Fidelity Wraparound at BJC-Behavioral Health

Rebecca Jose, MSW
BJC-BH Wraparound Coordinator
BJC-BH  WHO ARE WE?

• **BJC- Behavioral Health** is a component of BJC Health Care System
• Largest provider in the St. Louis area of *community-based* mental health services serving adults and children
• **Administrative Agent for the Department of Mental Health (DMH)**
• **Contracts through St. Louis County Children’s Service fund (7 contracts)**
• Collaborate with Wash University- Child Psychiatry fellowship program
• **SERVE YOUR TIER 3 students**
Client Eligibility

• SED diagnosis
  – Top 3: ADHD, Oppositional Defiant Disorder, Mood Disorder NOS

Score of 50 or less on DLA-20 (Axis V)

More than 1 system involved (schools, juvenile justice, child welfare, developmental disability)
Where are we located?

**North**- 3165 McKelvey Rd (near De Paul hospital)

**North East**- Christian North East Hospital (Dunn Road)

**South**- 343 S. Kirkwood Rd (South & West county)

**Central**- 1430 Olive Rd. (South City)

**South East**- Farmington, Missouri

**Community based** (Kirkwood, Normandy, Hazlewood schools)
What we offer clients:

• Case Management/Wraparound for all clients
• Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
• Dialectical Behavioral therapy (DBT)
• Co-occurring Therapy (IDDT)
• Love & Logic Parenting classes
• Health and Wellness coaching
• Medication Management/Psychiatry
• Respite/Treatment Family Homes (Medicaid)
• School based services (Kirkwood/Normandy)- with various contracted schools, consultations
About me...

• **Rebecca Jose**, MSW
• Wraparound Coordinator for BJC
• Background in child welfare, children’s mental health, juvenile justice
• Fully Credentialed in Fidelity Wraparound as a Facilitator, Coach and Trainer
• Data Analysis specialist for agency
Today’s topic:

Using Fidelity Wraparound in the community to help manage mental health concerns.
Why is Wraparound needed?

• Mental health is the costliest health condition of childhood for children on Medicaid

• The top 10% of costliest SED clients on Medicaid use 38% of the Medicaid budget for Children

Source: National Wraparound Initiative
More than one system involved = higher costs

9 percent of kids who received mental services from two or more DSHS administrations used 48 percent of children’s mental health dollars.

TOTAL = 44,900 children

Dollars 48%

TOTAL = $81 million
Outcomes of Wraparound

(9 controlled, published studies to date; Bruns & Suter, 2010)

- Better functioning and mental health outcomes
- Reduced recidivism and better juvenile justice outcomes
- Increased rate of case closure for child welfare involved youths
- Reduction in costs associated with residential placements

Source: National Wraparound Initiative, 2013
Quick History of Wraparound

- De institutionalization (hundreds of years)
- 1970’s - Karl Dennis - Chicago
- 1985 - Wraparound - Alaska John VanDenBerg
- 1990’s - Implemented in states
- 2001 - NWI
- 2010 - Mandated in states (Massachusetts, Michigan, Pennsylvania, West Coast)
At BJC-Behavioral Health...

- Currently serving 600+ children’s clients in Case Management
- 5 Sites- 37 workers
- 6 Children’s Teams
Measure Clients using DLA-20

• DLA-20 administered at intake (baseline)

• Every 3 months client is re-evaluated (outcome)

• Generates accurate Axis V/GAF/C-GAS score Severity Index (DSM-V)

100= you are doing great
10= You need lots of support

A move of +/- 3 points on Axis V is statistically significant per the DLA-20 author

20 DOMAINS:

• Health Practices/Nutrition
• Housing
• Safety
• Communication
• Managing Time/Organization
• Managing
• Substance Abuse
• Behavior Norms
• Sexual Health
• Community Resources/Leisure
• Coping Skills/Problem Solving
• Dress/Grooming/Hygiene
• Family Relationships/Social Network
• Productivity
DLA-20 Case Management
Sample size N= 361 client

**Statistical improvement (3%)**
- Housing
- Behavior Norms
- Communication
- Health Practices
- Managing Money
- Managing Stuff/Organization
- Productivity
- Social Network

8 DOMAINS

**Significant improvement (+10%)**
- Coping Skills
- Family Relationships
- Problem Solving
- Safety

4 DOMAINS
DLA-20 for clients in Wraparound
Sample Size N= 218 clients

(+ 3%) in following domains

• Housing
• Behavior Norms
• Community Resources
• Dress
• Leisure
• Managing Stuff
• Productivity
• Safety

8 DOMAINS

Significant improvement (+10%) in the following domains

• Communication
• Coping Skills
• Family Relationships
• Health Practices
• Problem Solving
• Social Network

6 DOMAINS
How?

WRAPAROUND

Process

“It takes a village to raise a child.”
Wraparound 101 - 10 Principles

• VOICE & Choice
• Team Based
• Strengths Based
• Natural Supports
• Integration

• Persistence
• Cultural Competence
• Individualized
• Community Based
• Outcomes
Theory of CHANGE

- Priority NEEDS
- Self Efficacy (Skills + Confidence)
- Natural Supports
- Integrated Team
Four Phases

Engagement → Planning → Implementation → Transition
Phases of Wraparound

ENGAGEMENT- 30 to 45 days

- Orient the family to Wraparound
- Stabilize crises
- Complete a Strengths, Needs, Cultural Discovery/Functional Assessment
- Engage other potential team members
- Make needed meeting arrangements
About the **Strengths, Needs, Cultural Discovery (SNCD)**...

- Very detailed exploration of family history, culture and values
- Explores various life domains: family, living situation, safety, mental health, medical, legal, education, financial, socialization, recreation, culture, spiritual, transition to adulthood
- Focus is the WHOLE family (not just client)
- STRENGTHS BASED- Builds or reinforces family voice and identification
- Family has final edit- make them pro-active partners
- Replaces the “Psychosocial Assessment”
PLANNING PHASE - 2-3 meetings

• Team meets and develops Mission
• Identifies Needs- family has final say on priority
• Facilitator sets up SMART Objectives
• Natural Supports and Professionals provide input
• Develop Action steps - taking on one need at a time = Wrap Plan (replaces Treatment Plan)
Needs Build the Plan

- Needs ARE NOT services e.g. “I need therapy”
- Plans are explicitly detailed
- Plans reflect family’s unique strengths/ culture and are creative
- Plans incorporate participation by all team members including family, youth, formal and natural supports
- Unmet needs, when met, become the bridges between the current reality & the desired outcomes building self-efficacy
About Wraparound Meetings

• Formal: Agenda + Facilitator + Posters
• Incorporate natural and professional supports
• Based on “Goal Deployment” methodology and Management concepts
• Incorporates: Ground Rules, Vision/Team Mission, Objectives, Action steps, Brainstorming multiple solutions, give all team members an action step to complete
• Family has final say of what the plan looks like
Implementation- ongoing

• Implement/Monitor the plan
• Revisit and update the plan
• Maintain team cohesiveness and trust
• Complete documentation and handle logistics
• Identify new needs
• Identify Strengths family builds
• Updating, adding to Wraparounds Plan
• Continue updating the SNCD
TRANSITION

• Plan for cessation of formal wraparound
• Conduct commencement ceremonies
• Follow-up with the family after graduation
• Self-efficacy with Support!
<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>RATING</th>
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</thead>
<tbody>
<tr>
<td><strong>Set Goals</strong></td>
<td></td>
</tr>
<tr>
<td>No Goals (1)</td>
<td>Goals by Others (2)</td>
</tr>
<tr>
<td>(1)</td>
<td>Sets Own Goals (3)</td>
</tr>
<tr>
<td><strong>Advocates</strong></td>
<td></td>
</tr>
<tr>
<td>Does Not Speak Up (1)</td>
<td>Advocates with Help (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Self Advocates (3)</td>
</tr>
<tr>
<td><strong>Navigates</strong></td>
<td></td>
</tr>
<tr>
<td>Dependent (1)</td>
<td>Uses Current Systems (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Uses New Systems (3)</td>
</tr>
<tr>
<td><strong>Follows Through</strong></td>
<td></td>
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<tr>
<td>Inconsistently (1)</td>
<td>Planned Activities (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Overcomes Obstacles (3)</td>
</tr>
<tr>
<td><strong>Access Resources</strong></td>
<td></td>
</tr>
<tr>
<td>Dependent (1)</td>
<td>Access Current (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Finds for New Needs (3)</td>
</tr>
<tr>
<td><strong>Manages Crisis</strong></td>
<td></td>
</tr>
<tr>
<td>Ongoing Crisis (1)</td>
<td>Responds to Crisis (2)</td>
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<tr>
<td>(2)</td>
<td>Actively Prevents Crisis (3)</td>
</tr>
<tr>
<td><strong>Maintains Supports</strong></td>
<td></td>
</tr>
<tr>
<td>Isolated (1)</td>
<td>Retains Some (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Actively Maintains &amp; Creates (3)</td>
</tr>
<tr>
<td><strong>Manages Planning</strong></td>
<td></td>
</tr>
<tr>
<td>Others do Plans (1)</td>
<td>Helps with Creating Plan (2)</td>
</tr>
<tr>
<td>(2)</td>
<td>Manages Plan &amp; Supports (3)</td>
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</tbody>
</table>
## Traditional Case Management vs. High Fidelity Wraparound

<table>
<thead>
<tr>
<th><strong>CASE MANAGEMENT</strong></th>
<th><strong>HIGH FIDELITY WRAPAROUND</strong></th>
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</thead>
<tbody>
<tr>
<td>Deficit-based/Medical model</td>
<td>Strengths-based</td>
</tr>
<tr>
<td>“What’s wrong with you?”</td>
<td>“What are you doing right?”</td>
</tr>
<tr>
<td>Based on medical/clinical model-focused on the client</td>
<td>Based on family’s unique culture- <strong>holistic</strong> looks at the whole family</td>
</tr>
<tr>
<td>“We are the experts and we have the answers”</td>
<td>“You know your family and that information is critical to success”</td>
</tr>
<tr>
<td>Client-focused, Diagnosis focused</td>
<td>Family system focus</td>
</tr>
<tr>
<td>Driven by <strong>services</strong> identified by medical, clinical professionals</td>
<td>Driven by <strong>needs</strong> identified by family and client</td>
</tr>
<tr>
<td>Systems operate Independently or Collaboratively with each other</td>
<td>Coordinator INTEGRATES SYSTEMS</td>
</tr>
<tr>
<td>Plan’s success relies on formal community services and resources STANDARD</td>
<td>Decrease “silos”</td>
</tr>
<tr>
<td>Plan utilizes a mix of formal services, <strong>natural supports, strengths and culture of family</strong> CREATIVE</td>
<td></td>
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<tr>
<td>“Do for” <strong>DEPENDENT.</strong></td>
<td>“Do with, cheer on” <strong>EMPOWERED!</strong></td>
</tr>
<tr>
<td><strong>Low Fidelity</strong></td>
<td><strong>High Fidelity</strong></td>
</tr>
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<td>------------------</td>
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<tr>
<td>• Guided by the 10 principles of Wraparound</td>
<td>• Follows 10 principles, 4 phases, theory of change</td>
</tr>
<tr>
<td>• Team approach</td>
<td>• Plans incorporate Natural and Community supports</td>
</tr>
<tr>
<td></td>
<td>• Spelled out quality standards and standardization</td>
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<tr>
<td></td>
<td>• Teams are formally facilitated with families eventually leading them</td>
</tr>
<tr>
<td></td>
<td>• Results-oriented plans guided by Objectives, Mission Statements, Identified Needs</td>
</tr>
<tr>
<td></td>
<td>Coaching, credentialing and defined skill sets</td>
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</tbody>
</table>

**FINAL GOAL IS TO EMPOWER!**
The family has a different experience in **High Fidelity Wraparound**...

- FAMILY (not professionals) identifies needs
- Plan can focus on needs bigger than the client/student (e.g. basic family needs like residence, safety, finance, other family members health)
- Culture is closely examined and built into plans
- Teams are formally facilitated to fidelity standards
- Natural supports are incorporated into plan
- Continually evaluating client and family for strengths/skills (not deficits)
- All interventions focus on empowering the family so they can gain skills and confidence to eventually transition
Case Study -

Intake:
• Client is a 16 year old female.
• Has not attended school for 2 years due to severe anxiety, trauma history
• Family had advocated for an IEP, yet school did not agree with diagnosis/level of impairment
• Family was referred to Juvenile Courts for educational neglect
• Client presented with severe symptoms of anxiety, avoidant responses- refused to leave house
Case Study - Needs

From the Professionals:
• Client and family needs therapy
• Client needs to take medication to manage anxiety
• Client’s mother needs to stop “enabling” client
• Family needs to send daughter to school - Parenting skills

From the family - Wraparound
• Family needs for court to go away
• Client’s father has concerns regarding health - untreated heart disease, diabetes, no insurance at risk of losing job (only bread winner)
• Client’s younger sister is medically fragile and family needs support in caring for her
Case Study- Strengths

• Mother is a strong advocate
• Family had 8 siblings (client was #6 of 8)
• The older siblings are all high functioning, productive members of society
• Client is a talented writer, and could vocalize her concerns once she felt comfortable with people
• Client is a caretaker for special needs younger sibling
• Family had very strong spiritual values
Case Study- Natural Supports

• Older siblings all lived in the St. Louis area
  Actively involved with the family
• Family attended local church regularly
• Pastor and his wife are close family friends
• Despite anxiety, client had a boyfriend she met through her sister’s fiance
Case Study - Professionals

For Client:
• Psychiatrist
• Education Advocate
  LSEM
• School Staff
• Children’s Division
• DJO
• Therapist
• BJC CM

For other family members:
• Regional Center for youngest daughter
• Special School District
Case Study - Engagement

- Strong family culture - cohesive, religious, family roles
- Client felt anxiety was due to severe bullying she had experienced in middle school
- Client did not like taking medication and hated all professionals involved - felt forced
- Client loved to write/journal
- Client liked to spend time with her boyfriend
- Client had fear that she would run into man who had abused her in the past (still lived in the area)
- Family was excited about upcoming wedding of daughter - client wanted to help in wedding
- Client had developed an avoidant response - family reinforced this due to fear that no person or place was safe for client
- Identified CRISIS - feeling unsafe in the neighborhood due to spotting ex-abuser’s truck frequently driving by home - CM and Child Welfare CM and DJO developed Crisis Plan to help client feel safe in her neighborhood
Case Study- Planning

• Plenty of blame to go around- court, family, education system, mental health
• School agreed to make accommodation without IEP in order to be in compliance with court
• Courts monitored attendance
• Therapeutic supports remained
• Extra support for first 2 weeks client returned to school
• Met with school staff to review agreed upon accommodations
Case Study- Implementation

• Client was successful in returning to school in Spring
• School staff offered emotional support to client (and accountability)
• Client began doing more activities in the community including- lunch/movies with boyfriend, walks in the neighborhood with sister, explored volunteering at sister’s school, working at nursing home
• By Fall, case was closed from the court, client continued to expand on activities in the community
Case Study - Transition

- Client stayed in school until 17- transitioned to ACES program
- Explored studying journalism, community colleges
- Family moved to a house they renovated
- Anxiety/Avoidant symptoms resolved - volunteering in community, applying for jobs
- Therapist, Court staff closed case
Some take home messages...

• Wraparound is a PROCESS (be patient)
• Strengths-based
• Don’t rush to fix families or force “typical” solutions
• When a family doesn’t follow through that’s because we are not approaching treatment the right way
• Deceptively simple- art and science to engaging the family for improved outcomes
Take home messages (continued)

- **Family Driven** not expert driven
- **Not about services for the family**- its about **needs**
- **Wraparound** – is a process of listening to the family so they will listen when it is time to plan
- **Comprehensive review of life domains**
- **More people + more heads on it = collaboration, ideas, accountability & better outcomes!**
Connections
Who Are We?

Rebecca Carr-Stith
Wraparound Coach

Ryan Guffey
Wraparound and RENEW Coach
Thank You to Our Partners...

Dr. Kathleen Lane  
Professor of Special Education,  
University of Kansas  

Dr. Lucille Eber  
Illinois PBIS Network Director  

Dr. Joanne Malloy  
Assistant Clinical Professor, University of New Hampshire
Today’s Outcomes

• Participants will gain awareness of the critical features of two evidenced based practices, WRAPAROUND and WRAPAROUND RENEW, and be able to articulate these features to teachers/schools they serve.
### Science of Implementation

#### Stages of Implementation

<table>
<thead>
<tr>
<th>Focus</th>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should we do it!</td>
<td>Exploration/Adoption</td>
<td>Decision regarding commitment to adopting the program/practices and supporting successful implementation.</td>
</tr>
<tr>
<td>Work to do it right!</td>
<td>Installation</td>
<td>Set up infrastructure so that successful implementation can take place and be supported. Establish team and data systems, conduct audit, develop plan.</td>
</tr>
<tr>
<td>Work to do it better!</td>
<td>Initial Implementation</td>
<td>Try out the practices, work out details, learn and improve before expanding to other contexts.</td>
</tr>
<tr>
<td></td>
<td>Full Implementation</td>
<td>Expand the program/practices to other locations, individuals, times- adjust from learning in initial implementation.</td>
</tr>
<tr>
<td></td>
<td>Continuous Improvement/Regeneration</td>
<td>Make it easier, more efficient. Embed within current practices.</td>
</tr>
</tbody>
</table>
Comprehensive, Integrated, Three-Tier Model of Prevention
(Lane, Kalberg, & Menzies, 2009)

Goal: Reduce Harm
Specialized Individual Systems for Students with High-Risk

≈ 5%
Tertiary Prevention (Tier 3)

≈ 15%
Secondary Prevention (Tier 2)

≈ 80%
Primary Prevention (Tier 1)

Goal: Reverse Harm
Specialized Group Systems for Students At-Risk

Goal: Prevent Harm
School/Classroom-Wide Systems for All Students, Staff, & Settings

Academic

Behavioral

Social

PBIS Framework

Character Ed, Positive Action; Social Skills Improvement System
3-Tiered System of Support

Necessary Conversations (Teams)

Universal Team
- Plans SW & Class-wide supports

Secondary Systems Team
- Uses Process data; determines overall intervention effectiveness

CICO
- Social Skills
- Behavior Contracts
- Self-Management
- Newcomers Club/Mentors
- Study/Organizational Skills
- Academic
- Problem-solving

Problem Solving Team
- Standing team; uses FBA/BIP process for one youth at a time

Universal Support

Tertiary Systems Team
- Uses Process data; determines overall intervention effectiveness

Problem Solving with function in mind

Complex FABI

WRAP RENEW

## INTERVENTION GUIDELINES

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
<th>School-wide data entry criteria</th>
<th>Monitoring progress (data)</th>
<th>Exit Criteria</th>
</tr>
</thead>
</table>
| School based Wraparound    | Intensive, principle and evidence based individualized intervention; partnering with the family is essential to achieving outcomes; four distinct phases; Wraparound plans support the needs of the family, student and the school | A combination of the following: *Universal screening score  
 *Minimal to no response at Tier 1 & 2 (as shown on monitoring tools)  
 *ODR information  
 *Poor academic performance  
 *Multiple life domain issues  
 *At risk for more restrictive placement | *Grades  
 *Attendance  
 *ODR information  
 *Wraparound Action Plan  
 *SIMEO data  
 *HSC-T, EI-T, FS-T, YS-T  
 *Crisis Safety Plan  
 *Reports from counseling  
 *Outside Agency reports | *Wraparound Plan needs and outcome goals have been met and family is satisfied  
 *There is a team developed transition plan  
 *Family/Student is confident they can use their strengths to address future needs |
Wraparound defined:

Wraparound is a **process** for developing **family-centered** teams and plans that are strengths and needs based as defined by the youth/family

- **not** deficit based
- **across multiple settings** and life domains
Who is Wraparound for?

- Youth with **multiple needs** across home, school, community

- Youth at risk for **change of placement** (youth not responding to current systems/practices)

- The adults in youth’s life are not **actively engaged** in comprehensive planning
Criteria

• Willing Family
• Suspensions (6+)
• Attendance
• Screening (SRSS, Aims Web)
• Grades
• ED, ADHD, ODD, CD, PTSD
• Multiple Life Issues
Key Principles of Wraparound

- Family Voice and Choice
- Team-Based
- Natural Supports
- Collaborative
- Community Based
- Culturally Competent
- Individualized
- Unconditional Care
- Outcome-Based
PHASES OF WRAPAROUND

Engagement & Team Preparation

Initial Plan Development

Transition

Implementation
Wrapping up...

**Wraparound Is**

- A Process
- Family Centered
- **Strengths/needs based**
- Individualized/unique plan
- **Unconditional care**
- No shaming and blaming

**Wraparound Is NOT**

- A **set of services**
- An IEP meeting
- **Deficits-based**
- Only for families and students who are “workable/likeable”
- Based on school’s agenda
Connections Continued
R.E.N.E.W.

Rehabilitation, Empowerment, Natural Supports, Education and Work
Wraparound RENEW

- WRAPAROUND RENEW is a strengths-based approach designed to support high school aged youth whom may be experiencing emotional and behavioral challenges. This supportive, student-driven approach values the voice of the youth as they plan for their future and life after school. Through the RENEW model students become an active agent of change as they commit to reflecting, identifying supports and pursuing their goals.
Goals of R.E.N.E.W.

• High School Completion
• Employment
• Post-secondary Education
• Community Inclusion
Key Principles of R.E.N.E.W.

• Self Determination
• Personal Futures Planning -*mapping
• Creative and Individualized School-to-Career Planning
• Strengths-based Approach
• Unconditional Care
• Building Family and other Natural and Community Supports
• Wraparound
• Systemic Support and Consultation
Phases of R.E.N.E.W.

- Youth identified-emotional and behavioral support needs
- Phase 1: Engagement and futures planning
- Phase 2: Team Development-Initial Planning
- Phase 3: Implementation and Monitoring
- Phase 4: Transition
- Adult Life Activities, Community Connections
Mapping

- Visual
- Engagement
- Setting Ground Rules
- History – Present – Future
- Story to Action Steps
# E's Goals

1. Create more "official" art portfolio and upload to flicker/artist media site
2. Visit local colleges (at least one per month)
3. Get hooked up with Artwork or artist internship

Next Steps...

Team Members
# RENEW Youth/Team Action Plan

Instructions: This tool is used to develop a workplan that allows the youth and team to plan and progress monitor as they work toward one of the youth's major goals. First, fill in the appropriate student information. Then insert the long-term goal the youth and team have identified. Below the long-term goal there are a series of grids. Each grid is for a short-term goal. Insert all the short-term goals the youth and team have identified in their own grid. Then for each short-term goal, decide when the short-term goal needs to be completed. List the various steps needed to complete the short-term goal in the left column of the grid. For each step, the youth and team should articulate what resources, materials, and supports are needed and list the in the adjacent column. Team members responsible and dates for completing each step are logged in the next two columns. The status column is used to determine whether the step is complete, incomplete, or not started and the comments box can be used to log more action. Planning Tool is used in conjunction with this tool as it generates the steps under the short-term goals.

<table>
<thead>
<tr>
<th>Grade Level:</th>
<th>Date: 3/28/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-Term Goal: Become a Chef</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Short-term Goal #</th>
<th>What We Have To Do To Make This Happen</th>
<th>What Resources, Materials, or Support, Do I Need?</th>
<th>Person(s) Responsible</th>
<th>Target Date</th>
<th>Status (complete, incomplete, not started)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Obtain Culinary Training</td>
<td>MO connections to create resume + practice interview questions (access to computer interview outfit)</td>
<td>Mr. Cameron</td>
<td>May 15th</td>
<td>Ongoing - let target complete interview by June 9</td>
<td>Mr. Kerry: needs shoes, Penny: renting for kids, voucher possible?</td>
</tr>
</tbody>
</table>
Voices from the Field

"Thanks to your services (RENEW), I have now created an art portfolio and it's giving me an understanding of how to start preparing for college and my future career." 12th Grade Student Edgewood
## St. Louis County School’s Trained

**WRAPAROUND 1st Year Trained**

<table>
<thead>
<tr>
<th>10/11</th>
<th>12/13</th>
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<tbody>
<tr>
<td>Central E</td>
<td>McCluer S Berkeley HS</td>
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<tr>
<td>Halls Ferry E</td>
<td>Barrington E</td>
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<tr>
<td>Hazelwood SEMS</td>
<td>Granneman E</td>
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<td>Hazelwood WMS</td>
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<td>Nipher MS</td>
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<td>North Glendale</td>
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**RENEW 1st Year Trained**

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Piecing It Together