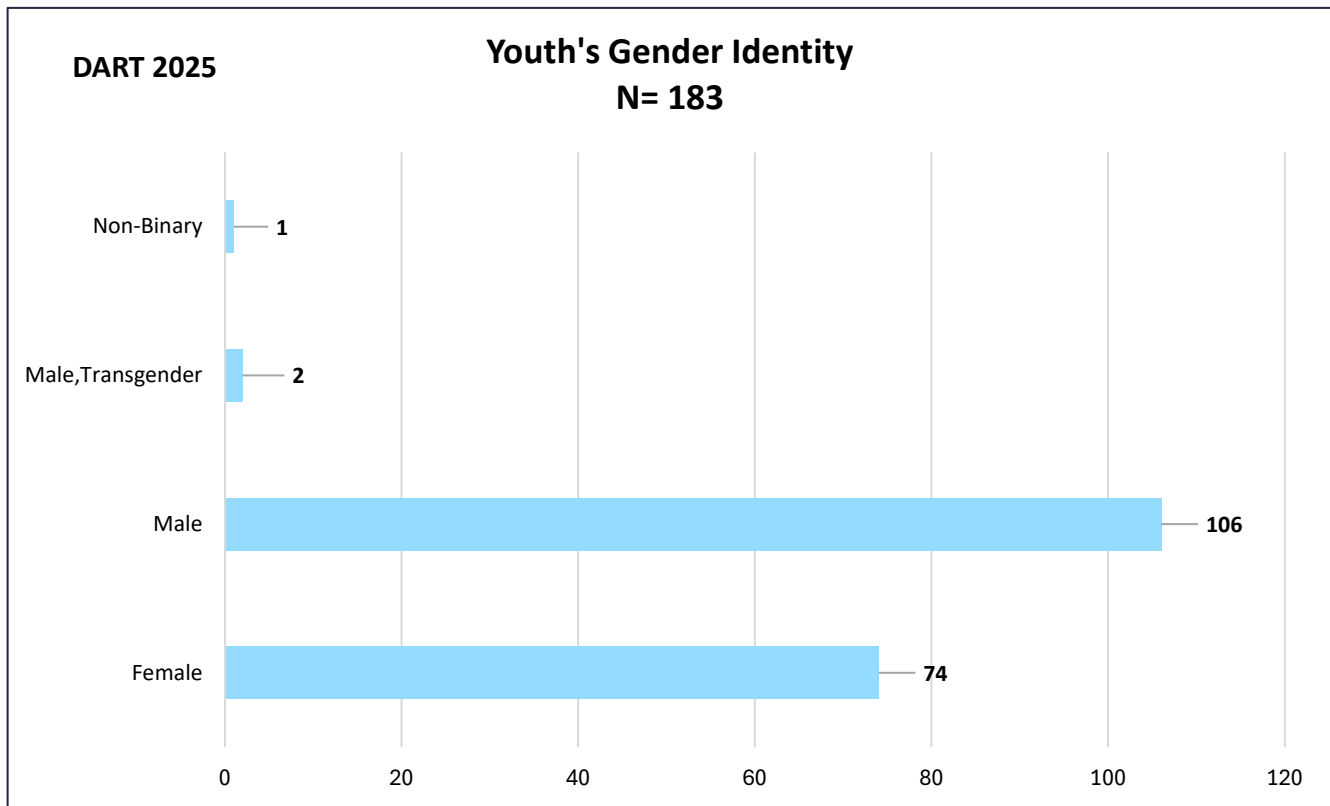
## Youth's Race



The majority (89%) of youth were white.



## Youth's Gender Identity

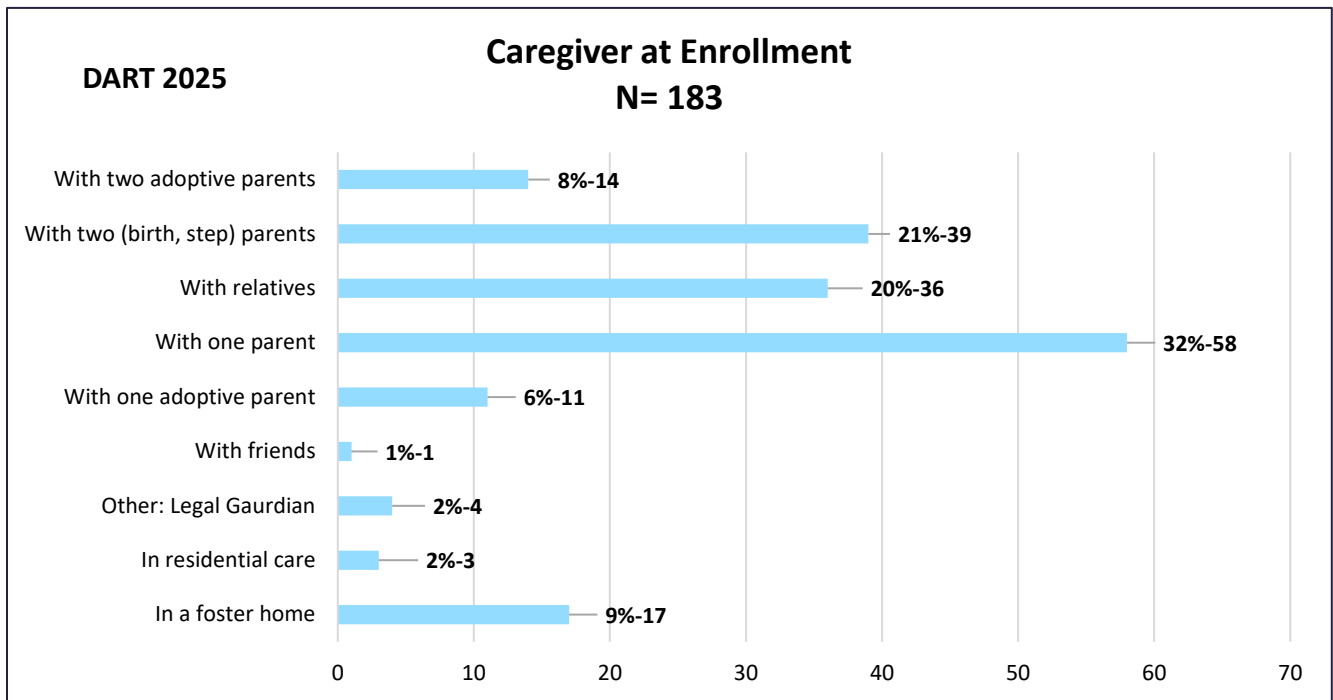


Of the youth with records reviewed; 106 were male, 74 were female, 2 youth identified as transgender, and 1 youth identified as non-Binary.





## Who was the Youth Living With?



The majority (32%) of the youth were living with one birth parent or were living with relatives (20%). Many youth (21%) also lived with a birth parent and their spouse (stepparent) as well.



# WRAPAROUND FIDELITY AND THE WRAPAROUND FIDELITY INDEX, SHORT FORM (WFI-EZ)-CAREGIVER AND WRAPAROUND FACILITATOR FORMS

The Wraparound Fidelity Index, Short Form (WFI-EZ) is a measure of adherence to the primary activities of the Wraparound process on an individual child, youth, or family basis. The WFI-EZ is a self-administered version of the full Wraparound Fidelity Index (WFI-4), a structured interview that can be conducted with caregivers, youth, team members, and/or Wraparound facilitators. The WFI-4 has demonstrated good test-retest reliability and internal consistency and is strongly associated with other measures of fidelity (e.g., expert review and team observation). The information provided can help with program improvements and research. This tool is used by WV to obtain a perspective from Wraparound facilitators and caregivers.

## Youth Selection

Youth charts for review were selected for each agency and funding source. The family had to have been in Wraparound services for 3-12 months, 100% of those cases were selected through WrapStat.

## Completion Rate

**Return Rate for Care Coordinator Form-** There were 462 surveys out of 685 Care Coordinator Forms fully completed, which translates to a 67% response rate. This response rate is higher than average for all WFI users nationally and after discussion with WERT, and it was agreed that this response rate is adequate for using the data to interpret findings and to include in this report.

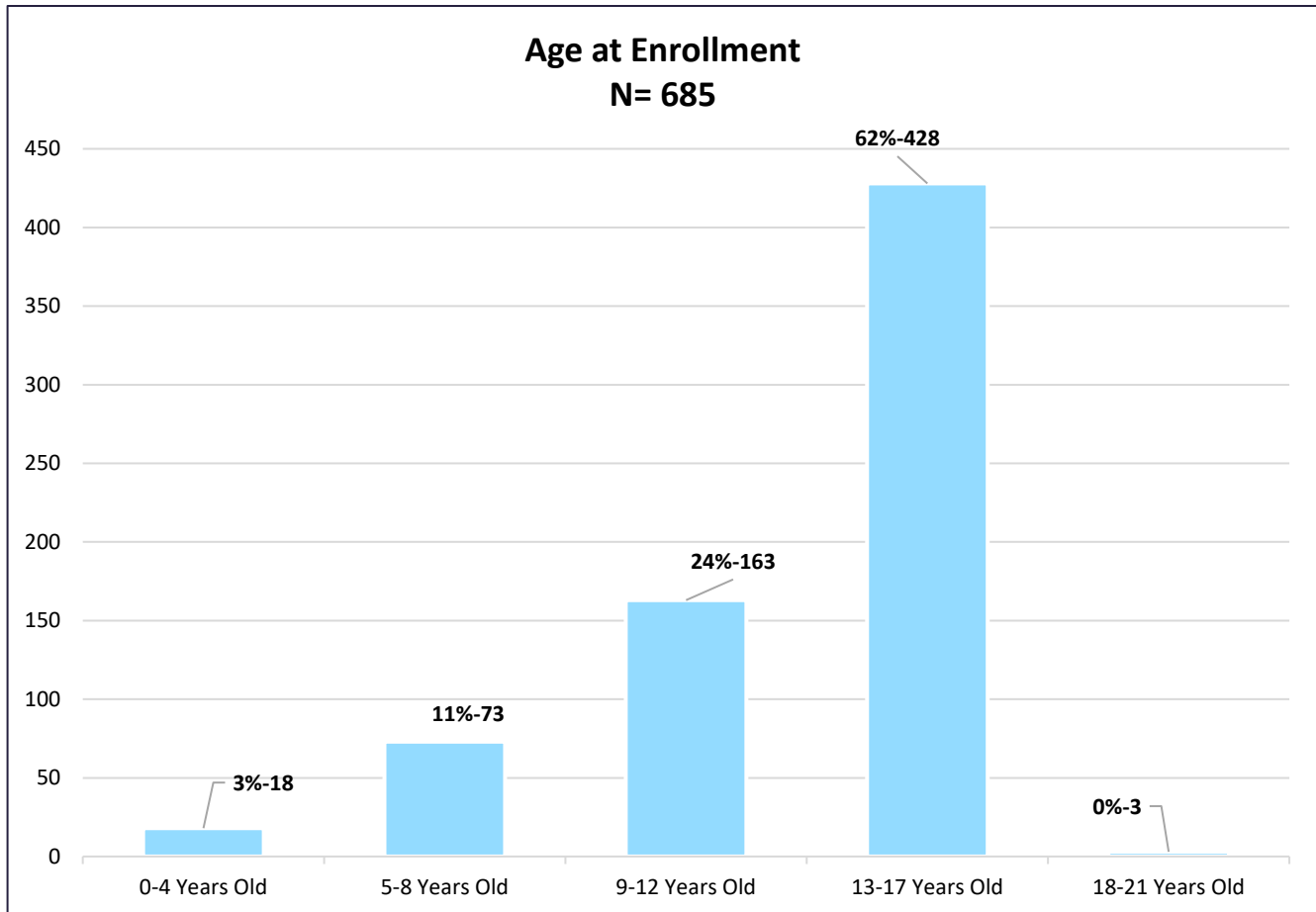
**Return Rate for Caregiver Form-** For caregivers, 198 out of 685 surveys were completed, which translates to a 29% response rate. This response rate is slightly lower than the national average for the caregiver form for all WFI users nationally, which is approximately 35%. WERT encourages WFI users to achieve a response rate of at least 50% to ensure that caregivers who respond are representative of all parents and caregivers served by Wraparound. However, after discussion with WERT, it was agreed that this response rate is adequate for using the data to interpret findings and come to tentative conclusions about caregivers' perceptions of fidelity and satisfaction.

**Caregiver data will be looked at separately in the Summer of 2025 since there is no comparison data from last year. This will be in a separate report.**



# DEMOGRAPHICS

## Age at Enrollment



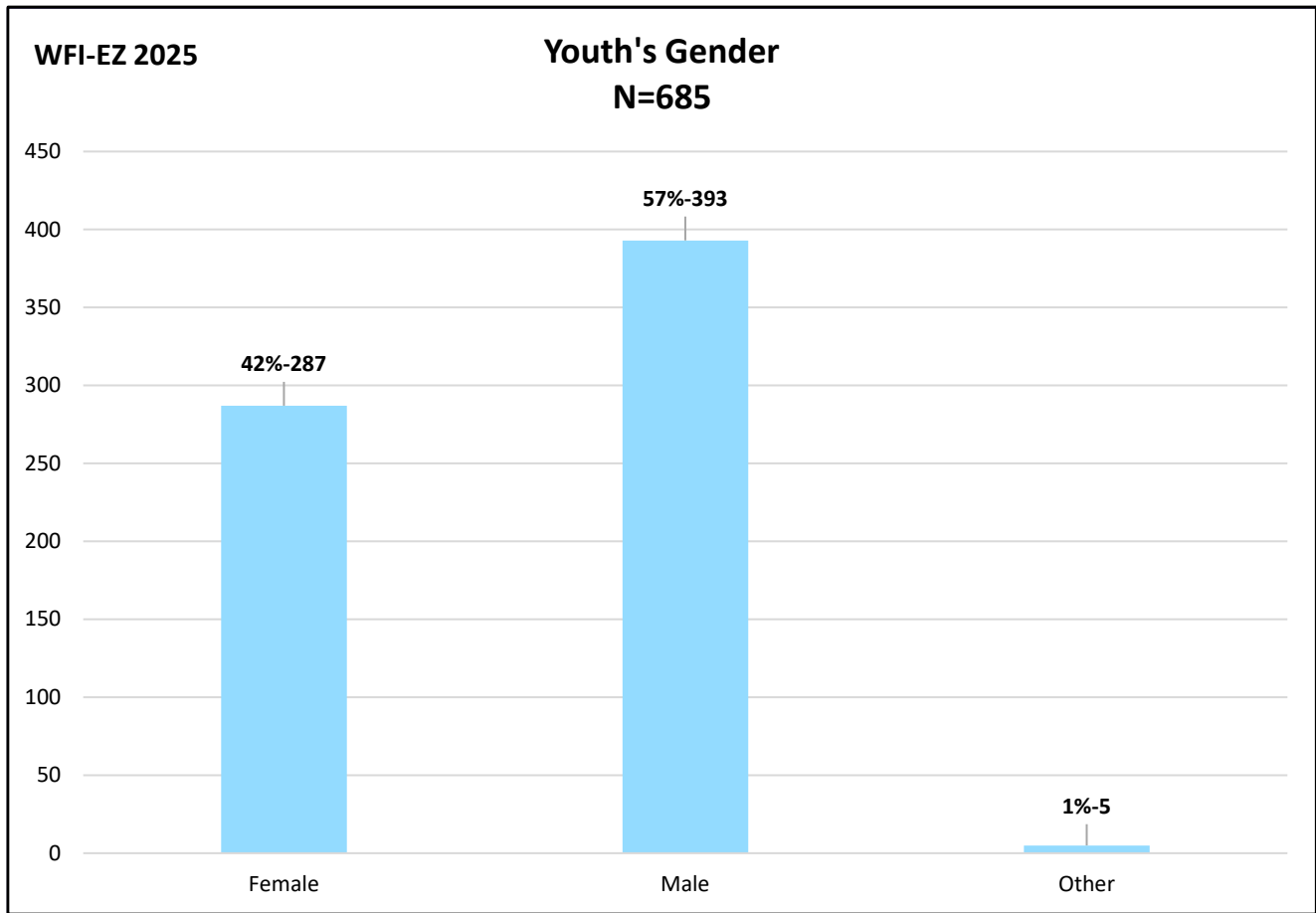
The youth for whom records were reviewed using the WFI-EZ ranged in age from 4 to 18 years old. 236 youth were 5-12 years old; 428 youth were 13-17 years old, and 3 youth were 18 years old or older.

## Youth's Race

Youth race could not be reported due to 96% of race being marked unknown.



## Youth's Gender Identity



Of the youth with records reviewed; 393 were male, 287 were female, and 5 youth identified as transgender.



## DART AND WFI-EZ RESULTS

The section below reviews the adherence to Wraparound principles and practice. Results from both the DART and WFI-EZ are reported in each section. The areas that are reviewed include:

- Timely Engagement
- Wraparound Key Elements
  - ❖ Meeting Attendance
  - ❖ Driven by Strengths & Families
  - ❖ Natural & Community Supports
  - ❖ Needs-Based
  - ❖ Outcomes-Based
- Safety Planning
- Crisis Response
- Transition Planning
- Outcomes
- Family Satisfaction
- WFI-EZ Benchmarks

The WFI-EZ survey questions are presented from the Care Coordinator and caregiver forms.

### Results of Fidelity Reviews Using the DART

The DART uses two types of rating scales for its constituent indicators. For some items, indicators of fidelity are rated on a three-point scale: Full, Partially, and Not Met. For some items that are more straightforward (e.g., was the proposed timeline met), ratings are simply Yes or No. Thus, in the sections, results are presented for each fidelity indicator as the percentage of DART reviews with the following ratings:

- “2”-Fully Met/Yes
- “1”-Partially Met
- “0”-Not Met/NO
- NA=Not applicable to the youth or family
- Missing=Not able to determine due to missing documentation



# TIMELY ENGAGEMENT



“Timely Engagement” refers to the percent of youth for whom a range of relevant milestones (e.g., initial contact with family, first Plan of Care developed) are achieved within timeframes as established by the NWI and used by NWIC. Research has demonstrated that achieving these timeframes provided a better likelihood that the child and family will be successful while involved in the Wraparound process.

## Timeliness Standards

During this fidelity review cycle and for the cases selected, WV’s time frames are different depending on the funding source. The DoHS is working on aligning these standards. The fidelity standards were reviewed according to the DART. All time frames are based off the initial date of assignment.

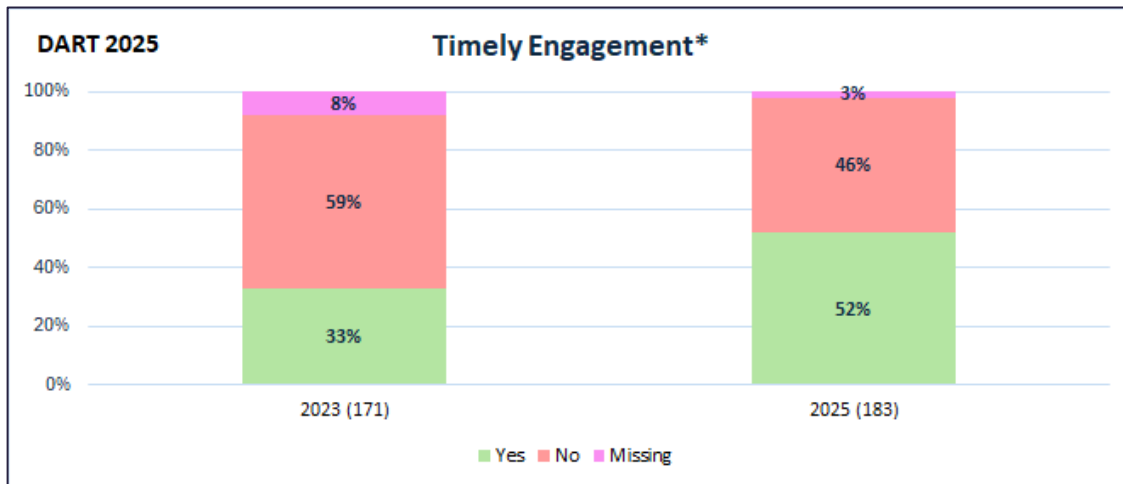
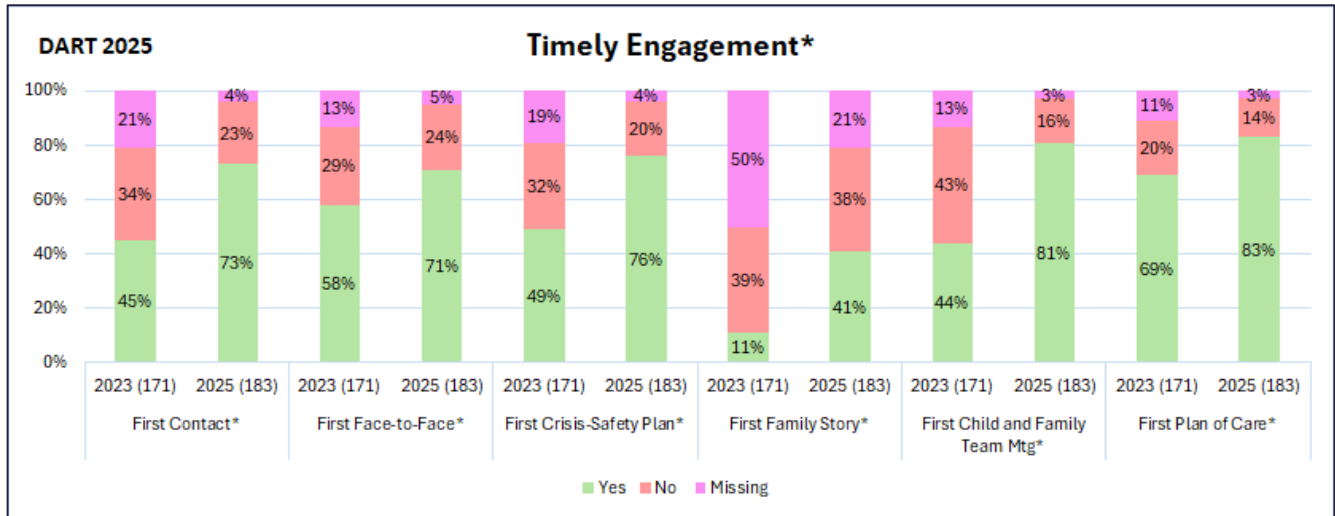
Standard	DART
<b>First Contact</b>	3 days from assignment
<b>First Face-to Face</b>	10 days from assignment
<b>Crisis Plan</b>	10 days from assignment
<b>Family Story, Strengths, Needs, and cultural discovery</b>	20 days from first face-to-face
<b>First Child and Family Meeting</b>	30 days from first face-to-face
<b>First Plan of Care Completed</b>	35 days from face-to-face
<b>Last Three Child and Family Team Meetings and Plans of Care Reviewed</b>	35 days from first child and family meeting

## Fidelity Items WFI-EZ

- A2-The family has a written plan (e.g., Wraparound Plan or Plan of Care) that describes strategies, action steps, and who is responsible.
- A3-The team meets regularly (e.g., at least every 30-45 days).



## Results and Recommendations



\* indicates an improvement from 2023.

Improvement was seen in all areas of timely engagement. This was the first time that most family stories were present. It was noticeable that Providers were working on developing a family story and trying to meet fidelity standards. There continues to be some issues related to the stories that need addressed through further training and coaching. In some cases, the family story is being completed the first meeting or after the Plan of Care is developed. It is understood some of this may have been occurring due to fidelity training and NWIC coaching. Another issue is that the family stories need dates on the actual document. Some Providers have this built into their electronic record.



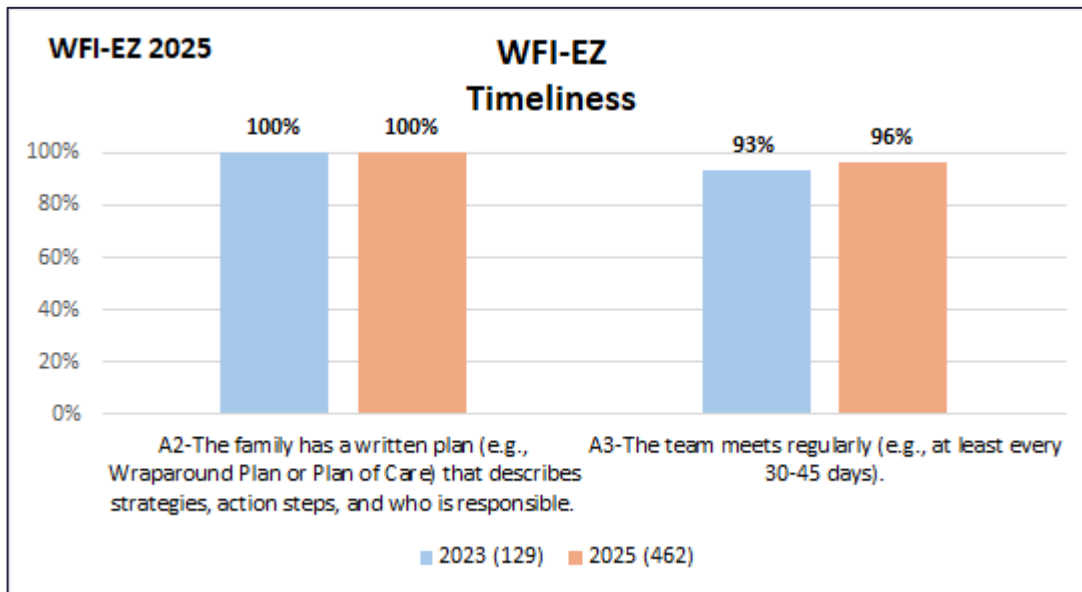
It was also noticed that Plans of Care were being completed the first face-to-face meeting or shortly afterwards. This does not allow time for family engagement nor the development of an effective plan.

There needs to be consistency in regards to calendar days and workdays. Fidelity is counting calendar days, not workdays. Clarification on how holidays, vacations, etc. and should be addressed by NWIC and the DoHS.

Time frames are started over if a family transfers from Safe at Home to Children with Serious Emotional Disorders (CSED). Continuation of services should be ongoing and not interrupted by another set of meetings or plans. The DoHS is aware that the transfer process for cases needs to be reviewed.

Although the fidelity team was not able to determine in many cases from information provided on the Marshall DART Review Form, if the first meeting was face-to-face or virtual, an assumption was made that they were face-to-face per program policy. The DoHS will need to confirm guidelines to make sure face-to-face meetings are occurring and are consistent across funding sources.

The last issue to be addressed are youth whose status in Wraparound is “on hold.” The DoHS has already started these discussions and will continue to address barriers associated with “on hold” cases.





# MEETING ATTENDANCE



In Wraparound, it is believed that a team of people working together around common goals and objectives are more likely to produce more effective outcomes. A team should be developed that includes both formal and natural supports. The team members should attend all or most of the face-to-face, phone or virtual meetings.

## Fidelity Items DART

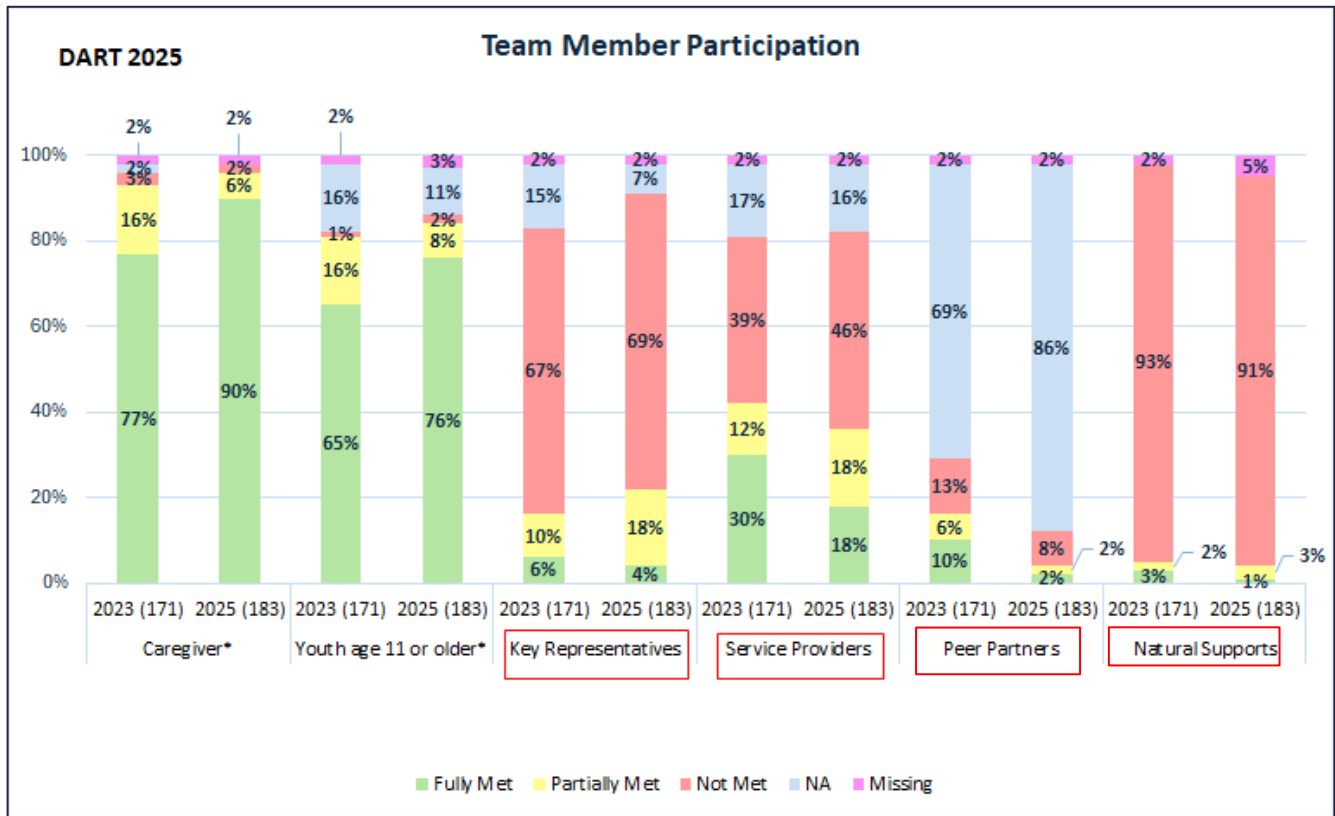
- At least one caregiver or close family member attended every Child and Family Team Meeting.
- The youth attended every Child and Family Team Meeting, if the youth is age 11 or older.
- All key representatives from school, child welfare, and juvenile justice agencies who seem integral to the Plan of Care attended nearly every Child and Family Team Meeting.
- All other service Providers who seem integral to the Plan of Care attended nearly every Child and Family Team Meeting.
- All peer partners (e.g., family advocates, family support partners, youth support partners, etc.) who are working with the youth and family attended nearly every Child and Family Team Meeting.
- At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.

## Fidelity Items WFI-EZ

- A1-The family is part of a Wraparound team AND this team includes more members than just the family and one professional (e.g., yourself).
- A4-The Wraparound team's decisions are based on input from the family.
- B1-The family had a major role in choosing the people on their Wraparound team.
- B17-I sometimes feel like members of this Wraparound team do not understand or respect the family.



## Results and Recommendations



\* indicates an improvement from 2023.

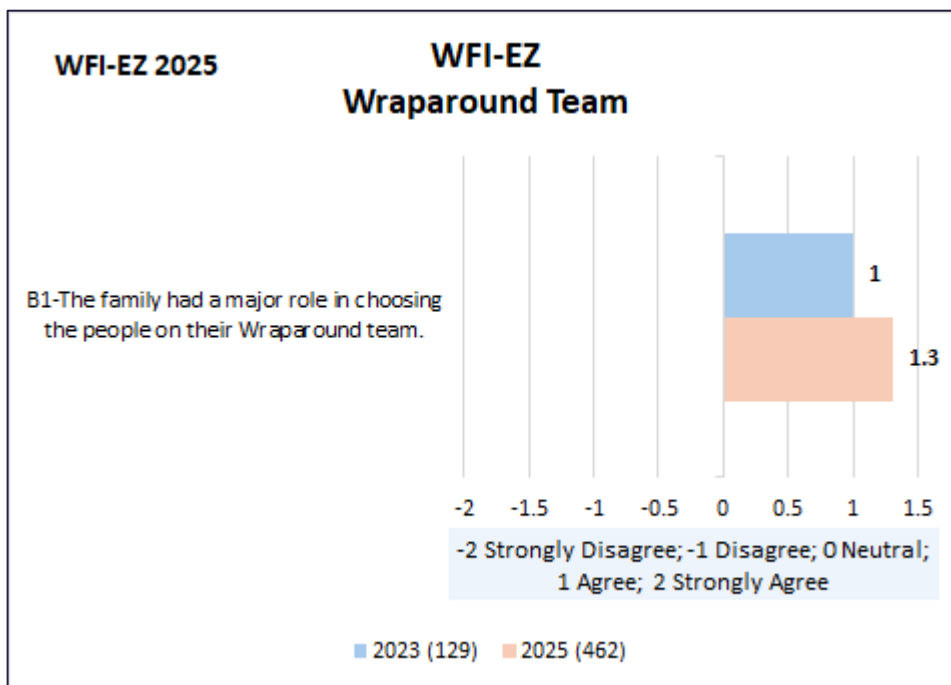
  Indicates improvement is needed.

The caregiver and youth, if they are age 11 or older and developmentally can participate, are expected at every meeting. These should be face-to-face. If the youth is in an out-of-home placement they can attend virtually. All other representatives, service Providers, peer partners and natural supports can attend virtually but must attend during the child and family team meeting time. In other words, the Wraparound facilitator, caregiver, and youth cannot meet alone and then send the plan out for signatures.

Sometimes the team member's role is not clear. Key representatives of school, child welfare and juvenile justice are often involved in the family's life. These representatives should attend at least 80% of the meetings to meet full fidelity standards. Other service Providers, such as therapists, tutors, etc. should also attend. At least one informal/natural support should be at every meeting. and 91% of the time this is not happening.

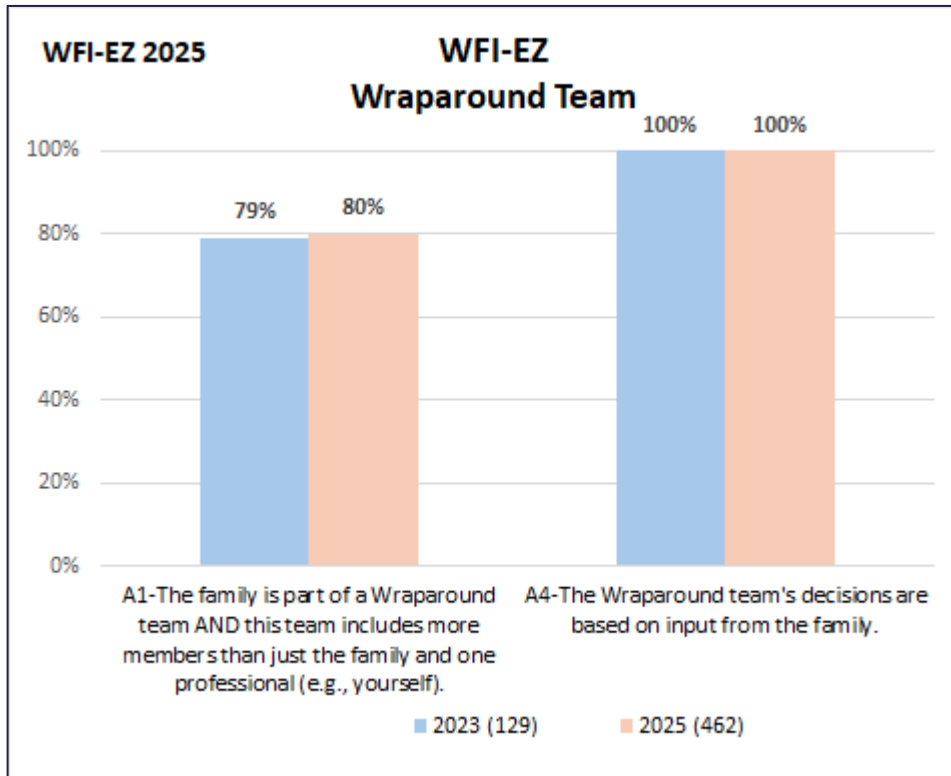


Most teams are composed of caregiver, youth, and Wraparound facilitator. Sometimes the Aetna case manager is involved. It is important for team members to participate but even if they do not, they should be listed on the Plan of Care. It appears that some services are being provided when notes are reviewed but are not part of the plan. Also, CSED services at the end of the plan are listed but are not on the Plan of Care. There is a need to explore if this is an oversight by the Wraparound facilitator, a belief that if a service Provider or potential team member is not present they cannot be on the plan, or if funding source guidelines prevent the Provider from including in active members on their plan. Further training and coaching are needed to address this issue, along with the DoHS reviewing barriers.



Providers report that the family has a major role in selecting team members. According to NWIC, the Wraparound facilitator does not select the relevant individuals to participate in the team. It is their job to gather the information around who is relevant to the process, reach consensus with the family to include all the relevant formal and informal supports on the team and then reach out to those potential team members to engage them in the process.





This item is reversed scored, so the Wraparound facilitator should disagree with the statement for it to be positive. The results indicate they feel like the family is understood and respected by the team.



# DRIVEN BY STRENGTHS AND FAMILY



The Wraparound process is family driven. This means the family's perspectives, preferences and opinions are understood and considered in decision making in the team process. To ensure the process is family driven the following will occur:

## Identification and Use of Functional Strengths

The family's Plan of Care is driven by the strengths of the youth, family, and team members. The strengths identified are to be functional strengths, which describe assets, traditions, and rituals that the youth and members of the family to cope during difficult times. They are not descriptive strengths such as; the person is kind or likes cars. They can include talents and interest if they can be used in an organized way to meet youth and family needs and move the family closer toward their vision for the future. These strengths are linked to strategies in the Plan of Care.

## Family Story is Created

The family story helps explore the family's culture, beliefs, and values as they relate to reasons the family enrolled in Wraparound.

## Family Vision Statement Guides the Process

The family vision statement informs the team of what the family is striving for and establishes the family's goals for participating in the Wraparound process. Every meeting should open with the family's vision statement.

## Fidelity Items DART

- An inventory of the youth's strengths is present, and at least two strategies included in the plans of care are clearly linked to his/her identified strengths.
- An inventory of the family's and/or family members' strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
- An inventory of the team's and/or team members' strengths is present, and at least two strategies included in the plans of care are clearly linked to their identified strengths.
- The inventory of strengths (for whomever is present) is updated at least quarterly.
- Detailed and specific examples of the youth's and family's culture, values, and beliefs are provided, especially as they relate to the reasons the family enrolled in Wraparound.

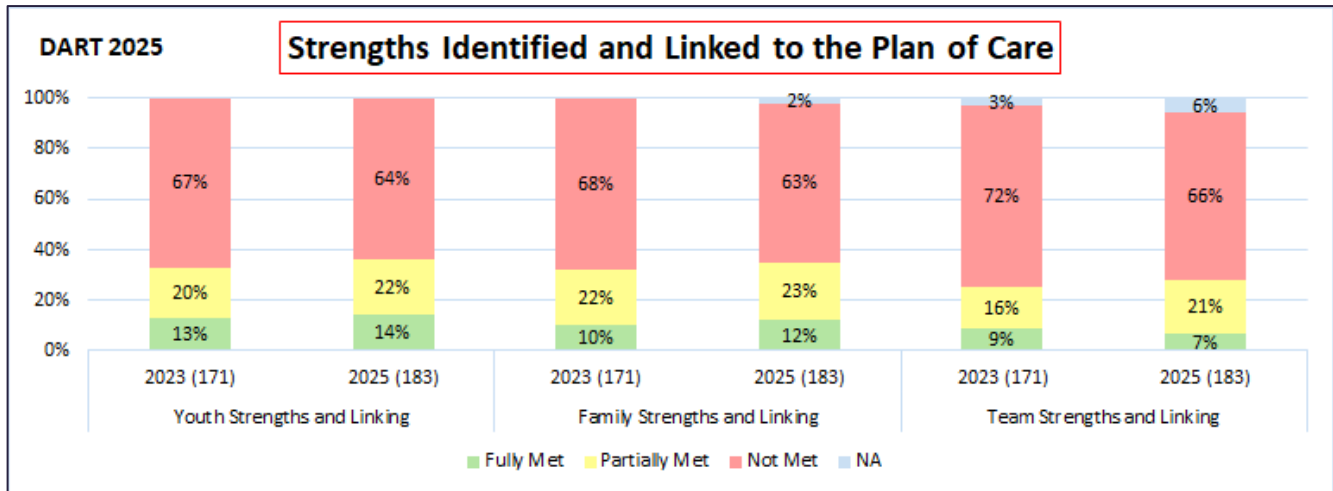


- There is a clearly articulated, positively worded, long-range vision for the ENTIRE family (not only the youth or only the caregiver). (If the youth is transition-age and does not have family members on the team, the vision can be only about the youth.)

### Fidelity Items WFI-EZ

- B3-At the beginning of the Wraparound process, the family described their vision of a better future, and this statement was shared with the team.
- B14-The Wraparound plan included strategies that were linked to things the family likes to do.

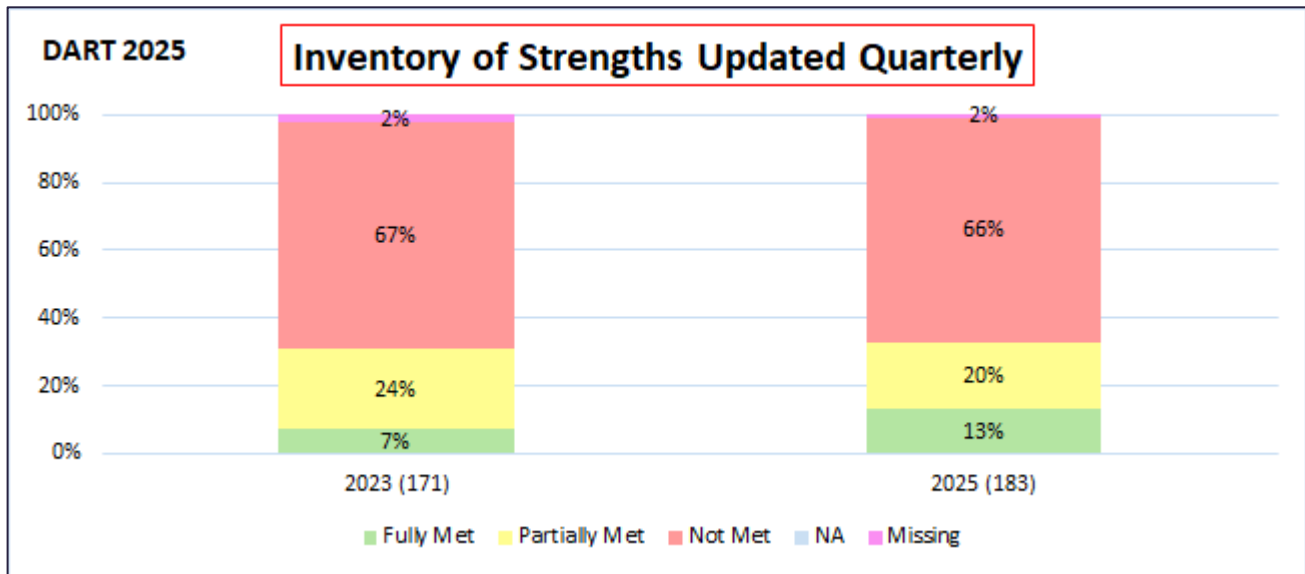
### Results and Recommendations



Indicates improvement is needed.

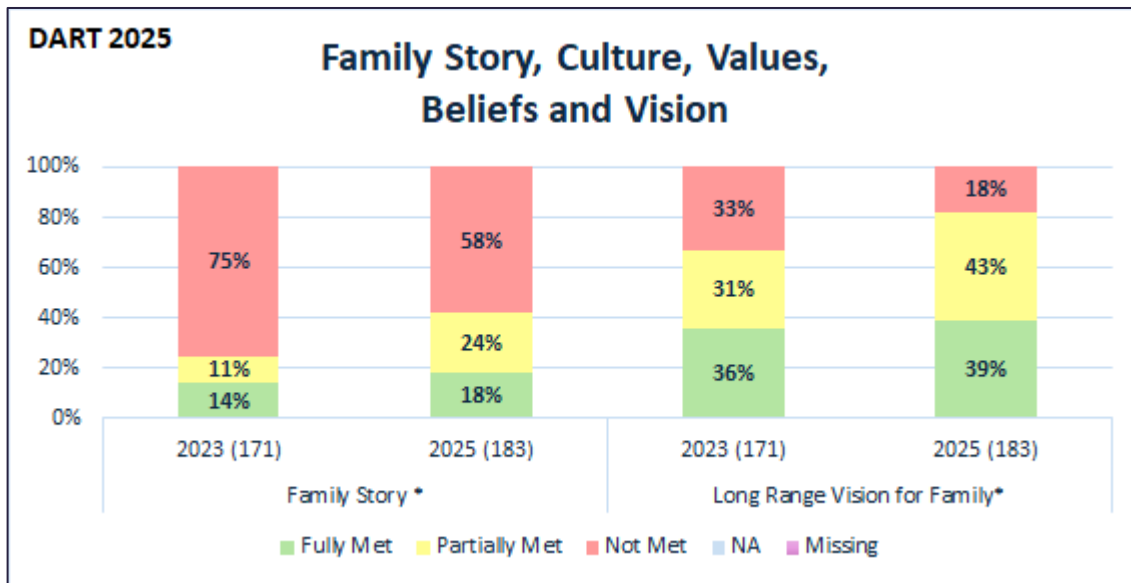
To meet fidelity on these items, first, “functional” strengths had to be identified, and then at least two strategies had to be linked to the strengths listed. Providers are being trained and coached to ensure strengths are functional and used to inform the planning process. The Wraparound facilitators are listing strengths for the youth, caregiver, and team members but most are not functional strengths. Even if they are functional, they are not being used in at least two strategies. Further coaching is needed.





  Indicates improvement is needed.

In most Plans of Care there was no evidence that the strengths had been updated at least quarterly. Most strengths did not change on the plan.



\* indicates an improvement from 2023.

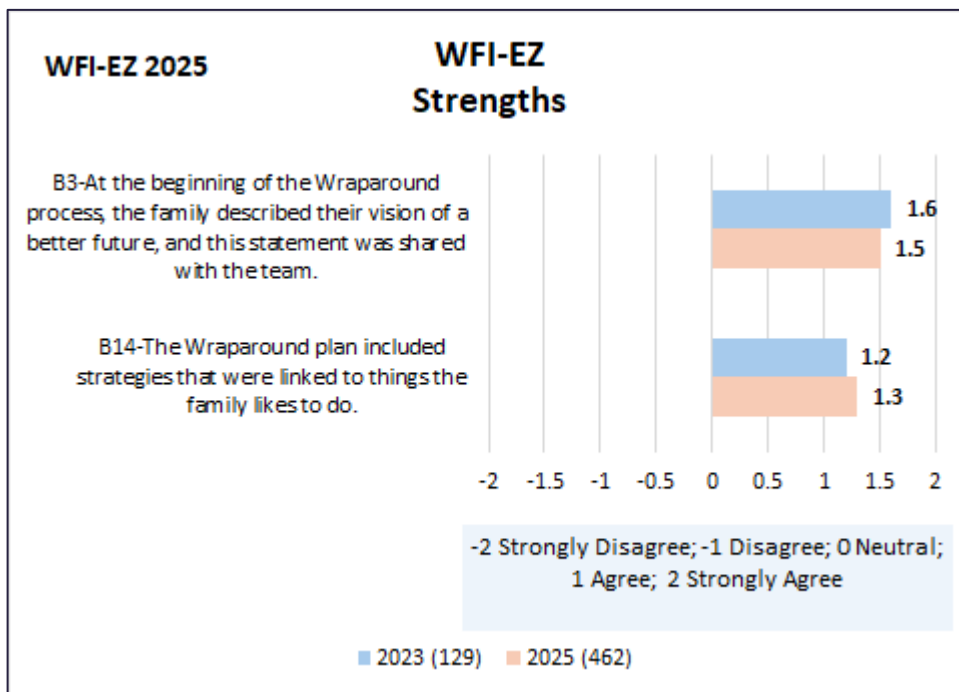
  Indicates improvement is needed.



The family stories did not always address the beliefs, culture, or values related to the reason for referrals. It seemed like the stories sometimes appeared to have been pulled together in a hurry with typos and grammar errors. In some cases, the story talked more about the caregiver than the youth. The Wraparound facilitators do not appear to understand the purpose of the family story. It was noticeable that Providers are working toward meeting fidelity but more coaching is needed in this area. Some Providers were doing a good job of incorporating the questions to be answered into their stories. A checklist may assist in this process.

The family visions were better this year and included the entire family more often.

Additional training, coaching, focused fidelity reviews and technical assistance to address the development of the family story and the identification of functional strengths for all family and team members as well as how to use these identified strengths within the planning process is recommended.



Results in 2025 were similar to 2023.





# NATURAL AND COMMUNITY SUPPORTS



A key principle of Wraparound is that individuals connected to the family and youth by virtue of being “friends, family or faith” are identified as natural supports, participate in the team process and support the youth and families over the long term. Natural supports can include extended family that live outside the home, friends, neighbors, faith representatives, and other non-paid organizations. Community supports, by contrast, are individuals who provide support, for example, by providing an activity to the youth and family, such as a mentor or YMCA basketball coach.

## Fidelity Items DART

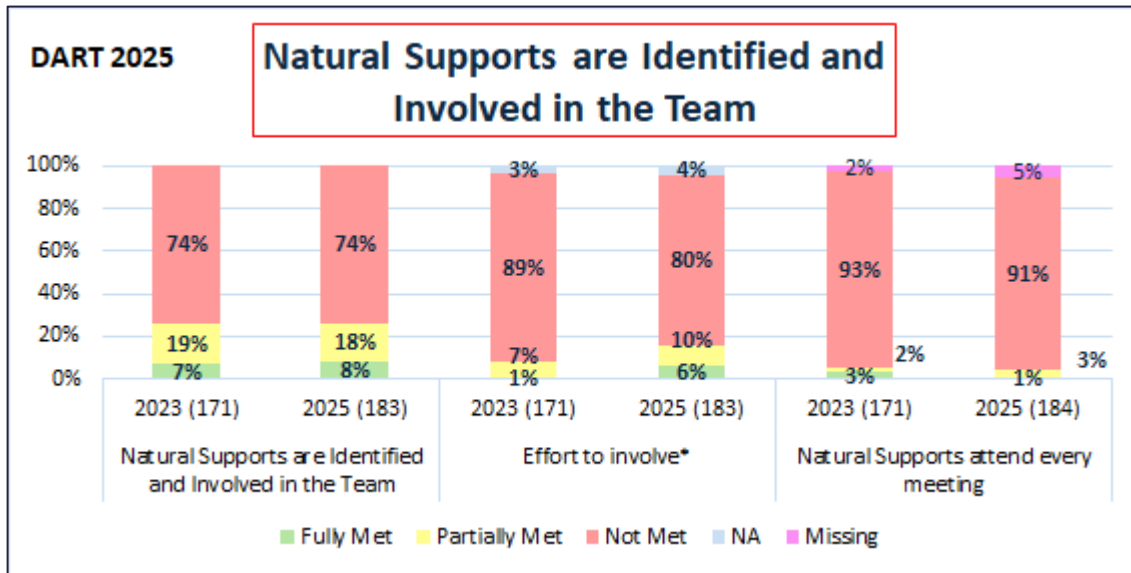
- At least one natural support (e.g., extended family, friends, and community supports) for the family attended every Child and Family Team Meeting.
- Documentation identifies the youth’s and family’s natural, or community supports and explains how they might be part of the team or involved in implementing the Plan of Care.
- If natural supports are not consistently attending Child and Family Team Meetings, then there is evidence of ongoing and persistent efforts to identify and engage them.

## Fidelity Items WFI-EZ

- B9-Through Wraparound, the family has increased the support it gets from friends and family.
- B10-Through Wraparound, the family has built strong relationships with people they can count on.
- B12-The Wraparound team does not include any natural supports such as friends, neighbors, or family members.
- B13-Through Wraparound, this family was linked to new community resources that were critical to meeting their needs.
- B16-The Wraparound team includes people who are not paid to be there (e.g., friends, family, faith).
- B18-The Wraparound plan includes strategies that do not involve professional services and are things the family can do itself or with help from friends, family, and community.
- B23-It is possible that the Wraparound process could end before the family's needs have been met.



## Results and Recommendations



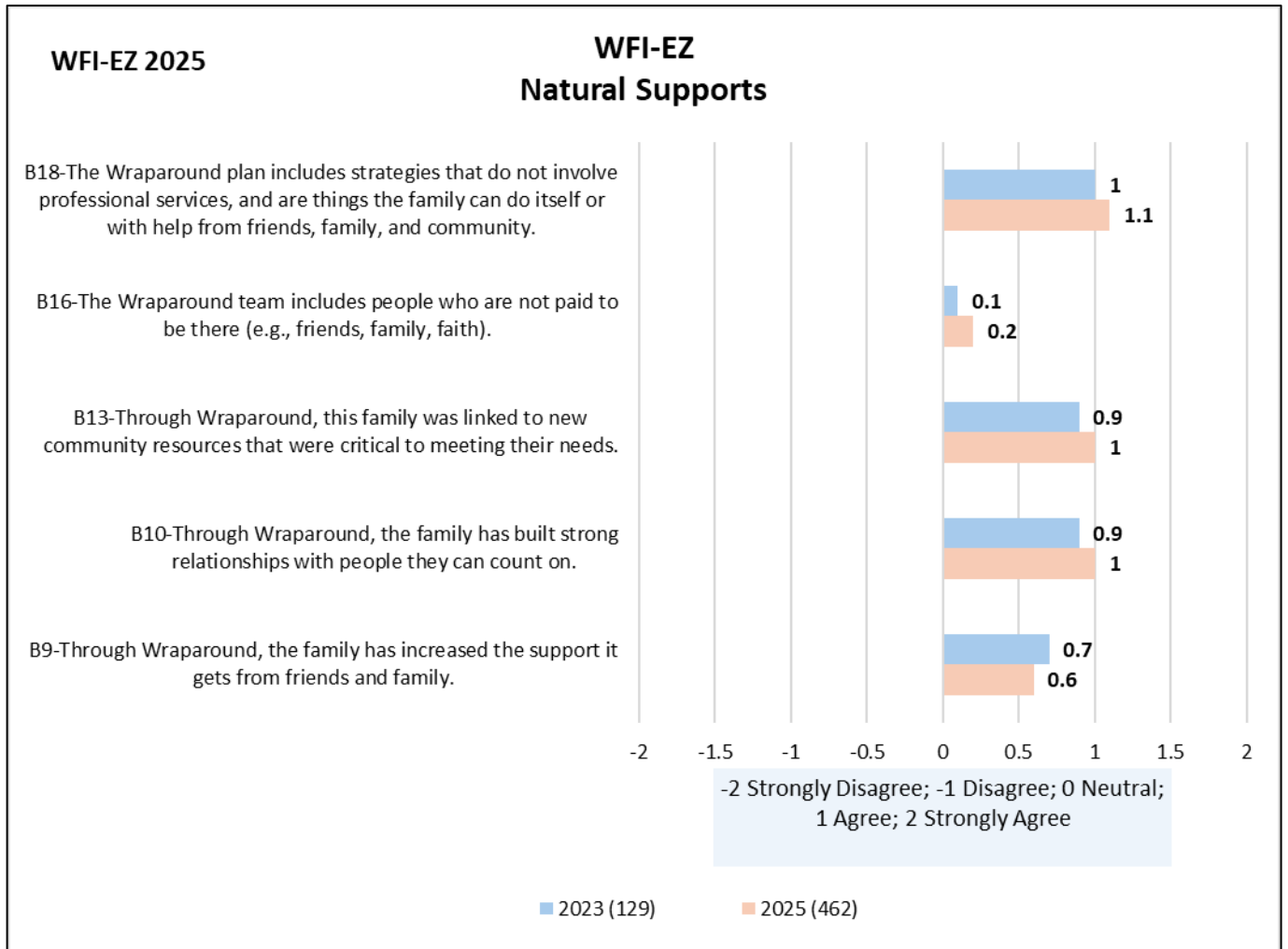
\* indicates an improvement from 2023.

  Indicates improvement is needed.

In most documentation (74% of the time), natural supports were not identified in the plan and if they were the effort to get them involved was not documented. To meet fidelity, a natural support must be part of the team that meets a minimum of once every 30 days. Sometimes possible team members were identified but no efforts were made by the Wraparound facilitator to engage them.

Further coaching in this area is needed. Clear expectations should be established related to informal/natural supports' active participation in Wraparound team meetings by the DoHS.





Above the Wraparound facilitators did indicate that natural supports are not involved and therefore are not able to provide increased support to the family. There is some linkage to community resources.



## NEEDS BASED

Needs in Wraparound are defined as “the conditions that cause a behavior or situation to occur or not occur and explain the underlying reasons why behaviors or situations happen.”

Underlying needs in Wraparound. For example, “Matthew needs to feel like he is a permanent part of the family.” Well-constructed underlying needs statements often use words such as, “know,” “feel,” or “understand.”

Needs in Wraparound are NOT something desired (the youth needs a driver’s license), something that is an obligation (the youth needs to attend school), or services (e.g., the youth needs therapy). They are NOT deficit based. They are also different from Needs as included in the Child and Adolescent Needs and Strengths measure. Though needs as rated via CANS items can be helpful in identifying priorities for the Plan of Care



### Fidelity Items DART

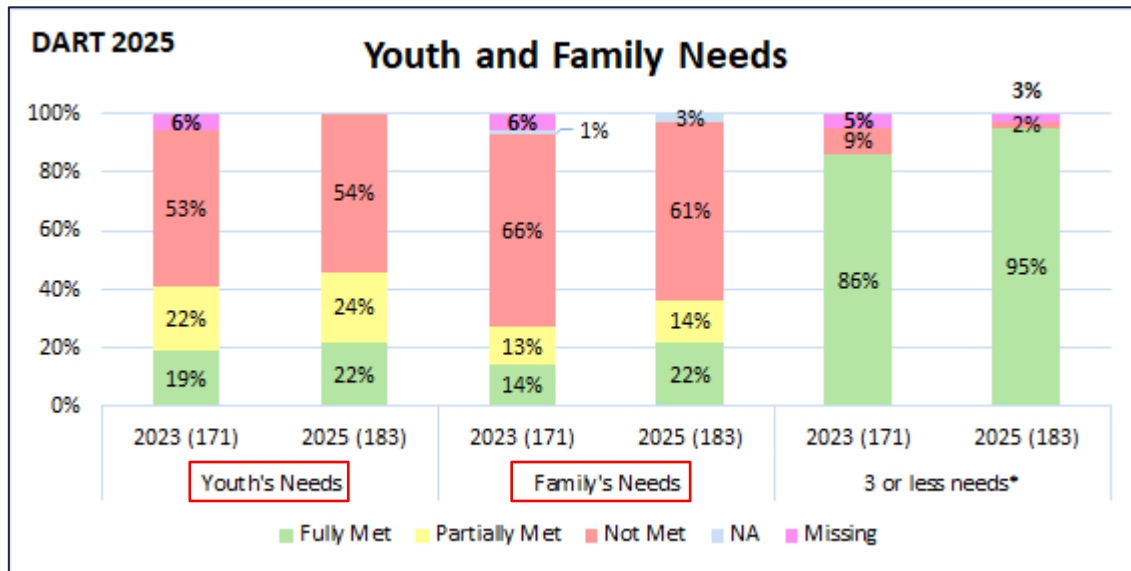
- Needs statements for the youth are included in every Plan of Care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
- Needs statements for family members are included in every Plan of Care and refer to the underlying reasons why problematic situations or behaviors are occurring. These needs are not simply stated as deficits, problematic behaviors, or service needs.
- No Plan of Care includes more than three needs statements.
- The strategies in the plans of care are clearly individualized and can be logically expected to meet the youth’s and family’s needs.
- The plans of care represent a balance between informal (natural and community) and formal strategies, services, and supports.
- There is evidence that the team reviews the status of task completion and/or strategy implementation at every meeting.
- There is evidence that progress toward meeting the youth’s and family’s needs is explicitly monitored at every meeting.
- There is evidence that the Wraparound Plan of Care is meaningfully updated at each team meeting (i.e., the strategies, outcomes, and/or needs statements are adjusted, as appropriate).



## Fidelity Items WFI-EZ

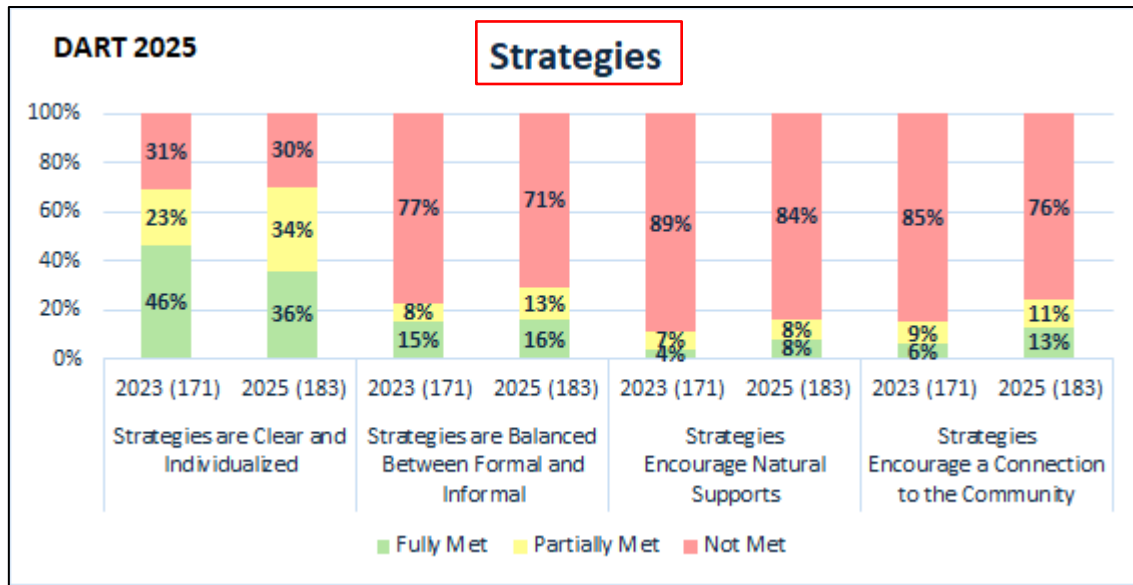
- B2-There are people providing services to this child and family who are not involved in their Wraparound team.
- B4-The family's Wraparound team came up with creative ideas for its plan that were different from anything that had been tried before.
- B5- With help from its Wraparound team, the family chose a small number of the highest priority needs to focus on.
- B6- The Wraparound plan includes strategies that address the needs of other family members, in addition to the identified child or youth.
- B7-I am concerned that this family's team does not include the right people to help the child and family.
- B8-At every meeting, the Wraparound team reviews progress that has been made toward meeting each of the family's needs.
- B15-Members of the Wraparound team sometimes do not do the tasks they are assigned.
- B22-The family gives feedback about how the Wraparound process is working for them at each team meeting.
- B11-At each team meeting, the Wraparound team celebrates at least one success or positive event.

## Results and Recommendations



Indicates improvement is needed.





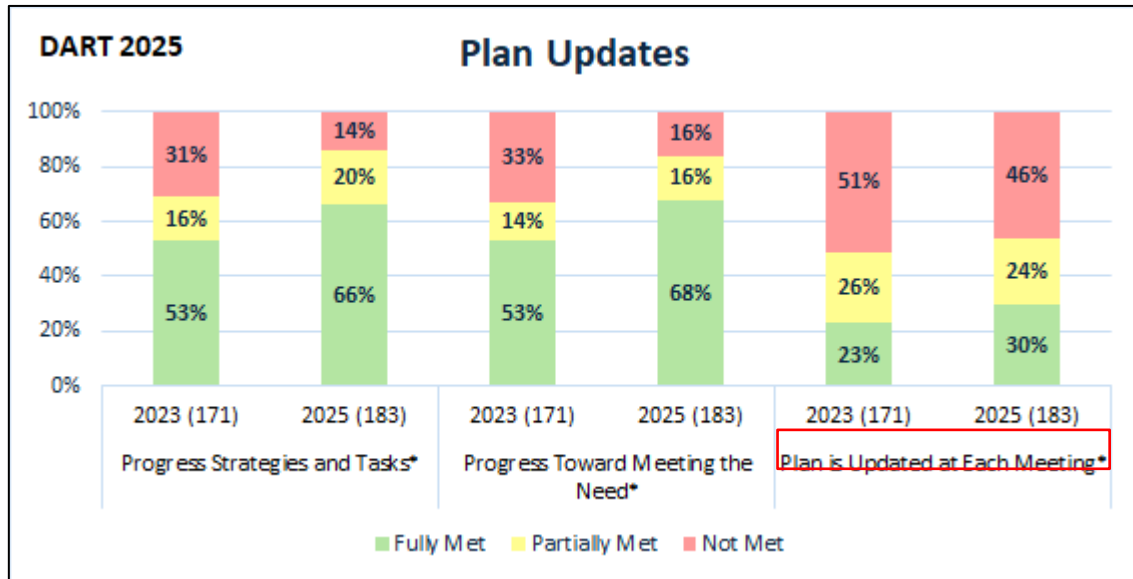
  Indicates improvement is needed.

Although the wording of strategies has improved, the Wraparound facilitators still have difficulty with the concept of underlying needs. Many are still indicating deficits in behavior or mental health. Although the quality of strategies, goals, etc. need improvement, the DART review team believe the components are in the Plan of Care but just not in the right place. Definition for each component would be helpful for facilitators along with mini-training from NWIC. It is recommended that NWIC terms for needs, strategies, and task be cross walked with a traditional treatment/service plan found in child serving systems. Quality strategies, etc. may have been documented but located in the wrong area of the Plan of Care.

As already discussed, there is not a balance between formal and informal supports. More concerning than the lack of natural and community supports, is the lack of formal supports. The Wraparound facilitator is trying to do it all. Also, at times the family or the youth are the only ones who have tasks assigned to them. When there is not a balance, the Plan of Care is poor and does not meet the family's underlying needs.

Strategies are not always documented at an age or developmentally appropriate level. Further training is needed on age appropriate and developmentally appropriate strategies and tasks.





\* indicates an improvement from 2023.

  Indicates improvement is needed.

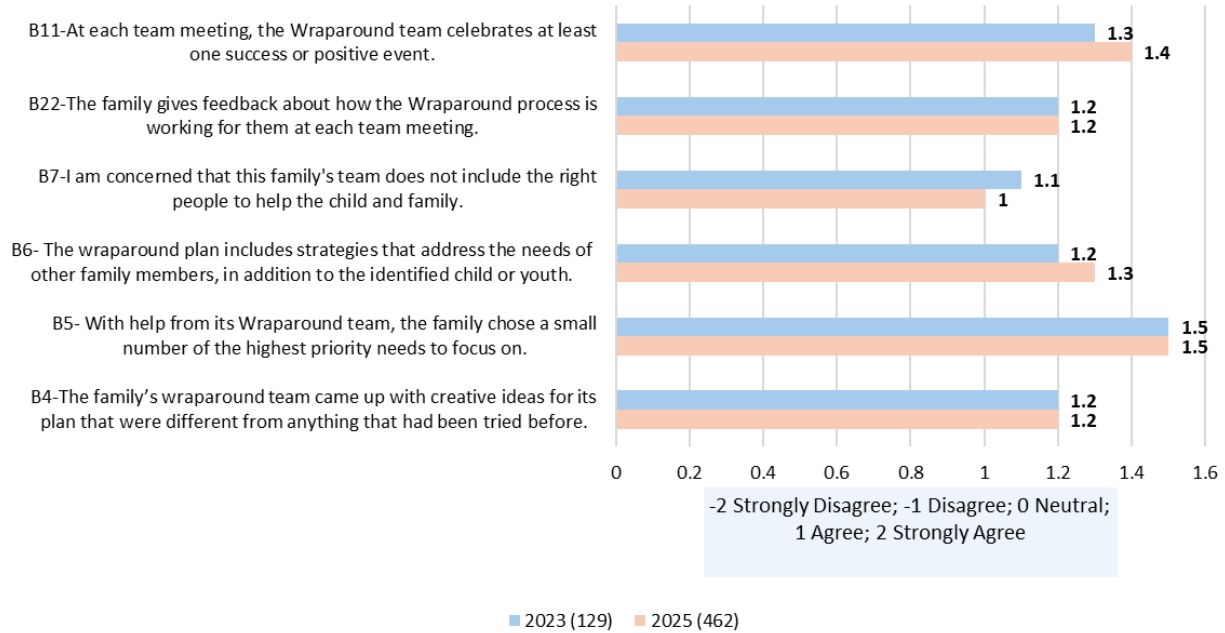
There is a location on the Plan of Care to indicate progress. Improvement was noted in regards to documenting the progress toward meeting the needs, strategies, and tasks. Sometimes progress was not reported in detail and not always updated at each meeting. In some cases what is reflected in the meeting notes is not reflected in the plan. This requirement should be explored by the DoHS to make sure the Plan of Care allows for adequate documentation and guidelines should be developed.

Wraparound facilitators need training on the Plan of Care being a formal document and a reminder that spelling and grammar should be checked. Some agencies reported using an informal Plan of Care. Clarification is needed in regards to this term.

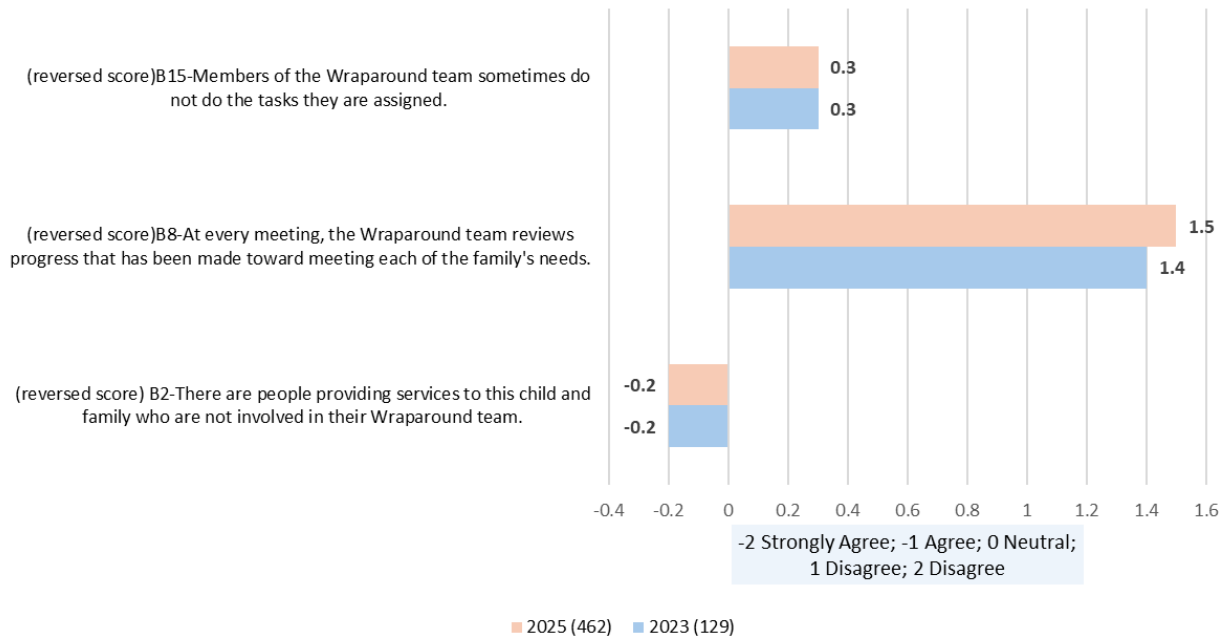
Strategies are not always documented at an age or developmentally appropriate level. Further training is needed on age appropriate and developmentally appropriate strategies and tasks.



## WFI-EZ 2025

WFI-EZ  
Needs

## WFI-EZ 2025

WFI-EZ  
Needs



# OUTCOMES BASED



There should be an outcome statement for each prioritized need that is measurable and addresses the reason for the referral.

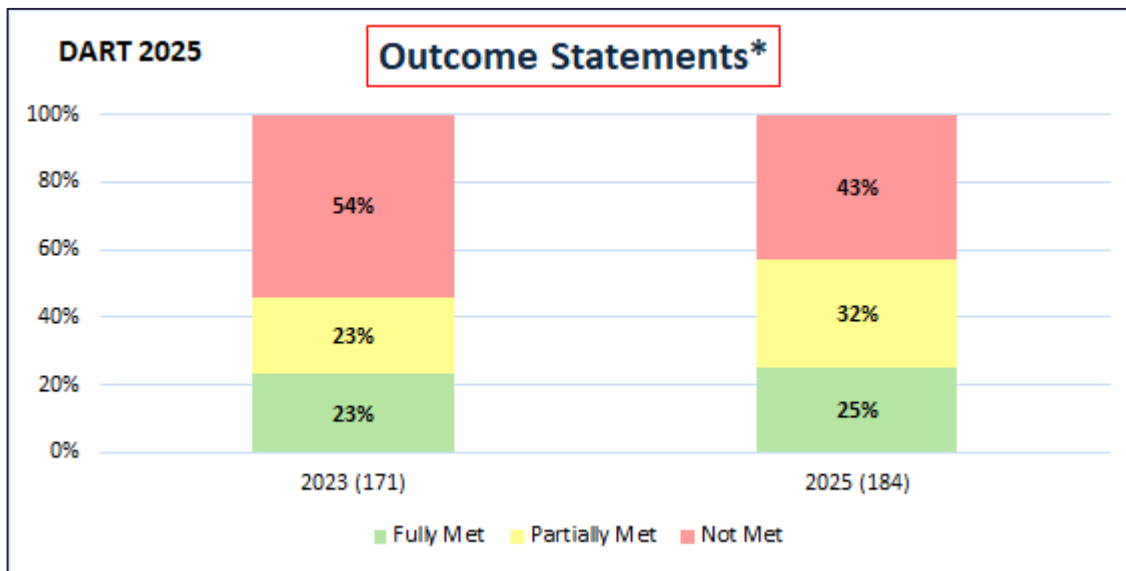
## Fidelity Item DART

- The outcomes outlined in the plans of care are specific and measurable using objective and verifiable measures, not just general or subjective feedback.

## Fidelity Item WFI-EZ

No specific items for this domain.

## Results and Recommendations



\* indicates an improvement from 2023.

Outcome Statements\* Indicates improvement is needed.

Outcome statements are developed based on the initial reason for referral and the behaviors that require immediate action. In addition, the outcomes should be measurable and specific to the reason for referral. Improvement was noted from 2023 but further training, technical assistance, and coaching to address Wraparound staff's understanding of outcome statements is needed.



# CRISIS/SAFETY PLANNING AND CRISIS RESPONSE

A Crisis or Safety Plan should be developed at the first face-to-face meeting with the family. The plan should include history/reason for referral, safety Issues that are non-negotiable, crisis as defined by the family, crisis triggers, action steps that are in order of least restrictive to more restrictive and resources and techniques to use to alleviate crisis, and list of people and contacts.



## Fidelity Items DART

- There is at least one crisis/ safety plan found in the record.
- The crisis/safety plan(s) identifies triggers or behaviors that indicate onset of a crisis or risk situation, especially those triggers or behaviors that precipitated the referral for Wraparound or are placing the youth at risk of out-of-home placement or increased residential restrictiveness.
- The crisis/ safety plan(s) identifies specific actions and interventions and assigns specific responsibilities for who will take these actions.

## Fidelity Items WFI-EZ

- B20-An effective crisis plan is in place that ensures this family knows what to do in a crisis.



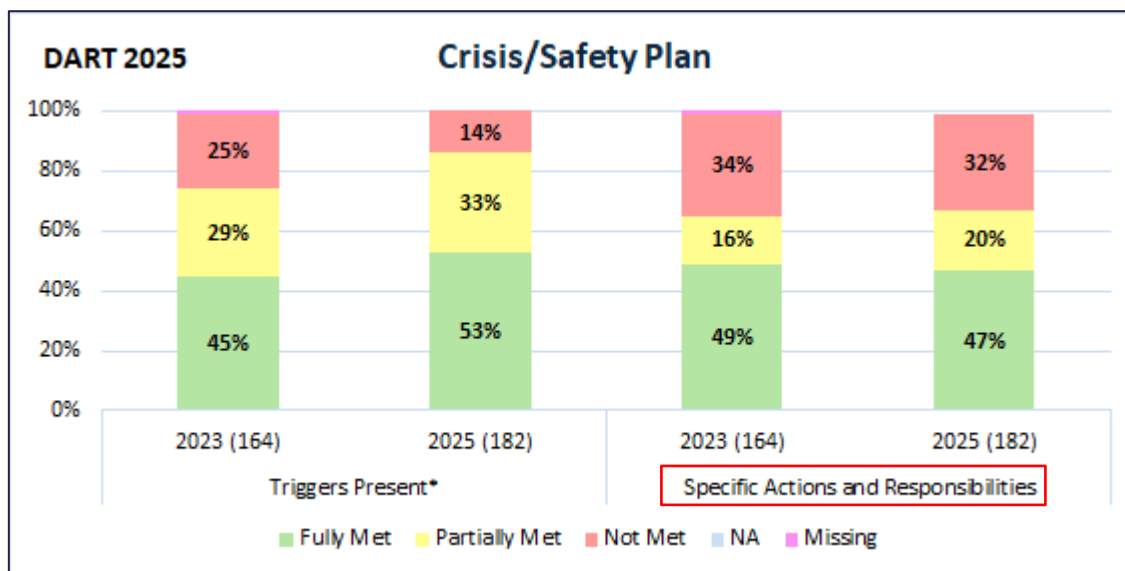
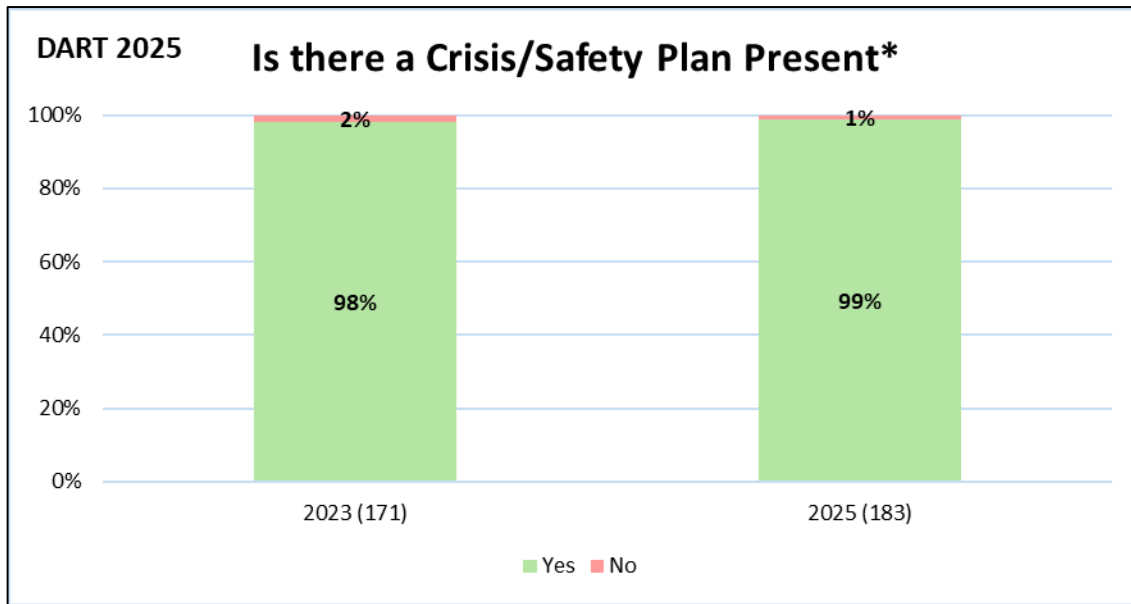
How did the team respond to a crisis? Wraparound fidelity examines if a crisis occurred while in Wraparound, if the plan was updated after the crisis and a Child and Family Team was held after each crisis event.

## Fidelity Items DART

- While enrolled in Wraparound, how many crises/reportable events (arrest, suicide attempt, hospitalization, removal from home, etc.) has the youth experienced?
- After each crisis/reportable event, the crisis/safety plan was updated within 24 hours.
- After each crisis/reportable event, a Child and Family Team Meeting was held within 72 hours.



## Results and Recommendations



\* indicates an improvement from 2023.

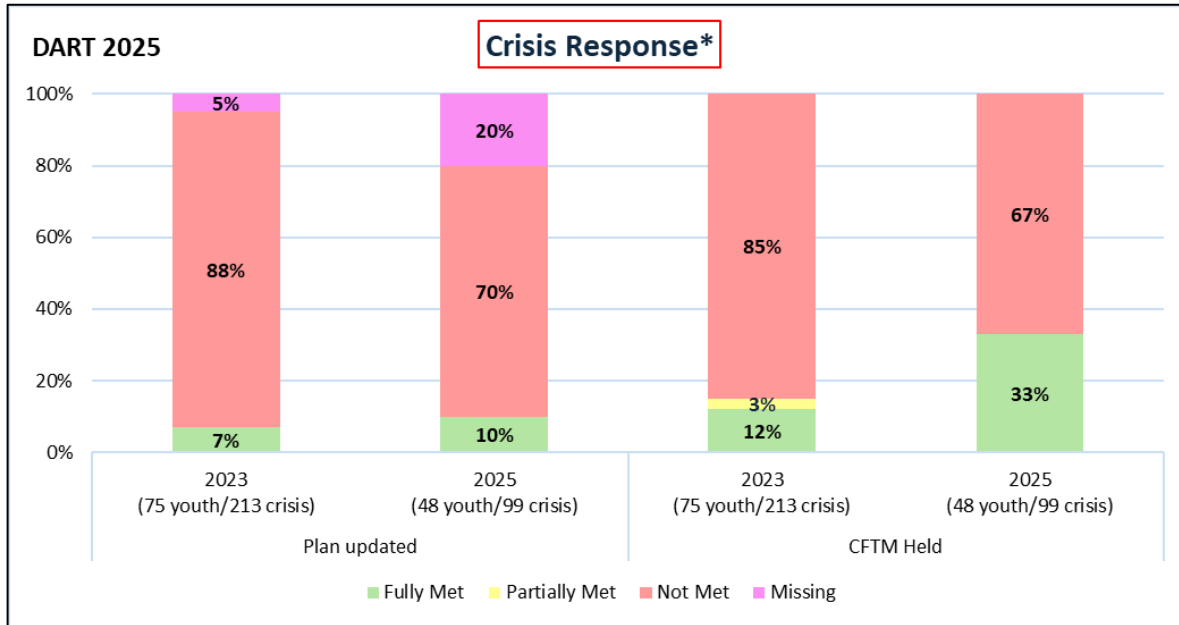
Indicates improvement is needed.



Almost all case records had a crisis plan. The identification of triggers and specification actions and responsibilities varied greatly between reviewed case records. Triggers preceding a crisis or the behaviors that indicate onset of a crisis or risk situation should be documented. Triggers should especially address the reason for referral or behaviors that may lead to crisis/safety concern or elevation to a higher level of care and/or out-of-home placement. Improvement was seen in 2025.

49% of the crisis plans addressed specific actions and the responsibilities for those actions, but further coaching is needed to receive a rating of fully met. To meet full fidelity, the crisis plan had to extend the actions and indicate additional steps if the first step did not work. Sometimes actions were inappropriate in the settings where crises occurred and did not consider developmental appropriateness. Some crisis plans only included what the youth should do did not assign action steps for others on the team. Action steps in crisis plans are not always realistic. For example, if one of the action steps is to play a video game to de-escalate but the youth have most of their problems at school, then that step is not realistic. Action steps are not always gradual in intensity. Some immediately went to extreme actions, such as calling 911, which should not be the first action step on a crisis plan.

## Results and Recommendations



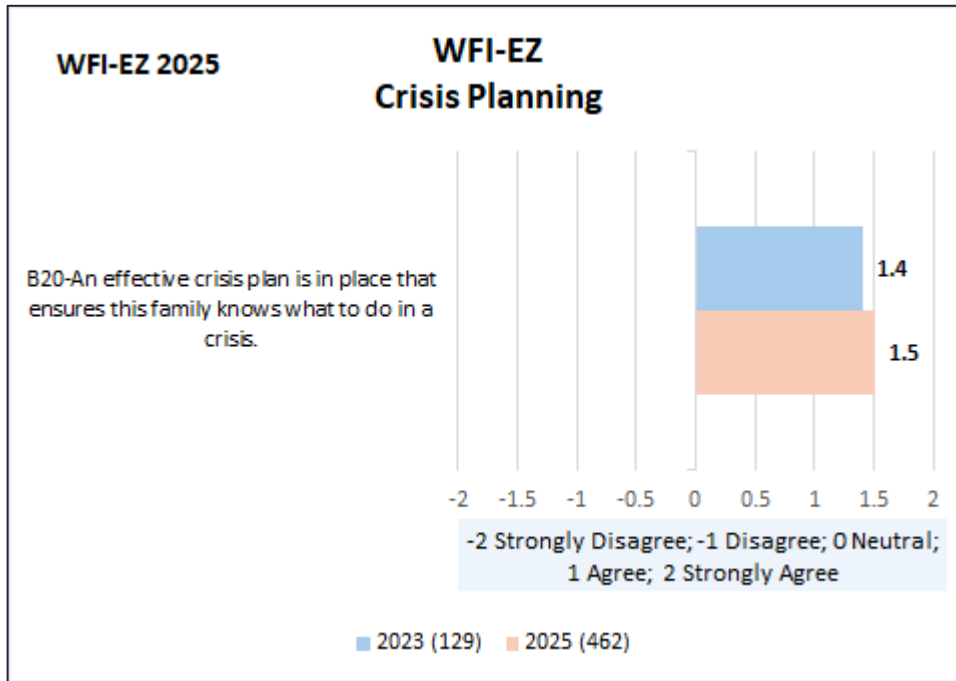
\* indicates an improvement from 2023.

  Indicates improvement is needed.



The DoHS does not currently have a definition of what constitutes a crisis or incident. For the youth reviewed, an arrest, suicide attempt, aggression at school, home or in the community that put others at harm, police contact, running away, and other events consistent with why the youth was referred to Wraparound that threatened their ability to remain at home, in school, or in their communities were used to define a crisis.

It is recommended that the DoHS sets clear expectations that the family defines the crisis as it relates to their entrance into Wraparound services, sets clear timeframes for crisis response and team meetings, and how to document this in the chart. Further training and coaching will continue to address what to do if an identified crisis occurs as well as how to develop effective crisis plans that address the reason for referral and other safety concerns.



There are crisis plans in the charts, but the quality is not at a high-fidelity level even though the Wraparound facilitator may have met the WFI-EZ standard.



# TRANSITION PLANNING

Once the youth and family have moved successfully through Phases I-III, then it is time to begin transitioning the family by identifying supports, continued needs for services, and developing a crisis plan for when formal Wraparound services end. It is **also** a time for celebration!



## Fidelity Items DART

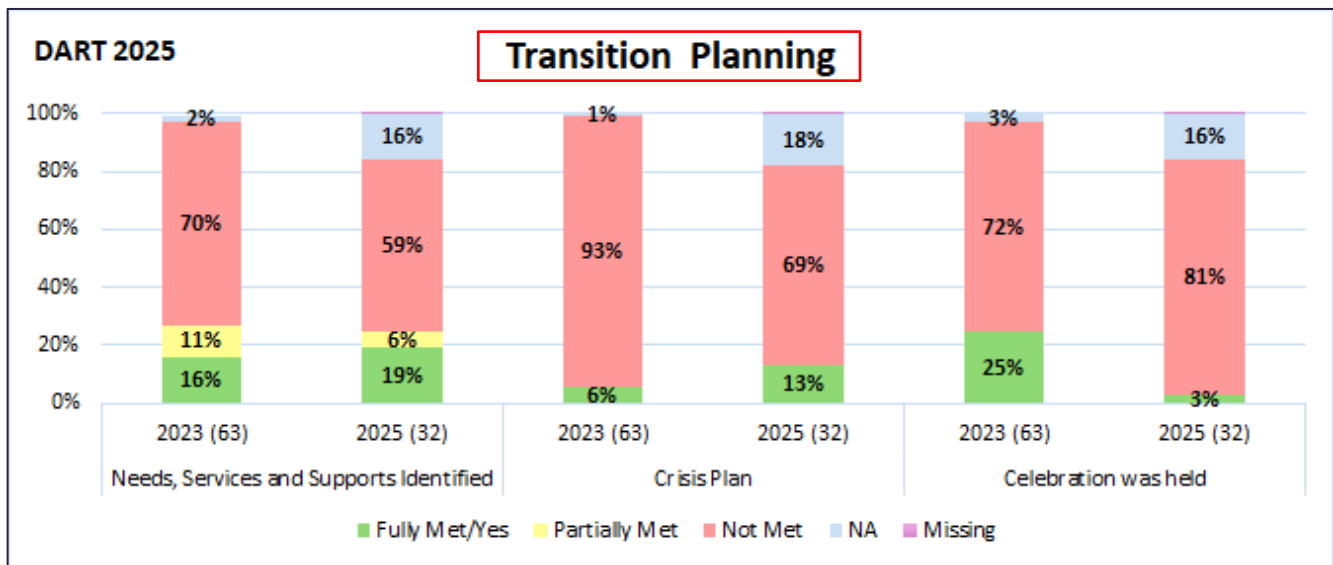
- The Wraparound Plans of care produced during the transition phase identify needs, services, and supports that will continue after formal Wraparound ends or when the youth transition to the adult service system.
- There is a post-Wraparound crisis management plan.
- A commencement celebration respectful of the youth's and family's traditions/culture is planned and/or is documented.

## Fidelity Items WFI-EZ

- B21-The Wraparound team and the family have talked about how they will know it is time to transition out of formal Wraparound.
- B24-Because of the Wraparound process, I am confident that the family will be able to manage future problems.
- B25-The family has been connected to community support and services that meet their needs.



## Results and Recommendations



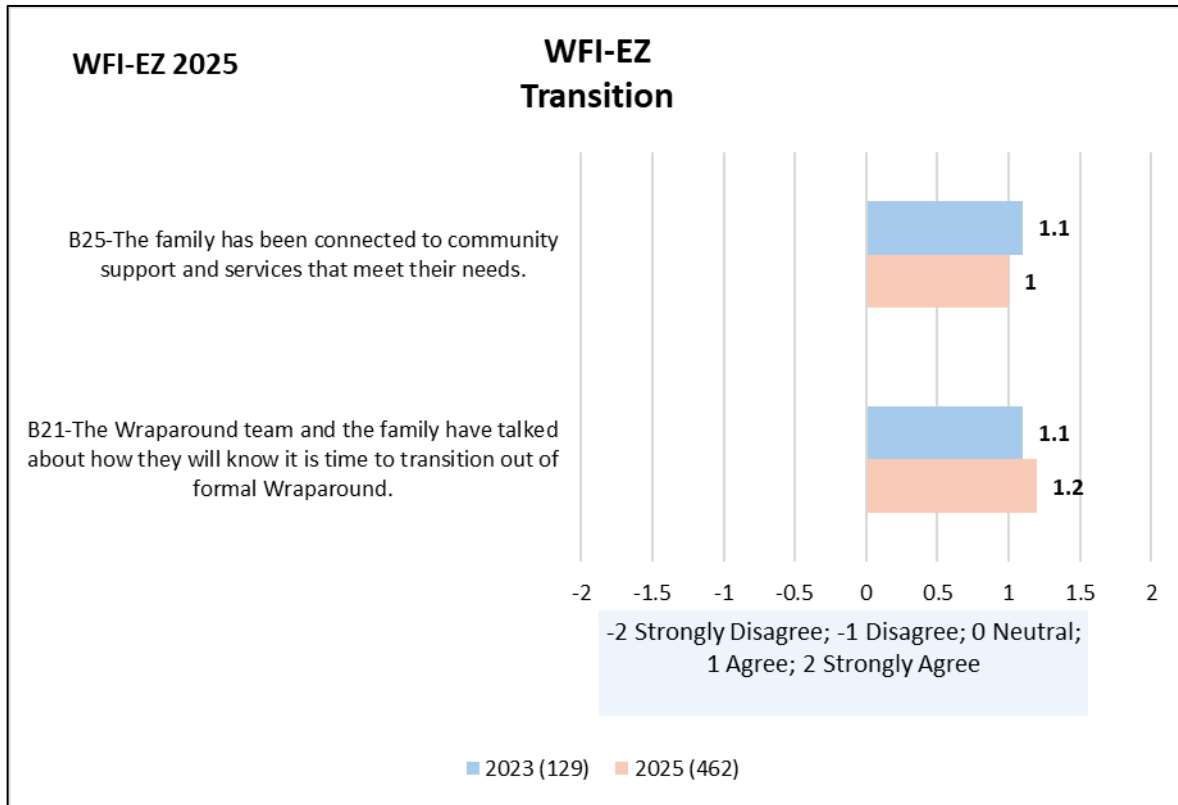
  Indicates improvement is needed.

The Transition Plan section in the current Plan of Care is NOT what is needed to meet high fidelity planning during the Transition Phase of Wraparound. The transition phase of Wraparound is the final phase before the family leaves the program. It would be similar to the discharge planning section of the plan but with specific requirements being met. Transition activities should occur in all cases regardless of age. Documentation within the plan, summary notes and progress notes were used to assess the standards.

It is recommended the Plan of Care be revised to address the transition phase of Wraparound, not transitional living. Transitional planning is to occur with every youth/family that is in Phase four. Formal transition planning should begin a minimum of 90 days prior to discharge from Wraparound. It is also recommended that the DoHS and the Wraparound providers identify what represents a culturally relevant and individualized celebration. This would be individualized based on each youth/family and their unique family culture.

Another issue identified that is affecting this area of fidelity is the request to discharge a family due to funding by the managed care entity or by the court system. It is recommended this be explored by the DoHS and guidelines set.





The transition plan in the current Plan of Care does not address the two WFI-EZ standards above nor do notes always reflect that transition needs have been addressed.





# OUTCOMES



In Wraparound there are several areas that are reviewed for overall outcomes:

- Adverse events (Hospitalization, out-of-home placements, and arrests)
- School Functioning
- Mental Health
- Interpersonal Functioning

## Outcomes Assessed by the DART

In the last six months:

- The youth's living situation has been stable—S/he has not been removed from the home or changed placements. If there was a move, it was to a less restrictive setting.
- The youth has NOT visited the ER and/or been hospitalized for emotional or behavioral difficulties.
- The youth has experienced reduced mental health symptoms.
- The youth has experienced improved interpersonal functioning.
- The youth has regularly (85%+) attended school and/or has been employed. (Not assessed due to limited data)
- The youth has experienced improved school or vocational functioning. (Not assessed due to limited data)
- The youth has NOT been arrested or violated probation/parole.

## Outcomes Assessed by the WFI-EZ

- D1-Since starting Wraparound, this child or youth has had a new placement in an institution (such as detention, psychiatric hospital, treatment center, or group home).
- D2-Since starting Wraparound, this child or youth has been treated in an Emergency Room due to a mental health problem.
- D3- Since starting Wraparound, this child or youth has had a negative contact with police.
- D4-Since starting Wraparound, this child or youth has been suspended or expelled from school.

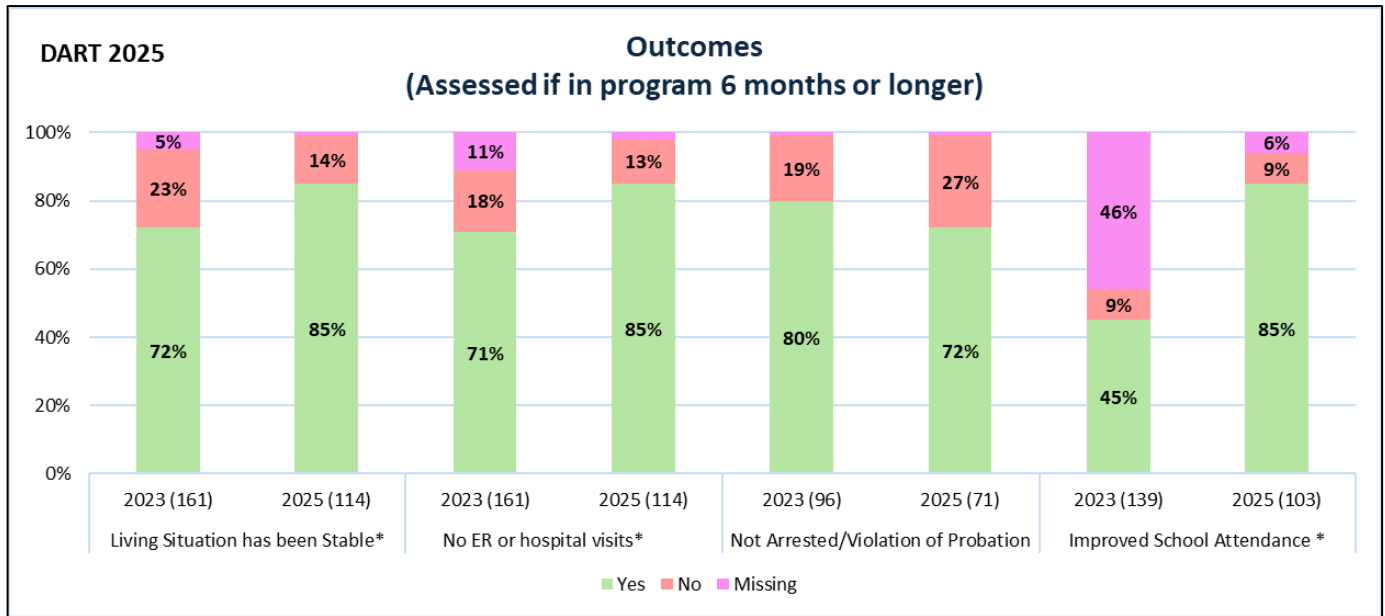
In the past month, the child has experienced:

- D6 Problems that disrupt home life.
- D7 Problems that interfere with success at school.
- D8 Problems that make it difficult to develop or maintain friendships.
- D9 Problems that make it difficult to participate in community activities.



## Results and Recommendations

Outcomes as assessed via DART reviews may vary depending on the number of months the youth had been enrolled in Wraparound at the time of review and/or whether the youth had transitioned from Wraparound. Information was obtained from the MU data collection sheet that was completed by the Wraparound facilitator.



\* indicates an improvement from 2023.

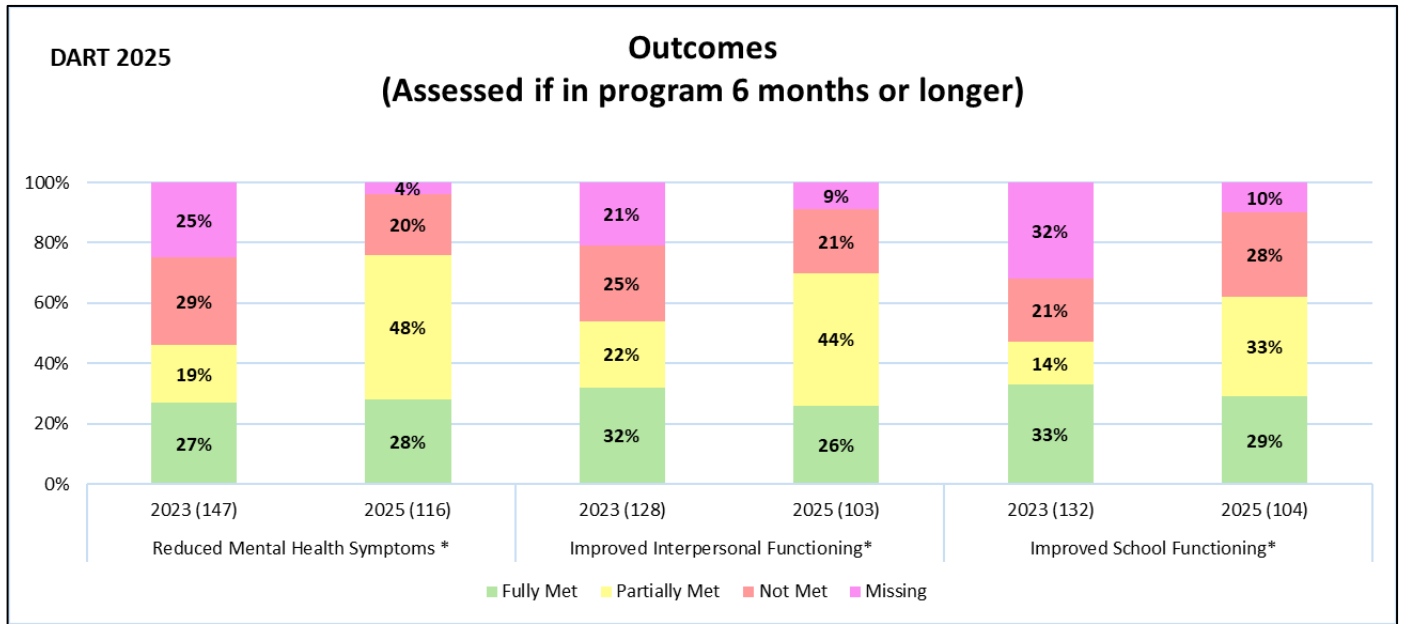
85% of youth had a stable living situation.

85% of the youth did not have to go to an ER for mental health reasons.

72% of youth did not violate probation nor were arrested.

85% of the youth attended school regularly.





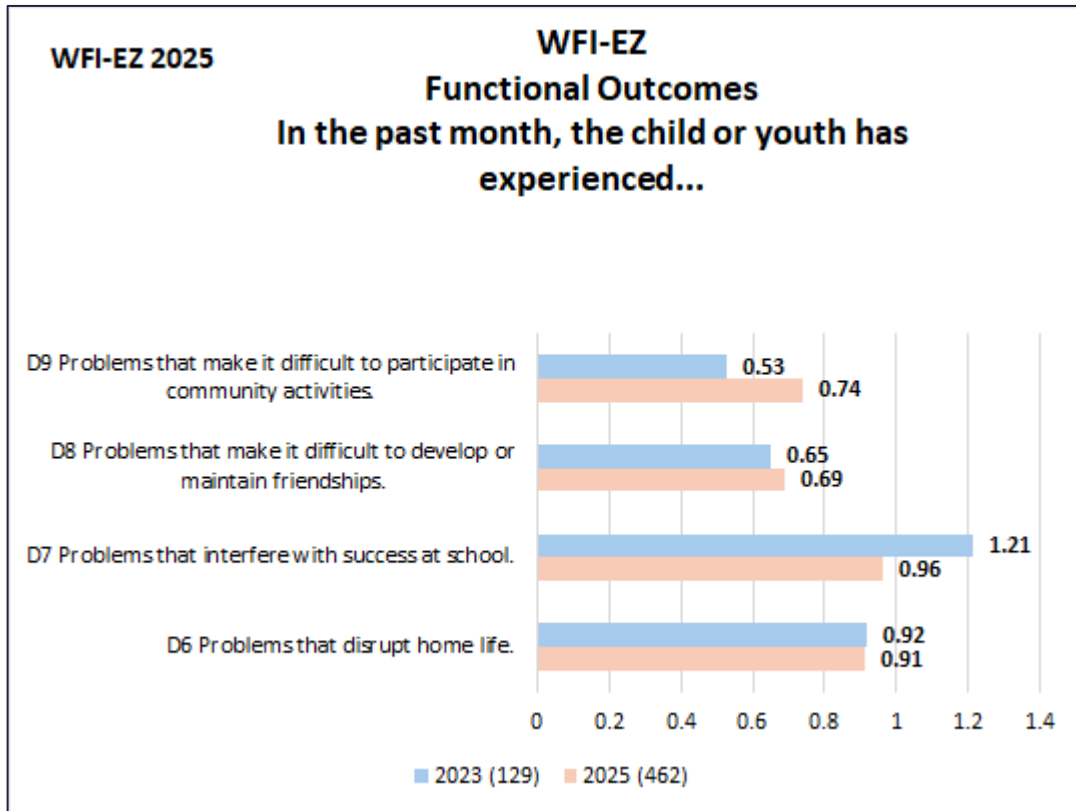
\* indicates an improvement from 2023.

76% of youth had a reduction in mental health symptoms.

70% of youth had improved interpersonal functioning.

62% of youth had improvement in school behavior.



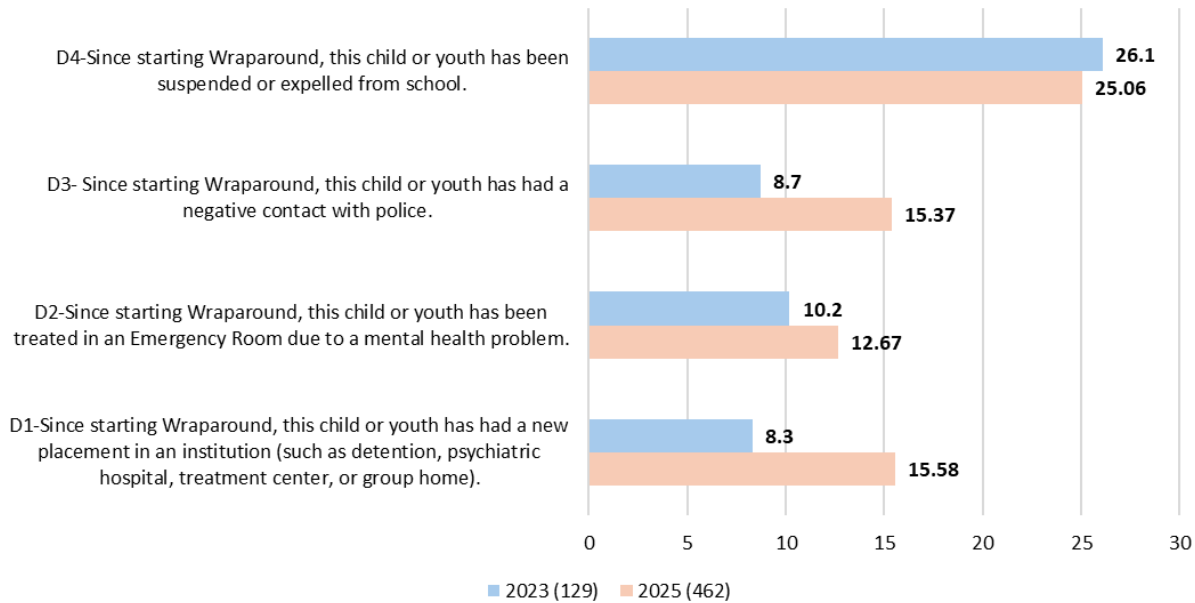


Scores in 2025 were similar to scores in 2023. Less problems related to school were reported this year and an increase in problems preventing community activities were reported.

These results address issues from the beginning of Wraparound to the time the survey was completed. The results can be interpreted as percentages. So, for example in D4 in 2023, 26.1% of youth had been suspended or expelled from school during Wraparound. The results do not seem to coincide with the results from the DART but this is most likely due to time frame differences. The DART only looks at youth who have been in Wraparound for 6 months or longer and the WFI-EZ looks at from date the youth entered Wraparound or in the last month.



WFI-EZ 2025

**WFI-EZ  
School and Community Outcomes**

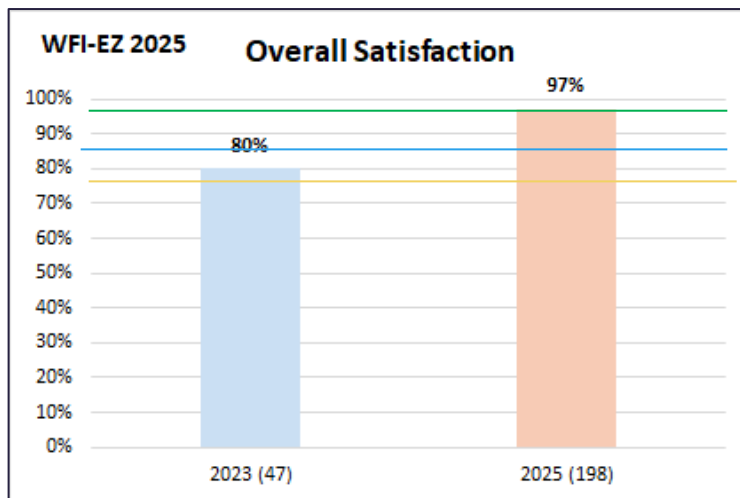
# FAMILY SATISFACTION

Family satisfaction is reviewed through the WFI-EZ caregiver form. This section displays information about the caregivers' and/or youths' experiences in the Wraparound process, and their perception of progress made as a result of their Wraparound care. Data was limited. Items are rated on a 5-point Likert scale (-2 to 2, Strongly Disagree to Strongly Agree). Users also have the option to respond, "don't know" to any item, which renders the item "blank".



## Satisfaction Questions

- C1-I am satisfied with the Wraparound process in which my family and I have participated.
- C2-I am satisfied with my youth's progress since starting the Wraparound process.
- C3-Since starting Wraparound, our family has made progress toward meeting our needs.
- C4-Since starting Wraparound, I feel more confident about my ability to care for my youth at home.



High Fidelity (93.75-100)

Adequate (87.5-93.74)

Borderline (75-87.49)

Inadequate (0-74.99)

This should be viewed with caution. The response received were mostly handwritten and probably collected by phone, which may have biased the results. If a caregiver was responding to the facilitator, then more than likely they are going to be positive. There were a large number of "strongly agree" answers. The Fidelity Team will plan alternative data collection methods for the caregiver next year.



## Caregiver's Comments Received on WFI-EZ

This team has been amazing!  
They have all brought so much knowledge and support. Always available and willing to find a way to a solution. Truly blessed to have had the caring people we've had on our journey!

Very helpful to our son. Thank you for everything!

It has been a godsend!

I am so grateful for this program and the help that has been provided.



I think our family has gotten a little stronger since the program started

I have been introduced to many different resources I had no idea were available.

Our Wraparound team has been amazing! Our Wraparound Facilitator has become a big part of our life by helping with our son who we are soon to adopt. We are very thankful for her and our whole team. They are consistently involved in wanting to know how he is every week and updates on his life. Having a team like that, sure makes the fostering life easier because you always have people in your corner.



## WFI-EZ BENCHMARKS

The benchmarks below have been established for Care Coordinator (Wraparound facilitator)'s responses only. There were 738 surveys requested with 462 Care Coordinator (Wraparound facilitator)'s surveys returned (63%). The first chart indicates the guidelines established by the Wraparound Evaluation and Research Team (WERT) to indicate level of fidelity.

WFI-WZ Care Coordinator Benchmark Scores						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	75+	85+
Adequate	70 - 74	65 - 69	65 - 69	75 - 79	70 - 74	80 - 84
Borderline	65 - 69	60 - 64	60 - 64	70 - 74	65 - 69	70 - 79
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

The chart below indicates the level of fidelity for all funding sources in WV.

Care Coordinator Benchmark Scores for WV Wraparound (All Funding Sources)						
Category	Overall Fidelity	Effective Teamwork	Natural Community Support	Needs Based	Outcomes Based	Strength Family Driven
High Fidelity	75+	70+	70+	80+	2023-74.7 2025-79.1	85+
Adequate	2023-71.34 2025-74.16	2023-65.44 2025-67.27	65 - 69	2025-77.61	70 - 74	2023-81.05 2025-83.82
Borderline	65 - 69	60 - 64	2023-62.4 2025-62.95	2023-73.24	65 - 69	70 - 79
Inadequate	< 64	< 59	< 59	< 69	< 64	< 69

