FAST Forward
Family Experience of Wraparound

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Executive Summary

We conducted an assessment of families’ experience of FAST Forward wraparound

- The purpose of the study was to give voice to youth and families participating in the program, to discover unintended outcomes, and to complement quantitative evaluation data with qualitative data
- We developed an interview protocol and study design and received NH Department of Health and Human Services IRB approval
- We recruited, received consent from, and interviewed 8 caregivers and 1 youth and conducted a thematic analysis of the interview audiotapes

Family experience of wraparound themes

- Youth are in crisis and families have run out of solutions when they enter FAST forward
- Various aspects of the process aided and hindered families’ success in FAST Forward
- Families recognized the skills and commitment of FAST Forward staff
- Despite varying exposure to FAST Forward, families benefited from the program

Conclusions/Recommendations

- Families felt connected to and supported by FAST Forward staff
- Build network of coordinated services across geographic regions
- Promote engagement in wraparound and understanding of system of care values among community-based service and support providers
- Families entering FAST Forward hope that it will be a quick fix; set clear expectations and timeline about process up front
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Family Experience of FAST Forward Wraparound: Why and How

Improving care for NH children and youth with SED

The FAST Forward System of Care is a values-based system designed to serve NH children, youth, and families experiencing difficulties in day-to-day life due to a severe emotional disturbance (SED) and who are at risk for acute psychiatric hospitalization or placement in a residential treatment facility. Built on partnerships among service systems within the NH Department of Health and Human Services (NHDHHS) and community-based providers, FAST Forward offers access to individualized services, guided by a strengths-based, wraparound service planning process. These enhanced services and supports are designed to build resilience, coping, and strategies for families to better meet their child or youth’s behavioral health needs and to improve outcomes and functioning in home, school, and community. The success of FAST Forward hinges on the availability, utilization, and provision of well-coordinated, high-quality professional services, natural supports, and community resources in the home communities of youth with SED and their families.

Qualitative data enriches the evaluation of FAST Forward

The Center for Behavioral Health Innovation (BHI) at Antioch University New England works shoulder to shoulder with community partners to improve behavioral health practice and outcomes for underserved populations. BHI served as the external evaluator for FAST Forward. BHI collected extensive quantitative data on program implementation, processes, and outcomes. Because quantitative data tells a limited story, we designed a qualitative study to complement and enrich the evaluation. The Family Experience of Wraparound (FEW) was designed to capture the experience of families and youth participating in FAST Forward.

FEW Study design and implementation

We developed a semi-structured interview protocol consisting of six open-ended questions, in consultation with system/practice-level stakeholders (see Appendix A). We sought to learn how wraparound differed from previous care models families had experienced, what parts of the program worked for the family, and what parts of the program did not. The questions and study design were reviewed and approved by the NHDHHS institutional review board (IRB).

Initial recruitment strategies involved FAST Forward Coordinators sending invitation letters to each FAST Forward family. The letters described the study and informed potential participants of the risks and benefits of participation. After initial recruitment attempts failed to yield many participants, BHI sought and received permission from the NHDHHS IRB to modify informant recruitment. In the second round of recruitment, BHI research staff called families to follow-up on the invitation letter. Ultimately, 8 caregivers and 1 youth consented to participate. BHI evaluation team members were trained to conduct 10-30 minute telephone interviews with families.

BHI evaluation team members were trained to conduct thematic analysis of the interviews. The team listened to each interview and extracted several main ideas, or essences, from the audio. A team of coders then assigned each essence a word or phrase to capture the core meaning. Once coders reached consensus on the initial core meanings, they searched for broader themes expressed across interviews. These themes were subsequently clustered and labeled (e.g., staff, barriers, outcomes). The final product of this process was a set of clustered themes, consisting of coded essences (See Appendix B).
Youth are in crisis and families have run out of solutions when they enter FAST forward

The families that entered FAST Forward often experienced an exhausting journey to receiving the help and support they needed. Often families were connected to the program after their child had been hospitalized following “unmanageable” behaviors at home or school, and/or mental health crises, such as suicide attempts.

By the time families entered the program, many reported feeling as if they had run out of options to help their youth in crisis. Caregivers and other people in the youth’s life recounted feeling overwhelmed and stressed by the situation, unaware of how to best help. Families also struggled to access needed services, sometimes reaching out to systems for months without response. The strain this created for caregivers resulted in a breakdown of the family system and a pervasive feeling of hopelessness. Caregivers felt the need for support as much as their children.

*Figure 1: Overwhelmed families with youth in crisis enter FAST Forward*
Parts of the process aided – and others hindered -- families' success in FAST Forward

Families described aspects of the Fast Forward program that led to success, as well as some of the barriers they faced. Aspects of the program that aided families’ success were consistent across informants and echoed core wraparound principles. For example, families described how building communication among family members and coordinating team participation helped address youth and family needs. Caregivers found that wraparound’s commitment to addressing the needs of the whole family, rather than focusing solely on the youth, offered them support. When the process felt slow or families were frustrated, the goals articulated through the wraparound process helped keep everyone focused on the long-term, big picture. Families also noted that FAST Forward’s capacity to connect them with previously inaccessible services and supports was a primary driver of their success; through FAST Forward, families gained access to school-based services, in-home services, and psychiatry.

Some families identified two main barriers to achieving success in the program, 1) access/engagement of services and supports and 2) lack of clarity around initial process. In some regions, families reported a lack of adequate and appropriate services preventing them from receiving needed support such as respite care. Some speculated that the lack of services reflected the lack of priority around mental health in New Hampshire. In areas where services were available, some families reported that providers were unwilling to participate in the team process, a key component of wraparound. The second identified barrier was that families wished the Fast Forward process was more clearly defined, and the initial phases of the program were shorter, so the youth could access services more quickly. Families often came into Fast Forward in times of crisis seeking quick solutions, so some felt that the slow initial process left them uncertain about the potential for success.

Figure 2: Aspects of the process aid and hinder family success
Families recognized the skills, commitment of FAST Forward staff

Families felt grateful for the efforts and persistence of FAST Forward staff. Locating mental health services for their child, respite services, and coordinating efforts between services, school administration, and the rest of the Wraparound team can all seem insurmountable without adequate support. Whether they reported an overall positive or negative experience, families recognized the depth of the staff’s therapeutic and interpersonal knowledge and skills and their commitment to their wellbeing. Caregivers reported that staff members provided a calming presence in the midst of crisis, while persistently advocating for their rights. They felt as though staff members went out of their way to acquire services, despite the challenges of coordinating schedules and the lack of available resources. In general, families felt as though staff members listened to their needs and validated them throughout overwhelming circumstances, leaving families with hope and a greater sense of agency. Regardless of the successes or failures each family experienced with Wraparound, they all expressed their appreciation for the hard work and dedication of FAST Forward staff.

*Figure 3: Skills and commitment of FAST Forward staff*
Despite varying exposure to FAST Forward, families benefited

Despite the fact that families spent varying amounts of time and reported mixed experiences in the FAST Forward program, they still appeared to benefit from the wraparound process, overall. Specifically, families felt listened to and respected throughout the process, without fear of judgment. Families reported that they felt empowered – more confident in their skills and strengths – from the Wraparound process. Despite the aforementioned barriers, families experienced the program as family-focused and strengths-based.

Those families that continued in the program to discharge seemed to experience additional success. Families reported that they could access more services, had greater communication skills, and felt less stressed around their youth’s mental illness overall. Families also reported a reduced risk of a youth’s hospitalization and a greater probability of the youth staying safely in the home and school environment.

*Figure 4: Wraparound and FAST Forward outcomes*
Conclusions/Recommendations

Families felt connected to and supported by FAST Forward staff
The FAST Forward staff was instrumental in facilitating families’ experience of success in the program. Staff successfully integrated wraparound principles into their practice, which allowed families to experience positive aspects of the program, regardless of their overall success.

Build network of coordinated services across geographic regions
Assess to high quality, coordinated community-based services and supports is a necessary condition for successful wraparound. Focus efforts on identifying regional gaps in services and supports and promoting care coordination across the state.

Promote engagement in wraparound and understanding of system of care values among community-based service and support providers
While services and supports are more readily accessed in some regions, system of care values are lacking among many community-based services and supports. Help providers to understand and engage in their roles as wraparound team members, extending family support beyond FAST Forward staff and ensuring a sustainable process. Encourage and promote system efforts to infuse child-serving system with system of care values.

Families entering FAST Forward hope that it will be a quick fix; set clear expectations and timeline about process up front
Families enter into the program in a state of crisis and may feel discouraged in the initial stages of the process. Help families set realistic expectations through clear communication about the wraparound process and a concrete timeline of when they might expect to experience change.
Appendix A: Family/Youth Interview Questions

[begin with numbered questions; use alphabetically labeled prompts beneath each question only to elicit elaboration, as needed]

1. What was going on in your family's life that prompted you to enter this wraparound program?

2. How has your experience with [insert coordinator's name] and the rest of your wraparound team been so far?
   a. How much have you felt listened to and understood by those on your team?

3. How much has this program focused on the things that are most important to you?
   a. How much has your team respected and considered your family, your lifestyle, and how much time you have available?

4. What's been most memorable or surprising for you about this process so far?
   a. Have there been good things that have happened?
   b. Have there been bad things that have happened?
   c. If you could change just one thing, what would it be and why?

5. What's been most different for you and your family since beginning the program?
   a. Is there anything that has been made available to you through FAST Forward, that you did not have access to before?

6. What else is important for us to understand about your experience with this program?
## Appendix B: Qualitative Clusters and Themes

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<thead>
<tr>
<th>Clusters</th>
<th>Themes</th>
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<tr>
<td><strong>Background</strong></td>
<td>Families entered wraparound when youth were experiencing mental health crises, which included difficulties at school, misbehavior at home, hospitalizations. Before wraparound, caregivers felt discouraged and overwhelmed by their inability to attend to with the youth’s mental health struggles.</td>
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<td><strong>Aids for success</strong></td>
<td>One of wraparound's greatest strengths was to bring together services to communicate and collaborate around the youth's and individual family member's needs, which some families believed was fundamental to their success. The FF process addressed family crises and goals, which felt positive, and for some families, life-changing. FF connected families with resources, such as schools and services, that they were previously unaware of or unable to obtain.</td>
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<td><strong>Barriers to success</strong></td>
<td>When families felt overwhelmed and stressed, FF was not always able to find appropriate respite services in their geographic location that fit their needs and schedule. Families felt FF could be more proactive in preventing crisis instead of reacting to a youth's crisis. Being involved in FF changed caregiver’s understanding of services in NH; they recognized that mental health is no longer a priority in NH. While care coordinators had the best intentions, some families wished the wraparound process was more clearly defined and felt frustrated by the lack of services. Team members were not always able to take the perspective of the caregiver, which surprised them because they expected them to have a greater investment in process. Caregivers recognized a downfall of the program was pacing around the initial phases and the short duration of enrollment. Caregivers found that it was difficult to secure adequate and reliable access to services to be part of the wraparound team and family support system.</td>
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<td><strong>Staff</strong></td>
<td>The depth of therapeutic, interpersonal knowledge, and skills that the FFC implemented impressed families. The knowledge and dedication of the FFC and FS allowed them to empathize with the family and help caregiver's feel listened to and understood. The FFC supported families in times of crisis, effectively advocating for their rights and coordinating with services. The FF team was able to support families in ways that other agencies were unable to by placing more control in the caregivers' hands and providing validation for overwhelming circumstances. FF team members gave families a sense of hope and helped to normalize their struggles; many caregivers hoped to maintain their connection to the program staff. The FF team adapted flexibly to families' schedules and went out of their way to acquire services, despite barriers.</td>
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<td><strong>Outcomes</strong></td>
<td>Families felt that their wraparound team listened to, respected, and validated them without judgment, which helped to create a sense of empowerment. Following discharge from the program, some families felt the program reduced the risk of hospitalization and gave them hope for accessing future resources. While there were faults present in the program that contributed to hesitancy and exhaustion, the families gradually experienced increased comfort and eventual success. Caregivers felt that the wraparound program was effective in increasing communication and reducing stress around the youth’s mental illness. Wraparound was able to coordinate youth staying in their homes and schools, which families felt was important to overall success.</td>
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