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Implementation Center

Advancing Systems *Enhancing the Workforce* *Improving Outcomes*

The Role of Wraparound Care Coordination in Systems of Care

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WHAT IS WRAPAROUND?

Wraparound is an intensive, holistic method of engaging with children, youth, and their families so that they can live in their homes and communities and realize their hopes and dreams.

[WRAPAROUND BASICS >](#)

WHAT IS
WRAPAROUND?

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Today we will discuss...

- The rationale
- The theory base
- The practice model
- Research relevant to the Belgian reform effort
- System and program implications



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The rationale for Wraparound

- From a family perspective
- From a systems perspective



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The Evans Family

With thanks to
Jim Rast and
John VanDenBerg

- Crystal, 34
 - Tyler, 36
 - David, 14
 - Kyle, 12
 - Kaia, 12
- Major Challenges :
- Crystal has depression and suicide ideation
 - Tyler is in recovery from alcoholism and can not keep a job
 - David has been arrested multiple times for theft, vandalism, drug and alcohol use and assault
 - David is in juvenile detention
 - David is two years behind in school
 - Tyler was seen using inappropriate discipline and the twins are now in foster case
 - The twins are often very aggressive and have been diagnosed with bipolar disorders
 - The twins are very disruptive at school and are 2-3 years below grade level



The Evans Family

With thanks to
Jim Rast and
John VanDenBerg

- Crystal, 34
- Tyler, 36
- David, 14
- Kyle, 12
- Kaia, 12

Major Strengths:

- Tyler and Crystal are determined to reunite their family
- The family has been connected to the same church for over 30 years
- Tyler is committed to his recovery from alcoholism
- Tyler has been attending AA meetings regularly
- Crystal has been employed at the same restaurant for 8 years
- Crystal's boss is a support for the family and allows her a flexible schedule to meet needs of her family
- David is a charming and funny youth who connects easily to adults
- David can recite all the ways he could get his GED instead of attend school
- Kyle is athletic and can focus well and make friends when doing sports
- Kaia uses art and music to soothe herself when upset



26 Helpers and 13 Plans

Helpers:

- School (5)
- Technical School (2)
- Bailey Center (2)
- Child Welfare (1)
- Specialized Foster Care (2)
- Juvenile Justice (1)
- Children's Mental Health (6)
- Adult Mental Health (3)
- Employment Services (2)
- Alcoholics Anonymous (1)
- Housing Department (1)

Plans:

- 2 IEPs (Kyle and Kaia)
- Tech Center Plan
- Bailey Center Plan
- Permanency Plan
- Specialized Foster Care Plan
- Probation Plan
- 3 Children's MH Tx Plans
- 2 Adult MH Tx Plans
- Employment Services
- **35 Treatment Goals or Objectives**



Monthly Appointments for the Evans Family

Child Welfare Worker	1
Probation Officer	2
Crystal's Psychologist	2
Crystal's Psychiatrist	1
Dave's therapist	4
Dave's restitution services	4
Appointments with Probation and School	2
Family Based	4
Twins' Therapists	4
Group Rehabilitation	8
Tyler's anger management	4
Children's Psychiatrist	1
Other misc. meetings:, Housing, Medical	5
TOTAL	42

Also: 16 AA meetings each month, + 20 or more calls from the schools and other providers each month.

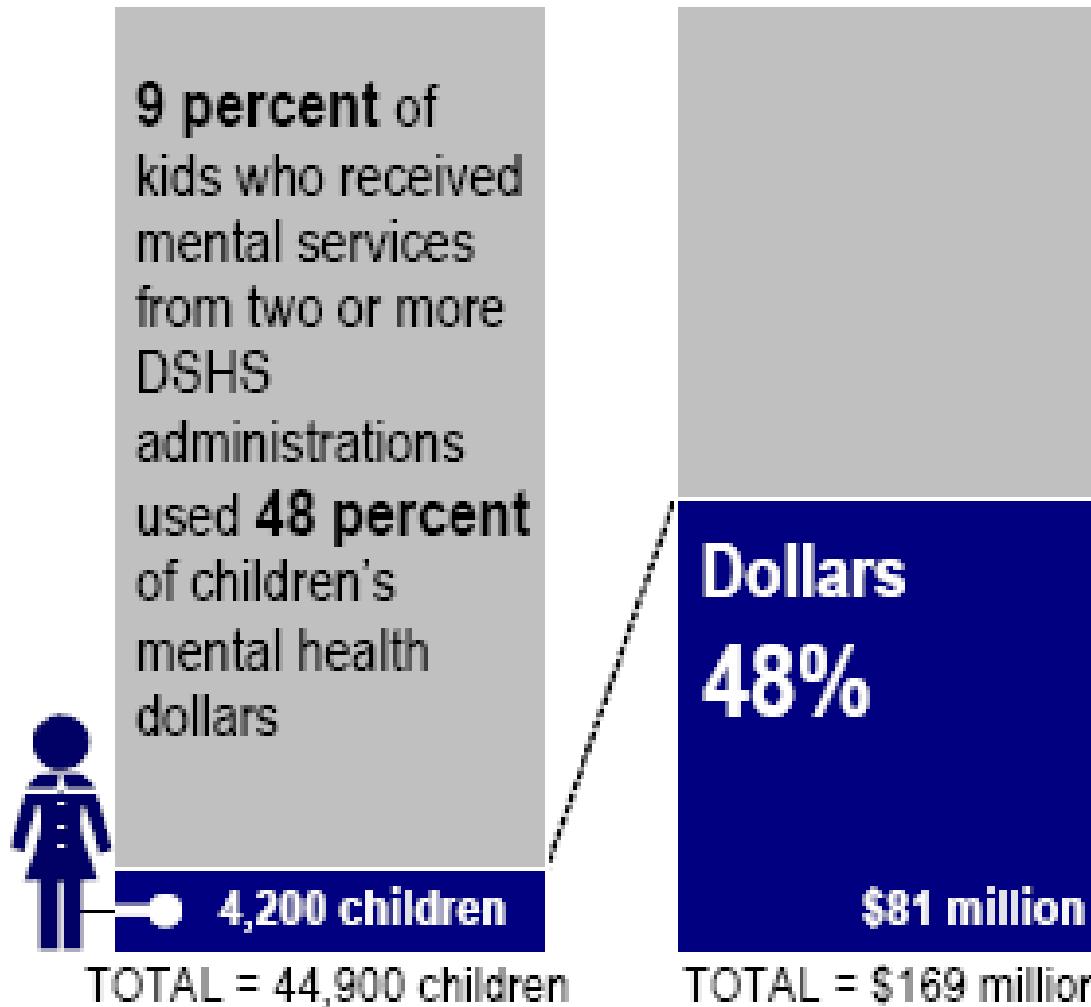


Comments from the Files

- Parents don't respond to school's calls
- Family is dysfunctional
- Parents are resistant to treatment
- Home is chaotic
- David does not respect authority
- Twins are at risk due to parental attitude
- Mother is non-compliant with her psychiatrist
- She does not take her meds
- Father is unemployable due to attitude
- Numerous missed therapy sessions
- Attendance at family therapy not consistent
- Recommend court ordered group therapy for parents



A small number of children and families account for a lot of our spending



Children served by more than one system are
6 times more likely to be out of home

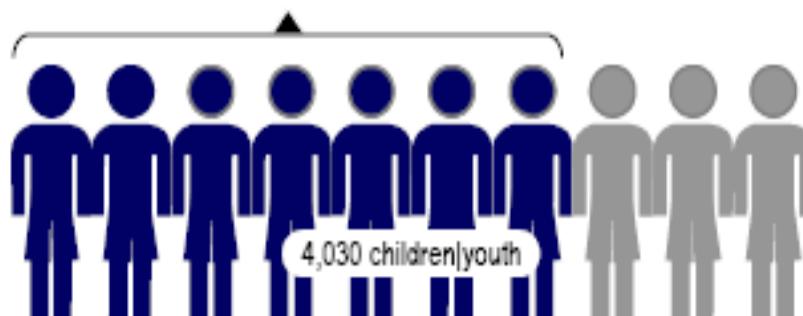


How many treated or placed away from home at some point in 2003?

Of those using mental health services from one DSHS
program, **14 percent**.



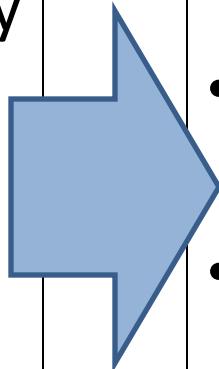
Of those using mental health services from more than one
DSHS program, **68 percent**



What's going on here?



- Siloed systems =
- Lack of coordination
- Inadequate community based programming
- Lack of engagement with families
- A plan for each problem and person
- Lack of accountability for outcomes or costs



- Coordinated systems
- Comprehensive, effective service array
- Integrated service delivery
- Plans of care that focus on whole family
- Accountability at multiple levels



We continue to need....

Smarter Systems

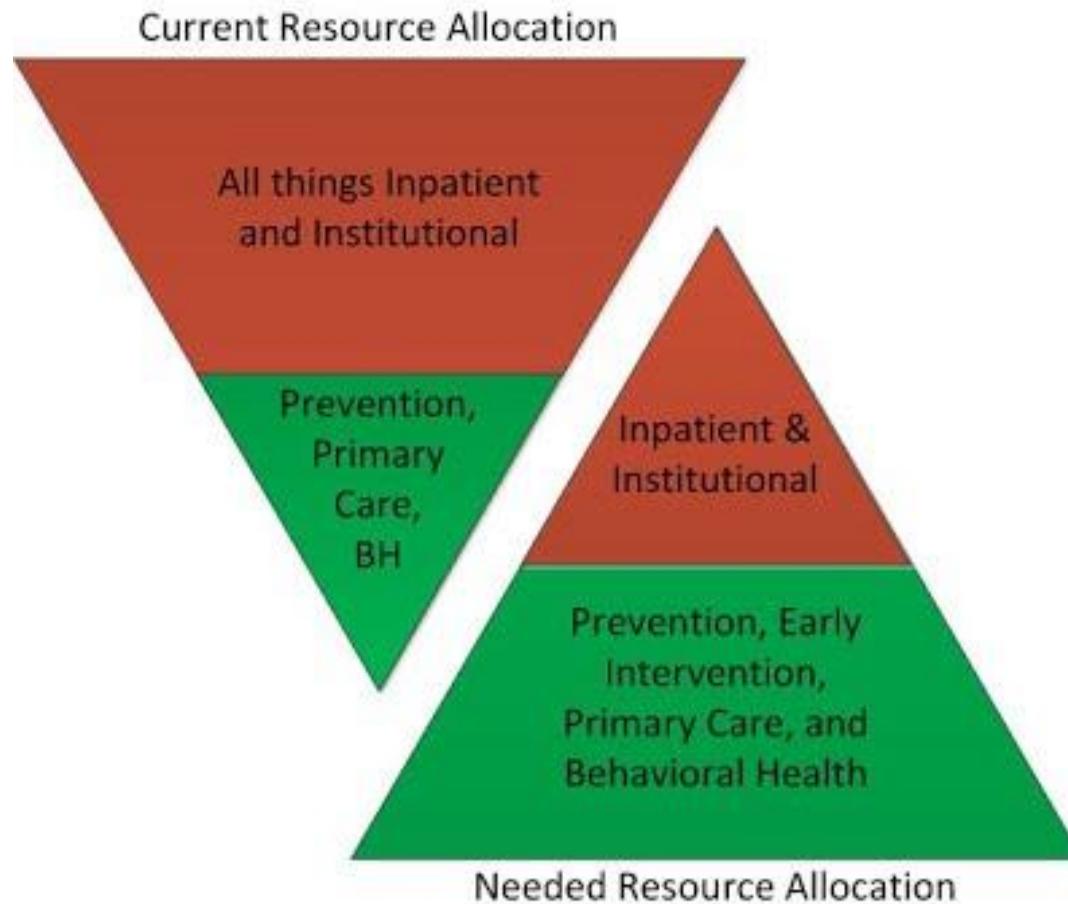


Better practice models





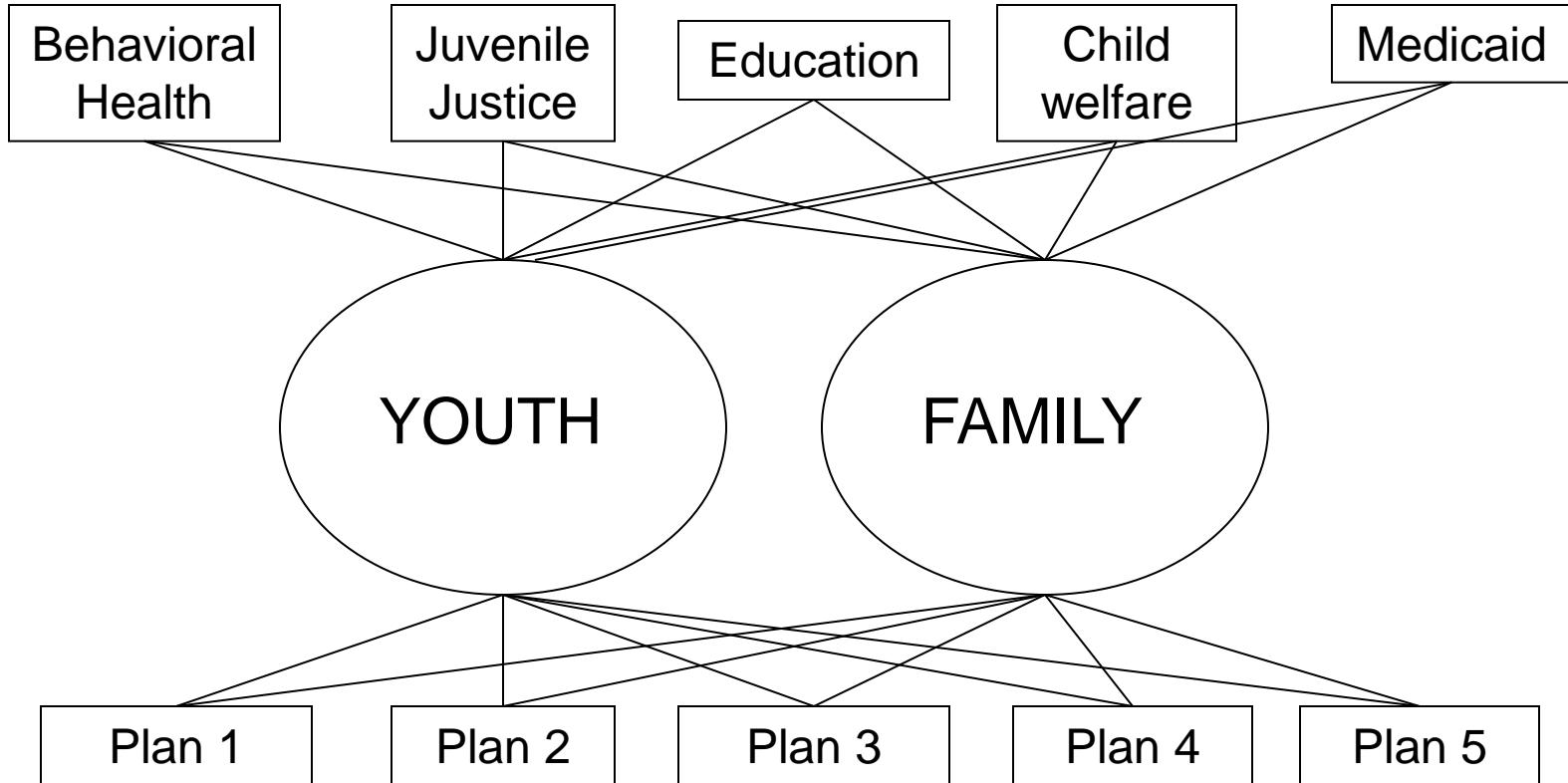
“Flipping” the triangle



Source: Dale Jarvis and Associates

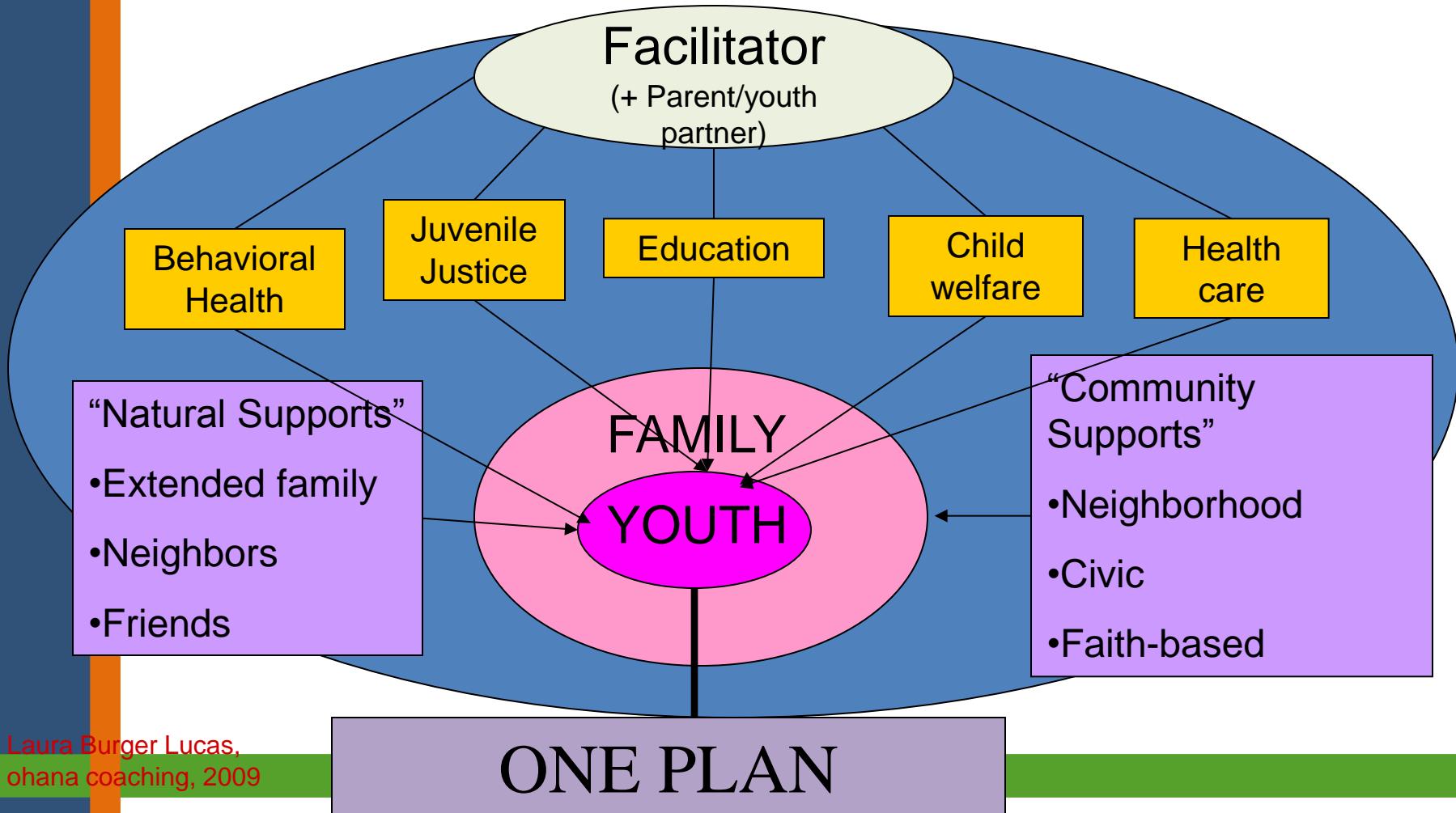


The silo issue: Traditional services rely on professionals and result in multiple plans





In wraparound, a facilitator coordinates the work of system partners and other natural helpers so there is one coordinated plan



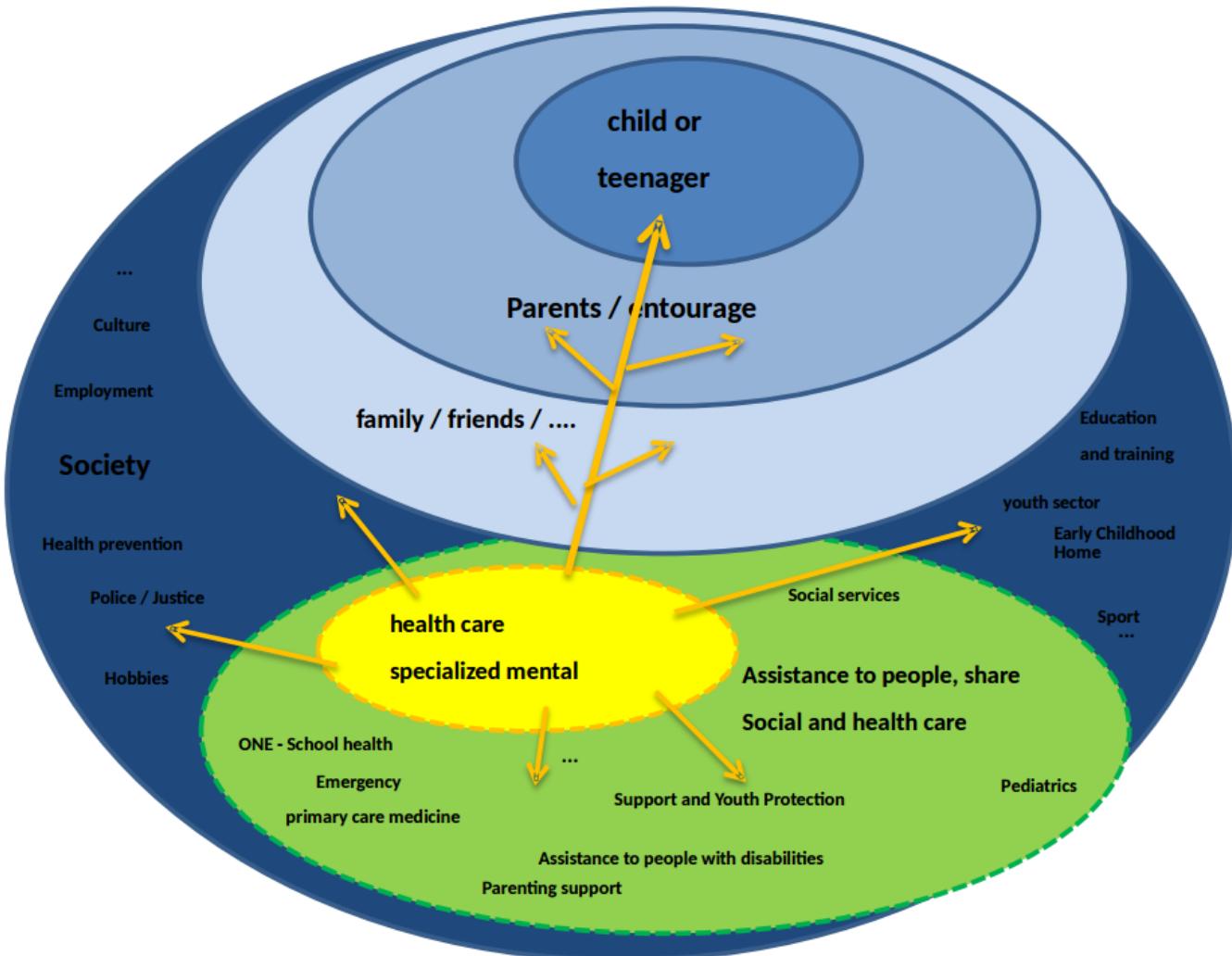


Figure 1: Schematic of the new mental health policy for children and adolescents

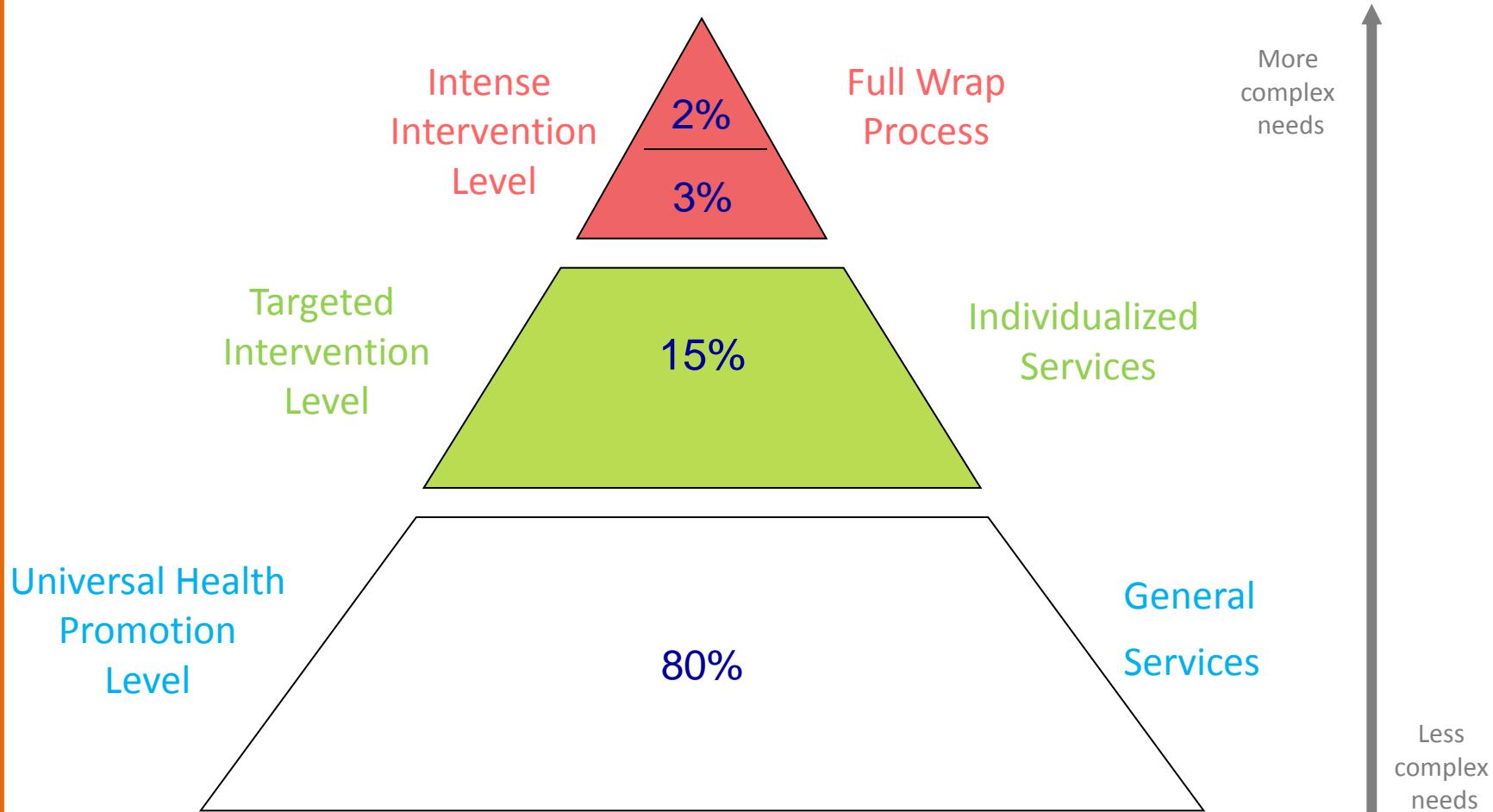
For which children and youth is wraparound intended?



- Needs that span home, school, and community
- Needs in multiple life domains
 - school, employment, residential stability, safety, family relationships, basic needs
- **Many adults are involved and they need to work together well for the youth to succeed**
- ***Wraparound facilitation + flexible funds may cost \$1000 - \$3000/mo., so typical use is to divert from high cost alternatives***
 - Psychiatric hospitalization (\$5000-6000/day)
 - RTC (\$700-\$1500/day)
 - detention (\$3000-8000/mo.)



Wraparound at the top of the population served in a systems of care





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Who Does this Work? What are the Key Wraparound Roles?



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Care Coordinators

Care Coordinators are responsible for coordinating and facilitating the wraparound process throughout all of the phases of wraparound.

Ideally they are hired and supervised by a care management entity or “wraparound agency”

Roles of the Care Coordinator



1. Brings a team of people together around all the components of a family's life to address challenges and create solutions
2. Gathers information from multiple perspectives of important people in a family's life including family members, friends, community resources, system representatives, and service providers
3. Facilitates the development of a Care Plan that creates the best fit between the family's strengths and priority needs and strategies, including a well-connected crisis plan
4. Facilitates ongoing implementation, including:
 - Teamwork
 - Monitoring of action step completion
 - Tracking of progress toward meeting needs and achieving defined outcomes

Parent Peer Support Partners



A Parent Peer Support Partner (PSP) is person who is parenting or has parented a child experiencing mental, emotional or behavioral health disorders and can understand experiences of other parents or family members.

Roles of the Parent Peer Support Partner



1. Brings shared feelings, history, connection and common experience
2. Facilitates provision of encouragement and emotional support
3. Helps the family's voice and priorities be heard by the team
4. Assists and supports family members to navigate through multiple agencies and service systems through mutual learning that comes from common lived experience
5. Helps educate the family about mental health conditions and usefulness of services and supports
6. Provides follow-on support for implementation of EBP



Other Roles

- Supervisors / coaches
 - Oversee work of care coordinators
 - Review data on youth/family progress and outcomes
 - Use data to ensure adherence to practice models
- Program administrators
 - Manage community partners and networks of providers
 - Oversee costs and program/system level outcomes
- EBP providers in the service array
 - Including crisis responders
- System and Community partners

Services and Supports

Home- and Community-Based Treatment and Support Services

- Assessment and evaluation
- Individualized “Wraparound” service planning
- Intensive care coordination
- Outpatient therapy – individual, family, group
- Medication management
- Intensive in-home services
- Substance use intensive outpatient services
- Mobile crisis response and stabilization
- Family peer support
- Youth peer support
- Respite services
- Therapeutic behavioral aide services

- Therapeutic mentoring
- Behavior management skills training
- Youth and family education
- Mental health consultation
- Therapeutic nursery/preschool
- School-based behavioral health services
- Supported education and employment
- Supported housing
- Transportation

Out-of-Home Treatment Services

- Therapeutic foster care
- Therapeutic group home care
- Residential treatment services
- Inpatient hospital services
- Inpatient medical detoxification
- Crisis stabilization services

Specific evidence-informed interventions and culture-specific interventions can be included in each type of service



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The Theory Base for Wraparound



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Research-based components of the wraparound process



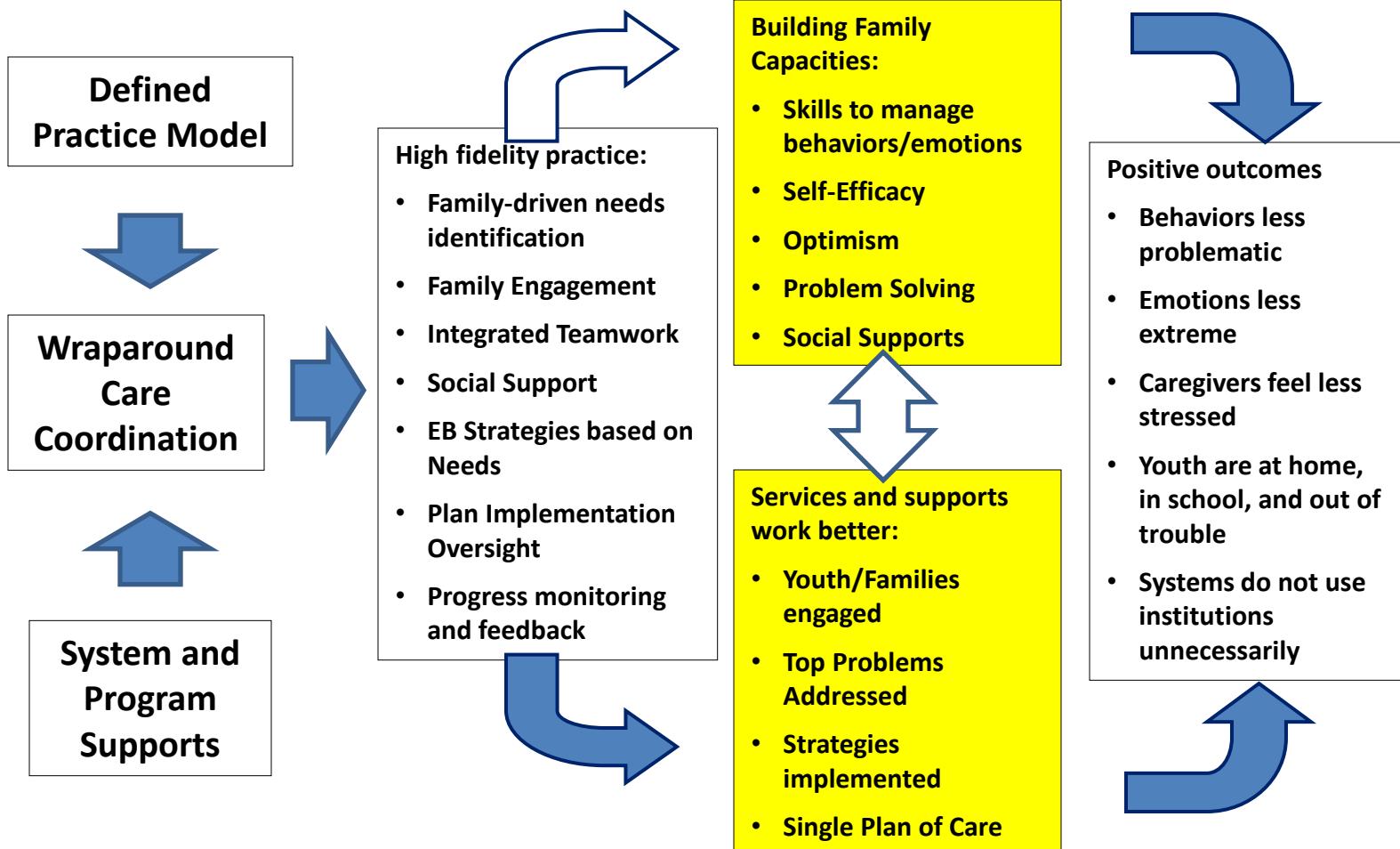
- Integration of care
 - Multiple systems working together -> one coordinated plan
- High-quality teamwork
 - Blended perspectives, creative brainstorming, shared mission
- Family / youth engagement
 - Engagement phase with active listening and MI components
 - Youth/family set priorities
 - Examining and addressing potential barriers
 - Appointment and task reminders/check-ins

Research-based components of the wraparound process



- Broad service array to meet needs, including research-based practices
- Attention to social support (via peers or natural supports)
- Clear, shared goals with measurement and feedback of progress

Multiple Proposed Mechanisms of Effect; Two Main Paths to Positive Outcomes





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Wraparound Practice

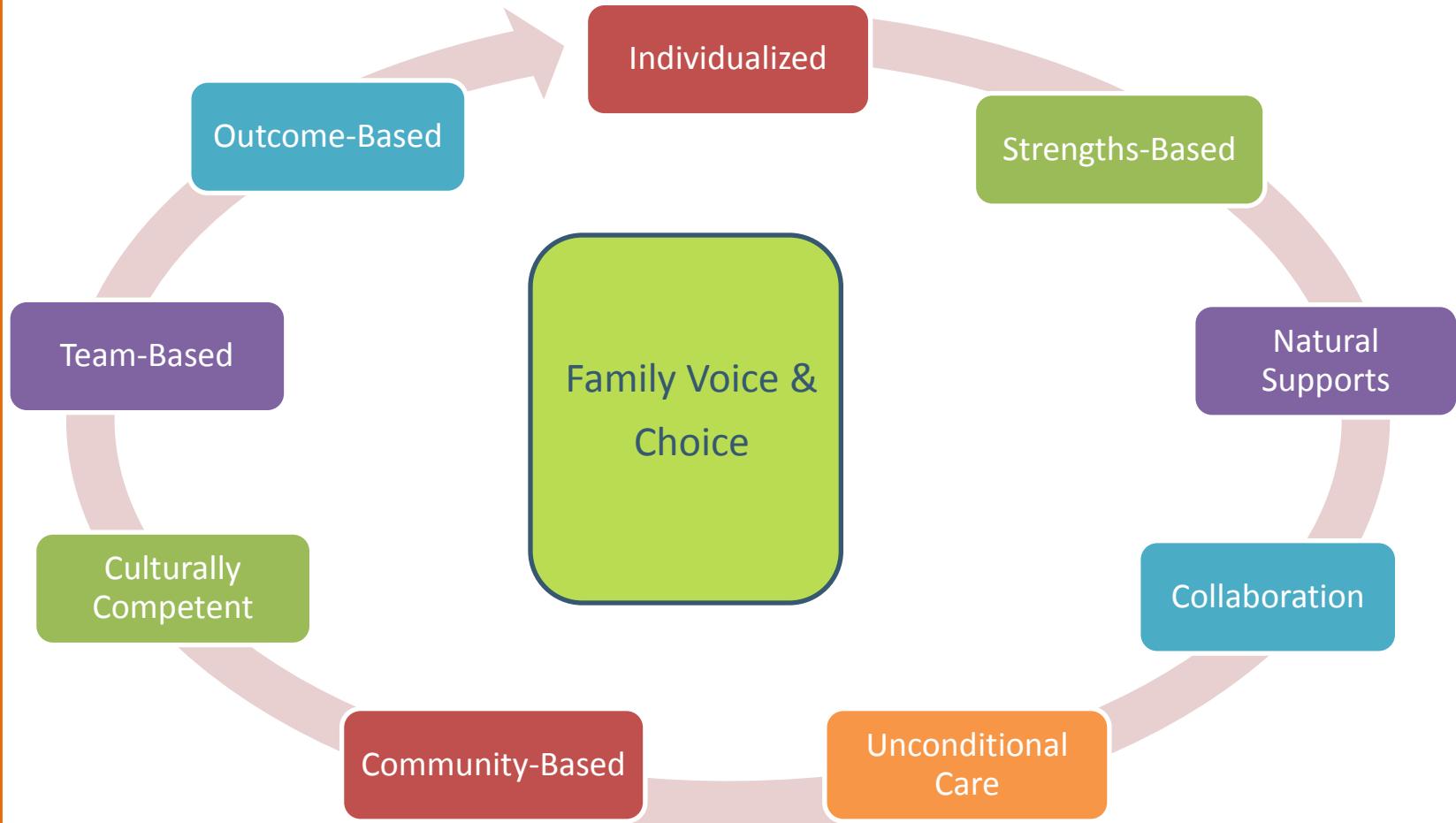
The Principles Key Elements The Phases and Activities



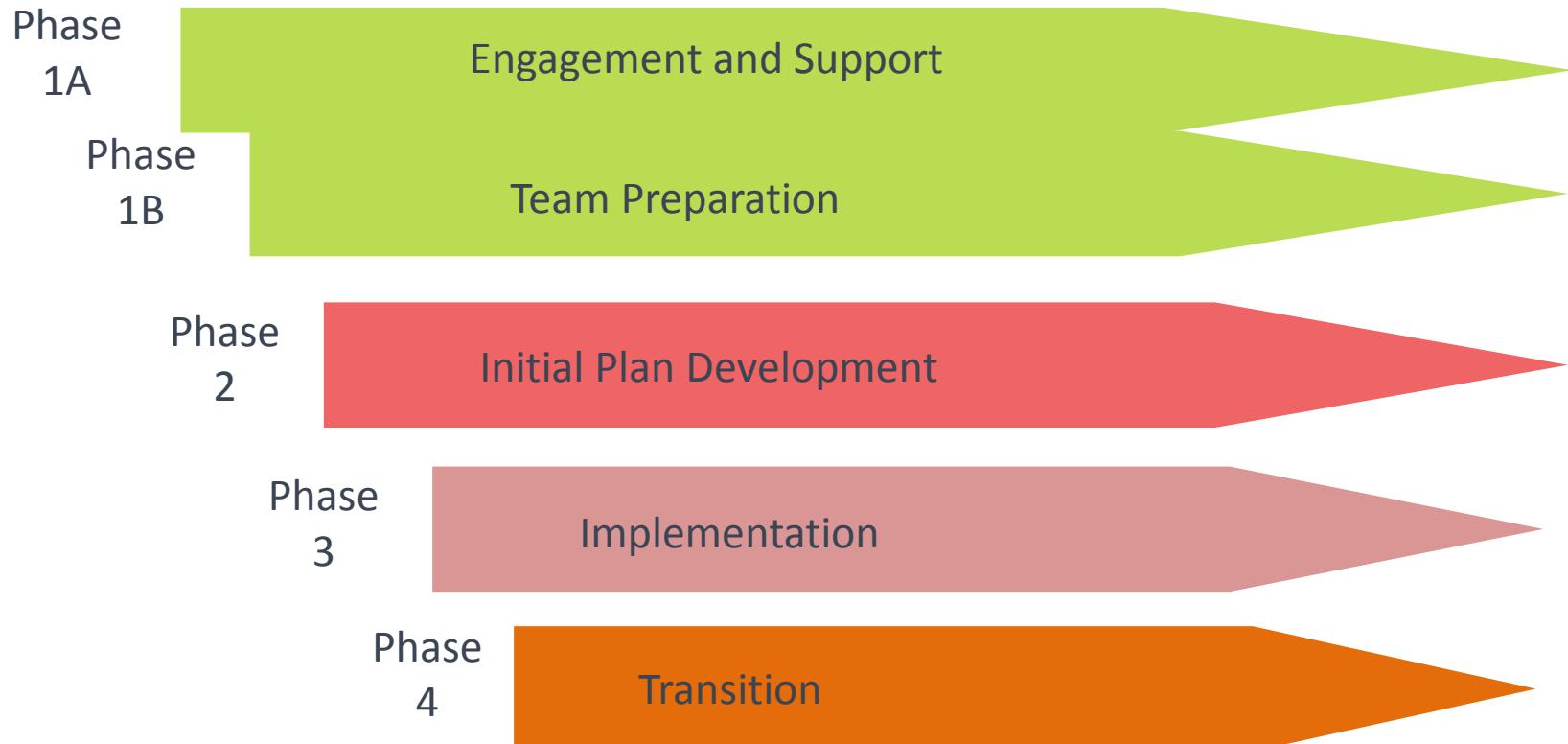
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Principles of Wraparound



The Phases of Wraparound

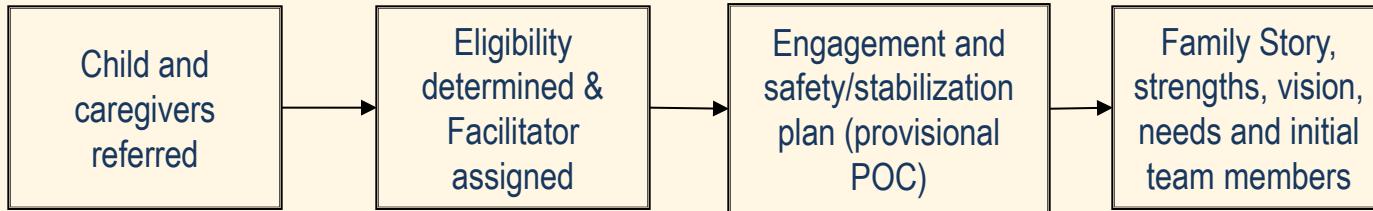




Phase 1: Engagement & Team Preparation

2-3 face to face meetings
with the family

An Overview of the Wraparound Process



Engagement and Preparation Phase: Up to 30 days



Possible Child & Family Team Members

Pastor

Teacher

Therapist

Peer Support

Aunt

Care
Coordinator

Family

Neighbor

Coach

Psychiatrist

Phase 2: From listing strengths to identifying and leveraging functional strengths



- “David likes football”
- “David likes to watch the Red Devils with his uncle”
- “David enjoys being with his uncle; David does well in social situations in which he feels like he can contribute to the conversations; Watching the Red Devils is one activity in which David doesn’t feel anxious or worry.”

Phase 1A Engagement: Parents say “This Seems Different”



They want to know:

- About my entire family not just my child
- How we feel we got to this point and the bumps along the way
- More about my child than just his/her diagnosis
- When and where it is convenient for our family to meet
- If I want to include my friends and family and...
- There is someone who has raised a child like mine- a parent peer support partner

Phase 1B : Team Preparation:



Families Want to...

- Not be overwhelmed by people or services- too much talking and not enough help
- Not have their caution confused with apathy or resistance
- Have others know they love their child and their attitude may come from being overwhelmed
- Know they are not alone in their journey
- Feel hopeful again



Phase 2: Initial Plan Development

1-2 team meetings no more
than a week apart
Also in the first 30 days



An Overview of the Wraparound Process





Phase 2: Planning: Families Want to...

- See movement in a direction that is hopeful
- Focus on what they can do well rather than what they haven't or can't do
- Have others pay attention to details too
- Be respected and their opinions valued
- Have their safety concerns addressed by more than a phone number

Needs in Wraparound

The set of conditions that cause a behavior or situation to occur or not occur and explain the underlying reasons why behaviors or situations happen.

“The holes in our hearts that lead us to do things we shouldn’t do (and not do things we should)”

-Pat Miles

Digging deeper: from listing service needs to identifying underlying needs



- “Miguel needs anger management classes.”
- “Miguel needs to learn how to control his anger.”
- “Miguel needs to know that to become the man he wants to be he can be strong and peaceful at the same time.”
 - Gets at the root of the “problem”
 - Opens up many more creative action steps
 - Is in the family’s words

Needs in Wraparound

Other Examples:

- Ms. Jones needs to feel strong in the decisions she makes as the mother for her family.
- Darrin needs to know he can make positive decisions about his life.
- Kyle needs to get up feeling excited to go to school in the morning
- Matthew needs to feel like he is a permanent part of the family

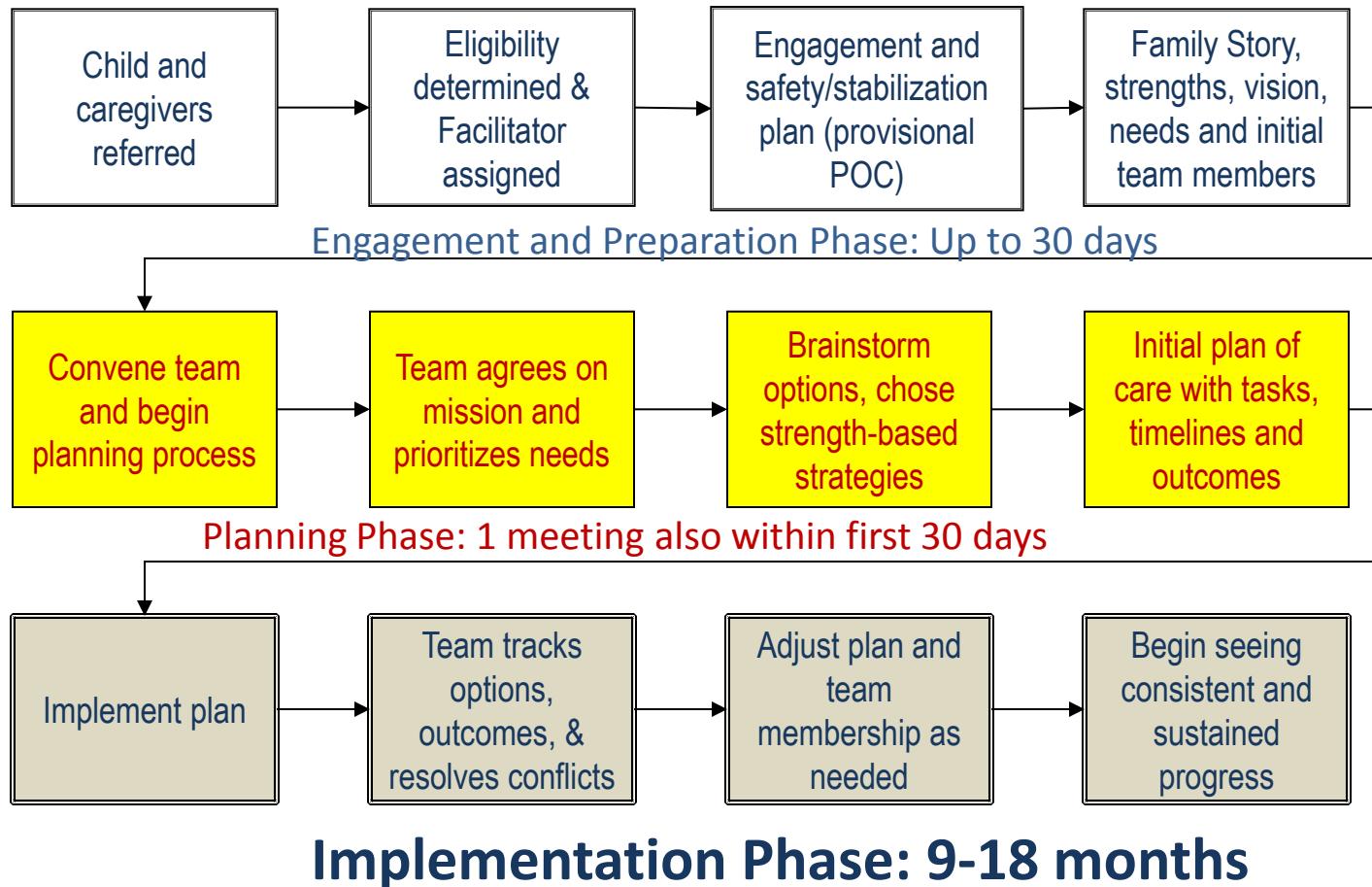


Phase 3: Plan Implementation

Child & Family Team meetings occurring at minimum
every 30 days



An Overview of the Wraparound Process





Phase 3: Implementation: Families Want to:

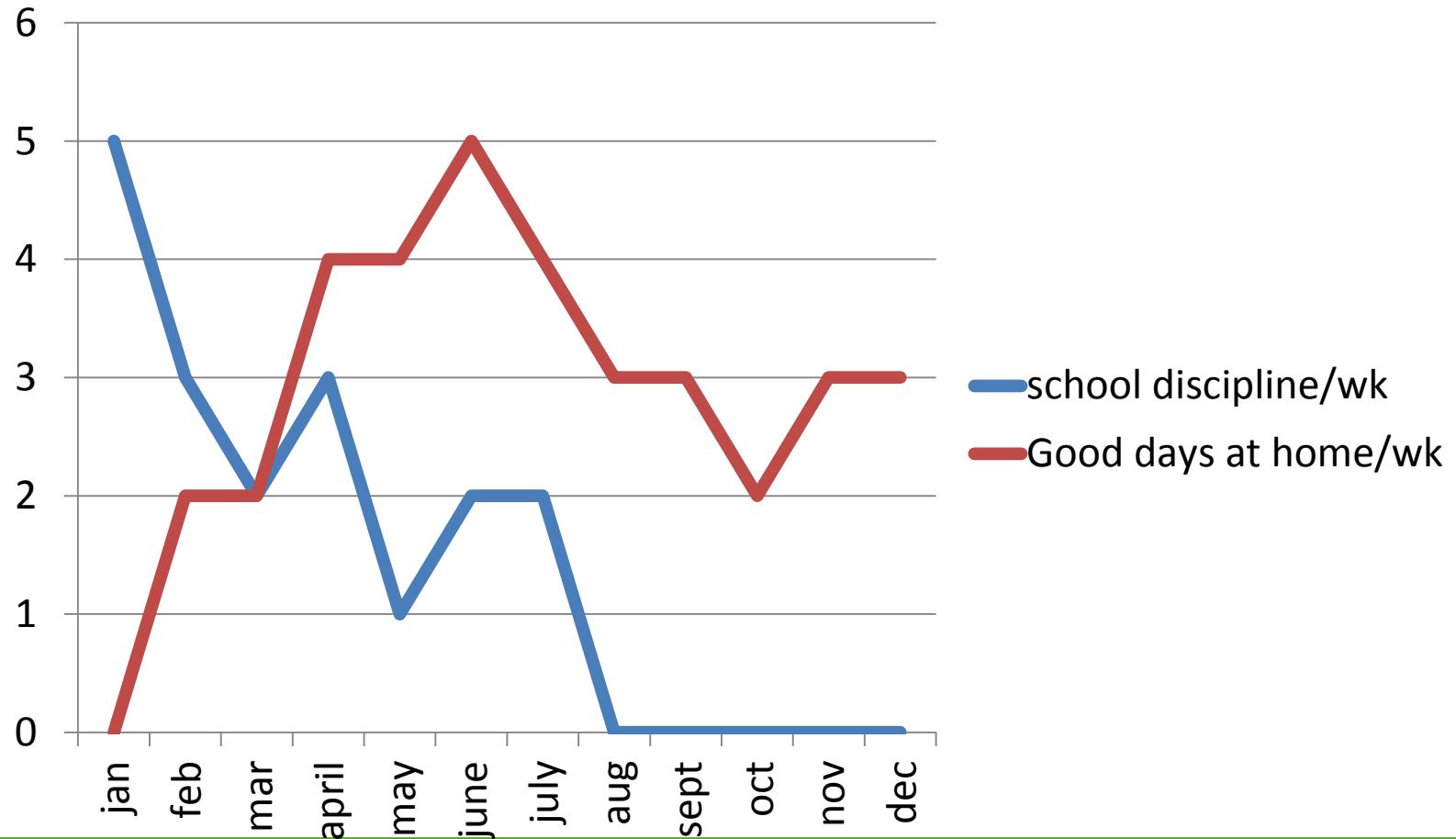
- See action - help happening sooner rather than later
- Know others understand the first plan may not be the best plan
- Be asked “is this working” and;
- “What can we do different?” and;
- “Are we making progress?”



Are we making progress?

Need 1: Kyle needs to get up feeling excited to go to school in the morning

Need 2: Crystal (Chris's mom) needs to feel in control of what happens in her home





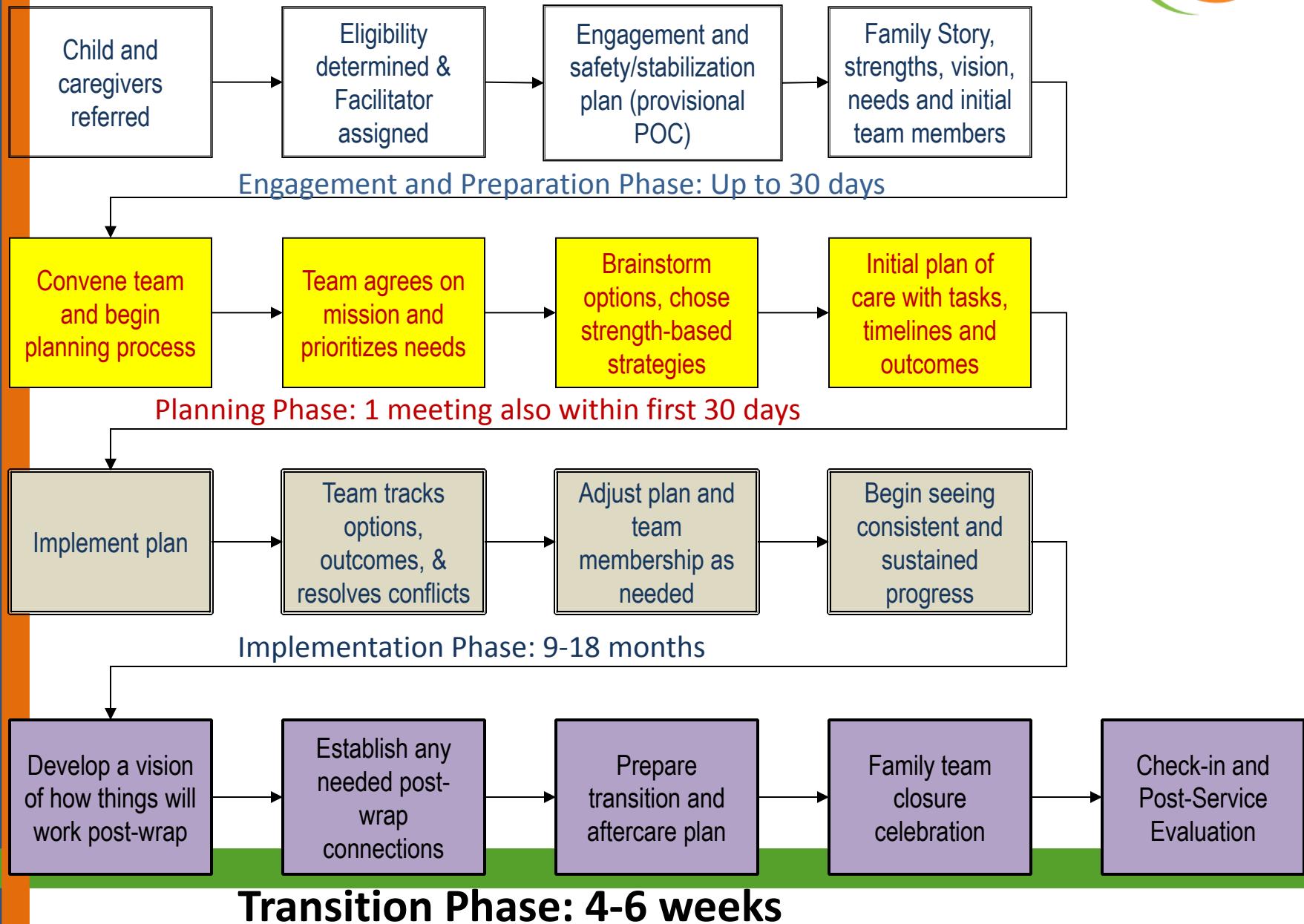
Phase 4: Transition

The plan shifts over time in preparation for transition

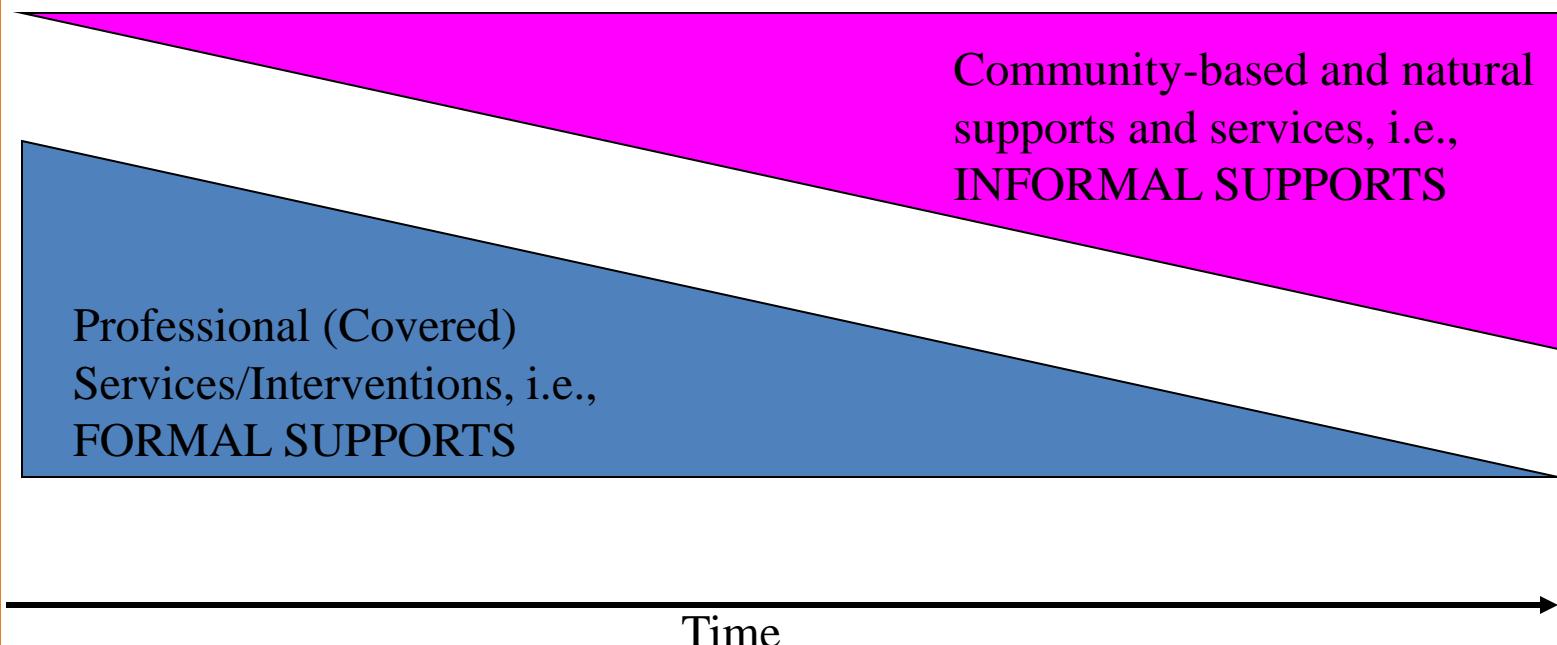
Total time in wraparound =
9-18 months



An Overview of the Wraparound Process



Phase 4: From professional services to informal/community supports



Supportive Programs and Systems

What do we need to do to:

- Ensure high quality wraparound and mobile crisis?
 - Get positive outcomes for youth and families?



What is the research base?

13 Published Controlled Studies of Wraparound

Study	System	Control Group Design	Comparison Tx	N
1. Hyde et al. (1996)*	Mental health	Non-equivalent	Traditional Resid./comm. services	69
2. Clark et al. (1998)*	Child welfare	Randomized	Child welfare services as usual	132
3. Evans et al. (1998)*	Mental health	Randomized	Traditional CW/MH services	42
4. Bickman et al. (2003)*	Mental health	Non-equivalent	Mental health services as usual	111
5. Carney et al. (2003)*	Juvenile justice	Randomized	Conventional JJ services	141
6. Pullman et al. (2006)*	Juvenile justice	Historical	Traditional mental health services	204
7. Rast et al. (2007)*	Child welfare	Matched	Traditional CW/MH services	67
8. Stambaugh et al (2007)	Mental health	Non-equivalent	Multisystemic Therapy (MST)	320
9. Rauso et al. (2009)	Child welfare	Matched	Residential services	210
10. Mears et al. (2009)	MH/Child welfare	Matched	Traditional child welfare services	121
11. Grimes et al. (2011)	Mental health	Matched	Usual care	211
12. Bruns et al. (2014)	Child welfare	Randomized	Intensive Case Management	93
13. Jeong et al. (2014)	Juvenile justice	Non-equivalent	Other court-ordered programs	228

*Included in 2009 meta-analysis (Suter & Bruns, 2009)



Outcomes of wraparound

(13 controlled, published studies; Bruns & Suter, 2010)

- Better functioning and mental health outcomes
- Reduced arrests and recidivism
- Increased rate of case closure for child welfare involved youths
- **Reduced residential placements**
- **Reduced costs**

Lower Costs and Fewer Residential Stays

- Wraparound Milwaukee
 - Reduced psychiatric hospitalization from 5000 to less than 200 days
 - Reduced residential treatment facility population from 375 to 50
- Controlled study of Mental Health Services Program for Youth in Massachusetts (Grimes, 2011)
 - 32% lower emergency room expenses
 - 74% lower inpatient expenses than matched youths
- CMS Psychiatric Residential Treatment Facility Waiver Demonstration project (Urdapilleta et al., 2011)
 - Average per capita savings by state ranged from \$20,000 to \$40,000

Lower Costs and Fewer Residential Stays

- New Jersey
 - Saved over \$30 million in inpatient psychiatric expenditures over 3 years
- Maine
 - Reduced overall spending by 30%, even as use of home and community services increased
 - Reduced inpatient by 43% and residential by 29% (Yoe, Bruns, & Ryan, 2011)
- Los Angeles County Dept. of Social Services
 - Placement costs = \$10,800 for wraparound youths
 - \$27,400 for matched group of residential treatment center youths

However.... outcomes depend on implementation



At a **practice level**, Wraparound teams often do not:

- Engage key individuals in the Wraparound team
- Base planning on a small number of needs statements
- Use family/community strengths
- Incorporate natural supports, such as extended family members and community members
- Use evidence-based clinical strategies to meet needs
- Continuously assess progress, satisfaction, and outcomes

However.... outcomes depend on implementation



At a **system and program level**, Wraparound initiatives often fail to:

- Build diverse coalitions to support and oversee wraparound and its implementation
- Invest in skill development for workers in key roles
- Invest in and organize a comprehensive array of community-based services and supports
- Ensure services are based on “what works”
- Provide effective data-informed supervision
- Build and use data systems that can provide needed information and quality improvement

Necessary Community and System Supports for Wraparound



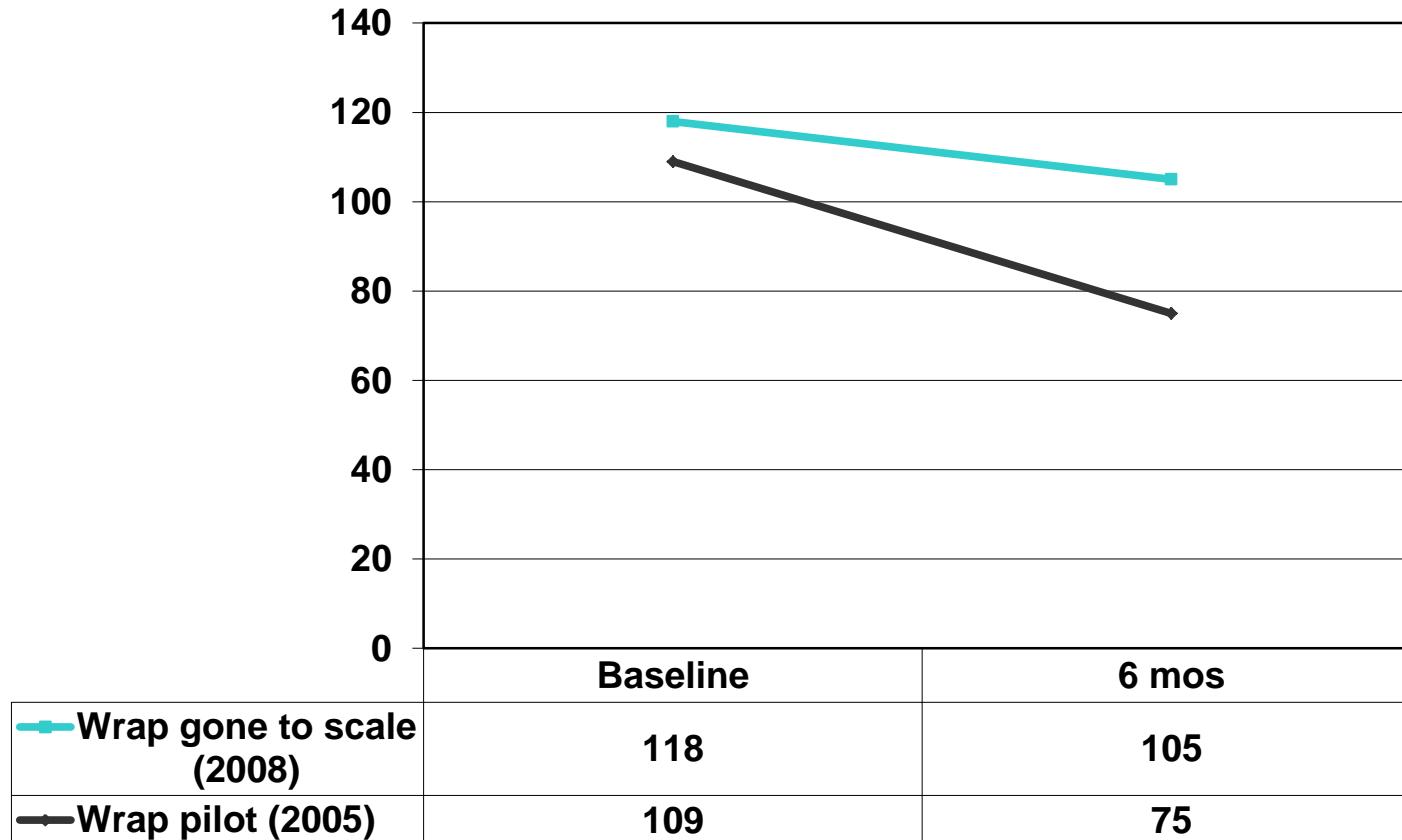
Necessary system conditions for effective Wraparound



1. **Community partnership:** *Do we have productive collaboration across our systems and stakeholders?*
2. **Fiscal policies:** *Do we have the funding and fiscal strategies to meet the needs of children?*
3. **Service array:** *Do teams have access to the services and supports they need to meet families' needs?*
4. **Human resource development:** *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
5. **Accountability:** *Do we use tools that support effective decision making and tell us whether we are successful?*

Poorer outcomes as system conditions changed

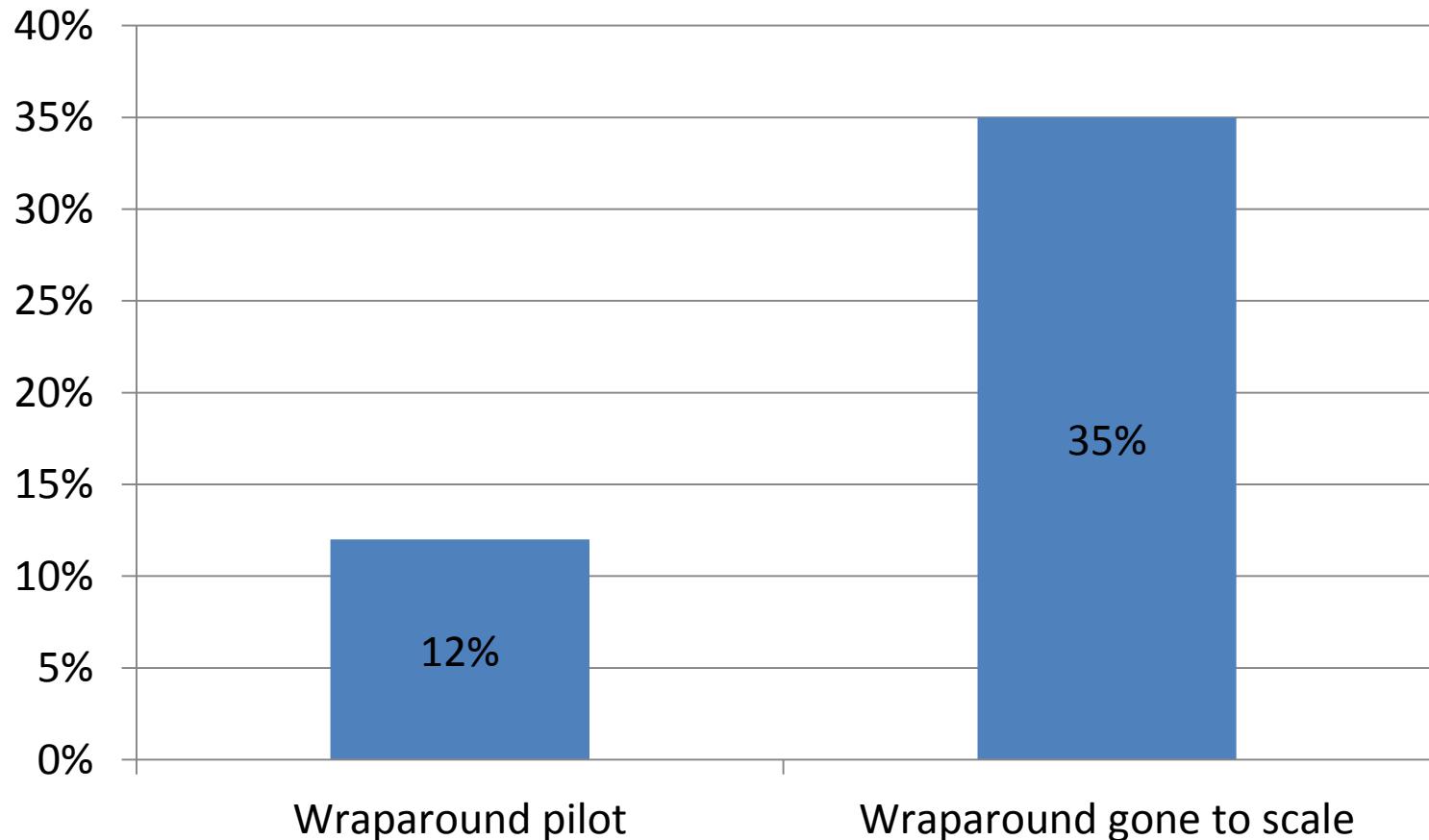
Average functional impairment score from the CAFAS



Bruns, Pullmann, Sather, Brinson,
& Ramey, 2014

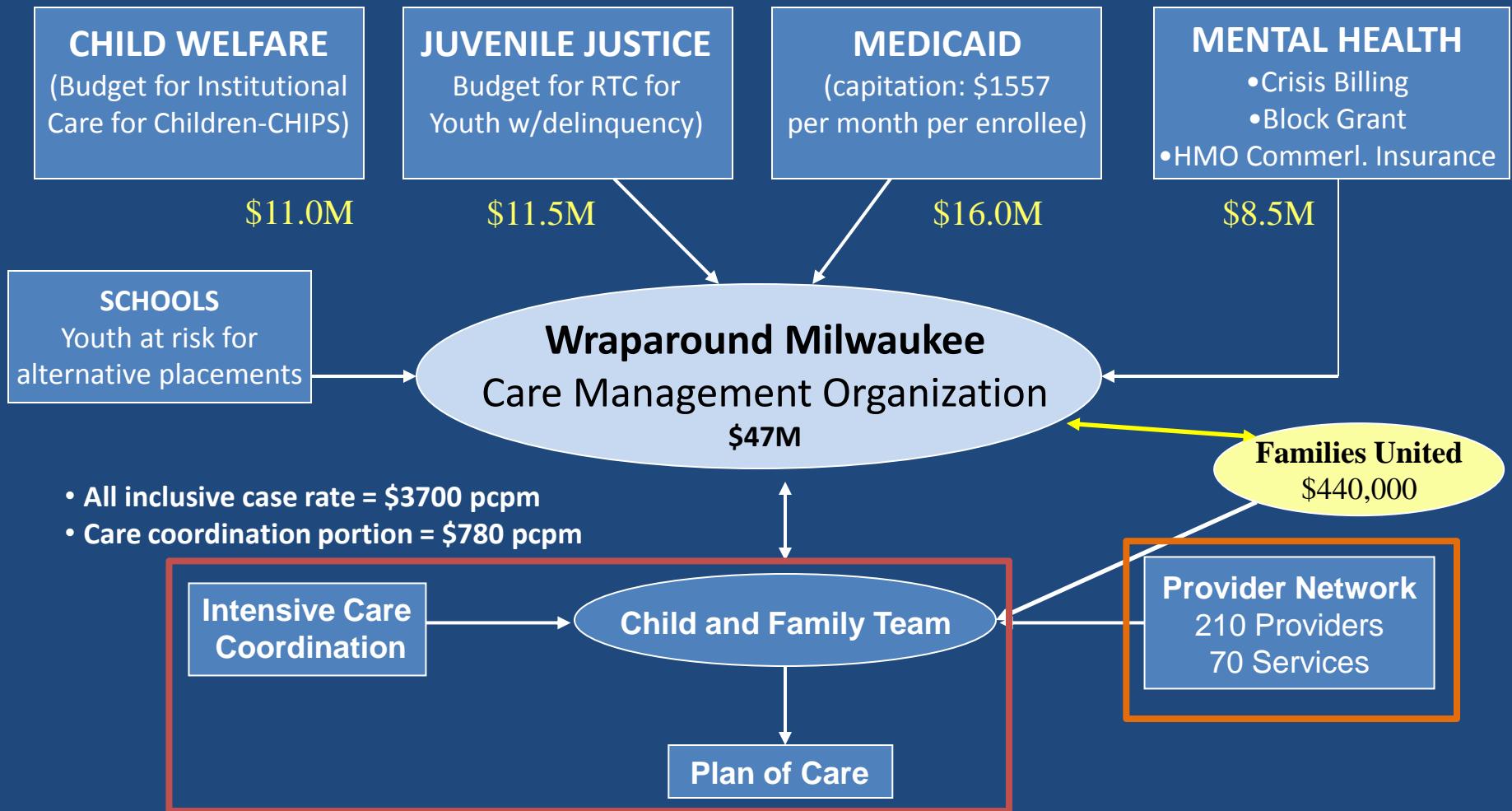
Poorer outcomes as system conditions changed

Percent of youth placed in institutions



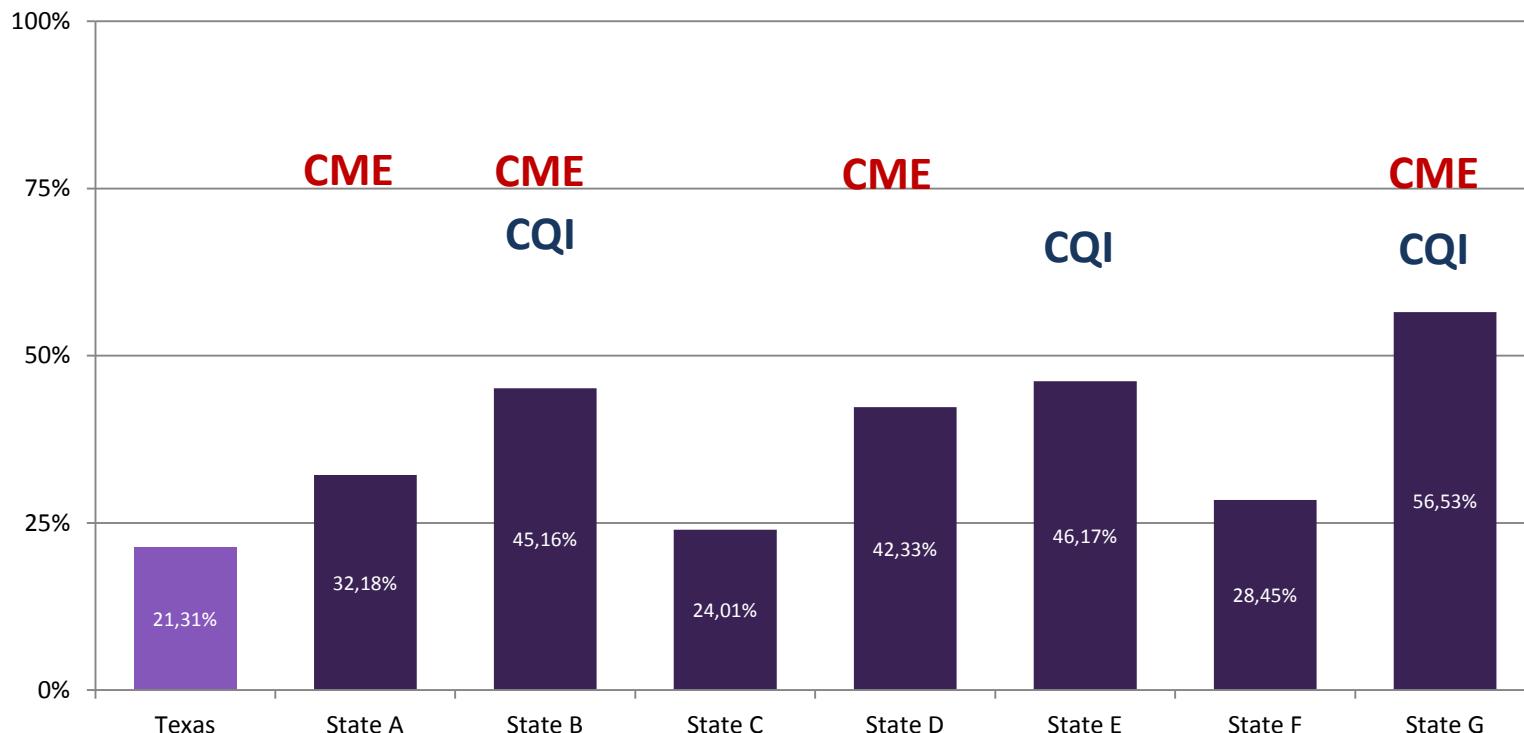
Bruns, Pullmann, Sather, Brinson,
& Ramey, 2014

A System of Care: Investing Resources Wisely



Wraparound Quality data for 9 U.S. States

Total COMET Scores - All States



Lesson learned about state systems

CME + CQI

**+ Workforce
Development =**

The Future?

WRAPAROUND



BELGIUM