The Whys and Hows of Wraparound Care Coordination

Eric J. Bruns, Ph.D.
Professor of Psychiatry and Behavioral Sciences
Univ of Washington School of Medicine
ebruns@uw.edu

National Wraparound Implementation Center: www.nwic.org
National Wraparound Initiative: www.nwi.pdx.edu
Washington State Children’s Evidence-Based Practice Institute: www.UWHelpingFamilies.org

Virginia Wraparound Workshop
Charlottesville, VA
September 12, 2018
Wrapping Community-Based Mental Health Services Around Children with a Severe Behavioral Disorder: An Evaluation of Project Wraparound

Richard T. Clarke, Ph.D.,¹,⁵ Mark Schaefer, B.S.,² John D. Burchard, Ph.D.,³ and Julie W. Welkowitz, B.A.⁴

During the past two decades there has been a significant increase in community-based mental health and educational services for children and youth with serious emotional and behavioral problems and their families. However, in the vast majority of programs there are no reliable longitudinal data on the adjustment of the children that are served. Project Wraparound was a community-based individualized treatment program which served children and youth with severely maladjusted behavior and their families by providing intensive home and school-based services. The purpose of this paper is to provide a longitudinal analysis of client and family adjustment data. Data on client adjustment within the home and characteristics of the home environment were obtained at intervals of 3 months, 6 months, and 1 year. Data on client adjustment in school was obtained at four points over a period of 2 years. The results from 19 cases indicate that substantial change occurred on measures of the home environment and client adjustment in the home with no significant change in adjustment in the school. Implications of the findings are discussed.

KEY WORDS: community-based; mainstreaming; services; children; adjustment.

Jennifer Schurer Coldiron \textsuperscript{1} \& Eric Jerome Bruns \textsuperscript{1} \& Henrietta Quick \textsuperscript{1}
Number of peer-reviewed wraparound publications

![Graph showing the number of publications over years]

- **Cumulative Sum**
- **Annual Publication Rate**

Year:
- 1990
- 1993
- 1995
- 1997
- 1999
- 2001
- 2003
- 2005
- 2007
- 2009
- 2011
- 2013

Number of Publications:
- 0
- 25
- 50
- 75
- 100
- 125
- 150
- 175
- 200
- 225

Cumulative Sum:
- 10
- 21
- 206
Out of community utilization and costs

• Inpatient admissions
  – Increased 24% between 2007-2010
    • (Olson et al *JAMA Psych* 2014)

• Medicaid spending on Residential and group care
  – Increased from $1.5 billion to $2.5 billion from 2005 to 2011 (Pires, 2017)

• Child welfare
  – 14% (56,188) of all youth in CW custody in RTCs
    • (ACF, 2014)
  – 34% of all youth spend 9 months or more in facilities
    • (Casey Family Programs, 2016)
Main points: The Whys

• Mental health problems are the number one health condition of childhood – and the rates are rising…

• We know what works, but policies, financing, and workforce development rarely support “what works”

• We continue to rely on institutional care more than we need to.

• New approaches are needed for:
  – Organizing systems
  – Funding services
  – Delivering care

• There are many opportunities to build on – including here in Virginia
Main points: The How

• Invest in “real” wraparound
• Build out your evidence based service array
• Invest in authentic peer to peer support
• Re-organize your systems to be supportive of these strategies, and others that work
• Invest in your workforce so they can do them well
• Use data to drive your system and your practice
Acknowledgments

Major Funding Sources:

- National Institute of Mental Health
- Institute of Education Sciences
- Substance Abuse and Mental Health Services Administration
- PCORI
Acknowledgments
Save the dates!

2019 National Wraparound Implementation Academy

September 9-11, 2019
Baltimore, MD Inner Harbor
WRAPAROUND AND CARE MANAGEMENT FOR YOUTH WITH COMPLEX NEEDS

Better use of resources, Better lives for families
A small number of youth & families account for a lot of our spending

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

4,200 children
TOTAL = 44,900 children

$81 million
TOTAL = $169 million

Source: WA DSHS, 2004
Children served by >1 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.

TOTAL = 39,361 children/youth

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

4,030 children/youth
The Evans Family

With thanks to Jim Rast and John VanDenBerg

Major Challenges:

• Crystal has depression and suicide ideation
• Tyler is in recovery from alcoholism and cannot 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 care
• 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

• Crystal, 34
• Tyler, 36
• David, 14
• Kyle, 12
• Kaia, 12
The Evans Family

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

With thanks to Jim Rast and John VanDenBerg
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare Worker</td>
<td>1</td>
</tr>
<tr>
<td>Probation Officer</td>
<td>2</td>
</tr>
<tr>
<td>Crystal’s Psychologist</td>
<td>2</td>
</tr>
<tr>
<td>Crystal’s Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Dave’s therapist</td>
<td>4</td>
</tr>
<tr>
<td>Dave’s restitution services</td>
<td>4</td>
</tr>
<tr>
<td>Appointments with Probation and School</td>
<td>2</td>
</tr>
<tr>
<td>Family Based</td>
<td>4</td>
</tr>
<tr>
<td>Twins’ Therapists</td>
<td>4</td>
</tr>
<tr>
<td>Group Rehabilitation</td>
<td>8</td>
</tr>
<tr>
<td>Tyler’s anger management</td>
<td>4</td>
</tr>
<tr>
<td>Children’s Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Other misc. meetings: Housing, Medical</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

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
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.

Facilitator (+ Parent/youth partner)

- Behavioral Health
- Juvenile Justice
- Education
- Child welfare
- Health care

“Natural Supports”
- Extended family
- Neighbors
- Friends

“Community Supports”
- Neighborhood
- Civic
- Faith-based

ONE PLAN

Laura Burger Lucas, ohana coaching, 2009
The Phases of Wraparound

Phase 1A: Engagement and Support
Phase 1B: Team Preparation
Phase 2: Initial Plan Development
Phase 3: Implementation
Phase 4: Transition

NATIONAL WRAPAROUND INITIATIVE
Wraparound literature: 30 years and 206 publications


Jennifer Schurer Coldiron1 · Eric Jerome Bruns1 · Henrietta Quick1
A 2009 meta-analysis found significant, small to medium effects.

Effect Sizes for Common Wraparound Outcomes

- Functioning: 0.28
- Juvenile Justice: 0.29
- School: 0.31
- Living Env.: 0.44
- Mean ES: 0.37

- Small = 0.2
- Medium = 0.5
- Large = 0.8

Suter & Bruns, 2009
Controlled outcome studies of wraparound (N=22)

<table>
<thead>
<tr>
<th>Number of studies</th>
<th>Positive effects for Wraparound</th>
<th>Null effects</th>
<th>Positive effects for comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not measure fidelity</td>
<td>11</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Measured fidelity</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Every controlled study that measured fidelity and found null effects concluded that wraparound implementation was poor.

Coldiron, Bruns, & Quick, 2009
Outcomes of wraparound
(22 controlled, published studies; Coldiron et al., 2017)

- 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
MA Mental Health Services Program for Youth (Grimes et al., 2011)

- One year pre-/post-enrollment showed decreases in out-of-home treatment
  - Hospital admissions down 70%
  - Long term residential care down 82%
  - Acute residential down 44%
  - Foster care down 83%

- Versus matched comparison
  - Total Medicaid claims expenses were lower by $811/month ($9732/year)
  - Inpatient psychiatry down 74%
  - ER down 32%
New Jersey

- Data from New Jersey Office of Children’s Behavioral Health
  - savings of $40 million from 2007 to 2010 by reducing the use of acute inpatient services alone
  - residential treatment budget was reduced by 15% during the same time period.
  - length of stay in residential treatment centers decreased by 25%

## Wraparound Maine
(Yoe, Ryan & Bruns, 2011)

### Pre-Post Wraparound Average Per Child Per Year Mental Health Expenditures

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Pre-Wraparound Average Per Child Expenditures</th>
<th>Post-Wraparound Average Per Child Expenditures</th>
<th>Pre-Post Difference</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Case Management (Wraparound Maine) †</td>
<td>$3,858.02</td>
<td>$7,664.15</td>
<td>$3,806.13</td>
<td>↑ 99%</td>
</tr>
<tr>
<td>Emergency Room (MH)</td>
<td>$441.16</td>
<td>$467.47</td>
<td>$26.31</td>
<td>↑ 6%</td>
</tr>
<tr>
<td>HCT Services</td>
<td>$7,456.25</td>
<td>$6,735.99</td>
<td>-$720.26</td>
<td>↓ 10%</td>
</tr>
<tr>
<td>Crisis Intervention &amp; Resolution</td>
<td>$2,343.48</td>
<td>$1,637.15</td>
<td>-$706.33</td>
<td>↓ 30%</td>
</tr>
<tr>
<td>Residential (PNMI) Services ‡</td>
<td>$60,293.95</td>
<td>$43,027.68</td>
<td>-$17,266.27</td>
<td>↓ 29%</td>
</tr>
<tr>
<td>MH Outpatient Treatment (Sec 65)</td>
<td>$1,406.07</td>
<td>$1,835.59</td>
<td>$429.52</td>
<td>↑ 31%</td>
</tr>
<tr>
<td>Medication Assessment &amp; Tx</td>
<td>$810.88</td>
<td>$779.16</td>
<td>-$31.72</td>
<td>↓ 4%</td>
</tr>
<tr>
<td>Psychiatric Inpatient Tx</td>
<td>$55,488.75</td>
<td>$31,667.34</td>
<td>-$23,821.41</td>
<td>↓ 43%</td>
</tr>
<tr>
<td>Outpatient Psychiatric Tx</td>
<td>$551.19</td>
<td>$693.23</td>
<td>$142.04</td>
<td>↑ 26%</td>
</tr>
<tr>
<td>Other MH Services</td>
<td>$786.21</td>
<td>$968.82</td>
<td>$182.61</td>
<td>↑ 23%</td>
</tr>
<tr>
<td>Child ACT</td>
<td>$8,712.24</td>
<td>$6,998.02</td>
<td>-$1,714.22</td>
<td>↓ 20%</td>
</tr>
<tr>
<td>Day Treatment</td>
<td>$9,544.98</td>
<td>$7,925.49</td>
<td>-$1,619.49</td>
<td>↓ 17%</td>
</tr>
<tr>
<td>Day Habilitation</td>
<td>$10,545.00</td>
<td>$14,639.64</td>
<td>$4,094.64</td>
<td>↓ 39%</td>
</tr>
<tr>
<td><strong>Total Mental Health</strong></td>
<td><strong>$58,403.91</strong></td>
<td><strong>$41,873.16</strong></td>
<td><strong>$16,530.75</strong></td>
<td><strong>↓ 28%</strong></td>
</tr>
</tbody>
</table>

1 Targeted Case Management (TCM) expenditures pre-Wraparound initiation reflect use of non-wrap TCM services. Wraparound Maine services are billed through Section 13 Targeted Case Management. The increase in TCM expenditure pre to post reflect the initiation of Wraparound services.

2 Residential Treatment Services includes all PNMI Child Care and Crisis Residential facility expenditures.
Effects of Functional Family Parole on Re-Arrest and Employment for Youth in Washington State

EXECUTIVE SUMMARY

Barbara A. Lucenko, PhD, Lijian He, PhD, David Mancuso, PhD, and Barbara Felver, MES, MPA

In collaboration with Bob Salsbury, Juvenile Rehabilitation Administration

NOTE: See Technical Appendix for Methods and Definitions: http://www.dshs.wa.gov/rda/.
FFP youth far less likely to be arrested and more likely to be employed 12 months later.
Flipping the triangle

Source: Dale Jarvis and Associates
Higher fidelity is associated with better child and youth outcomes.

% of Youth Showing Reliable Improvement on the CANS by level of Wraparound fidelity:

- High Fidelity (>85%): 82%
- Adequate Fidelity (75-85%): 69%
- Borderline (65-75%): 65%
- Not wraparound (<65%): 55%
HFW does not always mean high-fidelity to the model

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

Bruns, Pullmann, Sather, Brinson, & Ramey, 2014
What Does It Mean to

**DO WRAPAROUND “RIGHT”?**
An Overview of the Wraparound Process

Engagement and Preparation Phase: Up to 30 days

- Child and caregivers referred
- Eligibility determined & Facilitator assigned
- Engagement and safety/stabilization plan (provisional POC)
- Family Story, strengths, vision, needs and initial team members

Planning Phase: 1 meeting also within first 30 days

- Convene team and begin planning process
- Team agrees on mission and prioritizes needs
- Brainstorm options, chose strength-based strategies
- Initial plan of care with tasks, timelines and outcomes

Implementation Phase: 9-18 months

- Implement plan
- Team tracks options, outcomes, & resolves conflicts
- Adjust plan and team membership as needed
- Begin seeing consistent and sustained progress

- Develop a vision of how things will work post-wrap
- Establish any needed post-wrap connections
- Prepare transition and aftercare plan
- Family team closure celebration
- Check-in and Post-Service Evaluation
Research-based components of the wraparound process

• Integration of care
  – Multiple systems working together → one coordinated plan

• High-quality teamwork
  – Clear goals, shared mission, blended perspectives, creative brainstorming

• Family / youth engagement
  – Engagement phase with active listening, family story telling
  – Youth/family set priorities
  – Examining and addressing potential barriers
  – Appointment and task reminders/check-ins

• Broad service array to meet needs, including EBP
• Attention to social support (via peers or natural supports)
• Measurement and feedback of progress
Strengths
The things that keep us going
Three kind of strengths

• Descriptive
  – Engages people and starts a story
  – ‘Good sense of humor’

• Contextual
  – Story telling as a learning form
  – ‘she made her dad crack up after surgery’

• Functional
  – Skills which can be applied in a more organized way which are targeted to needs and make sense in the context in which the family is operating
  – ‘she can use jokes to keep friends around’

“Real wrap”: From listing strengths to identifying and leveraging **functional strengths**

- “David likes basketball”
- “David likes to watch UVA hoops 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 UVA is one activity in which David doesn’t feel anxious or worry.”
Where do we start?

• Review the referral with a lens for strengths
  – Can you reframe challenges into strengths?
  – Can you pull out possible coping strategies?

• Engage with the family
  – Can you create a dialogue around strengths?

• Begin developing the family story
  – Can you develop the story around the areas of strengths: activities, learning & relationships?
Engaging the Team through Strength Discovery

• What is their perspective on the strengths of the family?
• What role do they enjoy playing in their relationship with this family?
• What has worked in the past?
• What makes them hopeful about the future?
Needs:
A cornerstone of 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.

Examples:
• Ms. Jones needs to feel strong in the decisions she makes as the mother and provider for her family.
• Darrin needs to know he can make positive decisions about his life.
• Kyle needs to feel like there’s a reason to get up and go to school in the morning
• Matthew needs to feel like he is a permanent part of the family
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
    • Ideally uses the words “know”, “feel” or “understand”
Multiple Proposed Mechanisms of Effect; Two Main Paths to Positive Outcomes

Defined Practice Model

Wraparound Care Coordination

System and Program Supports

High fidelity practice:
- Family-driven needs identification
- Family Engagement
- Integrated Teamwork
- Social Support
- EB Strategies based on Needs
- Plan Implementation Oversight
- Progress monitoring and feedback

Building Family Capacities:
- Skills to manage behaviors/emotions
- Self-Efficacy
- Optimism
- Problem Solving
- Social Supports

Services and supports work better:
- Youth/Families engaged
- Top Problems Addressed
- Strategies implemented
- Single Plan of Care

Positive outcomes:
- Behaviors less problematic
- Emotions less extreme
- Caregivers feel less stressed
- Youth are at home, in school, and out of trouble
- Systems do not use institutions unnecessarily
Getting to Better Wraparound Quality and Outcomes

INVEST IN IMPLEMENTATION
Outcomes depend on implementation

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

- Build coalitions to oversee wraparound implementation
- Invest in skill development for workers
- Invest in a comprehensive community-based services array
- 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

**Effective Team**
*Process + Principles*

**Supportive Organizations**
*Training, supervision, interagency coordination and collaboration*

**Hospitable System**
*Funding, Policies*
What can we invest in?

• Train, coach, supervise, and support your workforce
• Take a true systems approach to organizing and financing care
• Upgrade your service array
• Manage at the organization level
• Drive with data
Training and workforce support, from orientation to innovation

**Phase 1: Orientation**

<table>
<thead>
<tr>
<th>Main components</th>
<th>Key features</th>
<th>Ends when...</th>
</tr>
</thead>
</table>
| • Basic history and overview of wraparound  
  • Introduction to skills/competencies  
  • Intensive review of the process | • “Tell, show, practice, feedback” process | • Training completed |

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound.
Training and workforce support, from orientation to innovation

### PHASE 1
**Orientation**
- Main components:
  - Basic history and overview of wraparound
  - Introduction to skills/competencies
  - Intensive review of the process
- Key features:
  - “Tell, show, practice, feedback” process
- Ends when:
  - Training completed

### PHASE 2
**Apprenticeship**
- Main components:
  - Observation by the apprentice
  - Observation of the apprentice
- Key features:
  - Experienced coaches
  - Structured process
  - Use of reliable assessments
- Ends when:
  - Observations completed
  - Score exceeds threshold
  - Apprentice passes knowledge test

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound
## Training and Workforce Support, From Orientation to Innovation

<table>
<thead>
<tr>
<th>Phase 1: Orientation</th>
<th>Phase 2: Apprenticeship</th>
<th>Phase 3: Ongoing Coaching and Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main Components</strong></td>
<td><strong>Key Features</strong></td>
<td><strong>Ends When...</strong></td>
</tr>
<tr>
<td>- Basic history and</td>
<td>- Experienced coaches</td>
<td>- Training completed</td>
</tr>
<tr>
<td>overview of wrapar</td>
<td>- Structured process</td>
<td></td>
</tr>
<tr>
<td>round</td>
<td>- Use of reliable</td>
<td></td>
</tr>
<tr>
<td>- Introduction to</td>
<td>assessments</td>
<td></td>
</tr>
<tr>
<td>skills/competencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Intensive review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- “Tell, show, practice, feedback” process</td>
<td>- Quarterly observations (minimum)</td>
<td>- Score exceeds threshold</td>
</tr>
<tr>
<td>- Observation by the</td>
<td>- Intensity increased</td>
<td>- Apprentice passes knowledge test</td>
</tr>
<tr>
<td>apprentice</td>
<td>if data indicate</td>
<td></td>
</tr>
<tr>
<td>- Observation of the</td>
<td>- Superior facilitators</td>
<td></td>
</tr>
<tr>
<td>apprentice</td>
<td>become innovators</td>
<td></td>
</tr>
<tr>
<td>- Ongoing coaching,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>informed by data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Periodic observation</td>
<td></td>
<td></td>
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<tr>
<td>- Document review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound.
Fidelity and quality goes up and down with workforce development effort

Fidelity Scores at Various Wrap Implementation Stages

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
<th>Average WFI Fidelity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>initiation of pilot</td>
<td>64%</td>
</tr>
<tr>
<td>2002</td>
<td>after intensive training</td>
<td>72%</td>
</tr>
<tr>
<td>2004</td>
<td>after introduction of coaching</td>
<td>86%</td>
</tr>
<tr>
<td>2008</td>
<td>after state went to scale (from 34 to 400 youths)</td>
<td>72%</td>
</tr>
</tbody>
</table>
Poorer outcomes as system conditions changed

Average functional impairment score from the CAFAS

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>6 mos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrap gone to scale (2008)</td>
<td>118</td>
<td>105</td>
</tr>
<tr>
<td>Wrap pilot (2005)</td>
<td>109</td>
<td>75</td>
</tr>
</tbody>
</table>

Bruns, Pullmann, Sather, Brinson, & Ramey, 2014
Poorer outcomes as system conditions changed

Percent of youth placed in institutions by Wrap Implementation Stage

- Wraparound pilot: 12%
- Wraparound gone to scale: 35%
Care Management Entities: A True “System Approach” to Organizing Care

Wraparound Milwaukee. (2010). *What are the pooled funds?* Milwaukee, WI: Milwaukee County Mental Health Division, Child and Adolescent Services Branch.

**CHILD WELFARE**
(Budget for Institutional Care for Children—CHIPS)

**JUVENILE JUSTICE**
Budget for RTC for Youth w/delinquency

**MEDICAID**
(capitation: $1557 per month per enrollee)

**MENTAL HEALTH**
- Crisis Billing
- Block Grant
- HMO Commercial Insurance

**SCHOOLS**
Youth at risk for alternative placements

- All inclusive case rate = $3700 pcpm
- Care coordination portion = $780 pcpm

**Wraparound Milwaukee**
Care Management Organization
$47M

- **Intensive Care Coordination**
- **Child and Family Team**
- **Plan of Care**

- **Provider Network**
  210 Providers
  70 Services

- **Families United**
  $440,000

$11.0M $11.5M $16.0M $8.5M
Wraparound fidelity is driven by system features

Total COMET Scores - All States

Hensley, Bruns, et al., 2016; in prep
What are the features of CME states that matter?

- **Wrap-focus within the organization**
  - Workforce, supervision, coaching, HR rules
- **Use of case rates** – provides flexibility and creativity in plan development
- **Responsibility for costs and outcomes**
- **Develop and access broad array of services**
  - Parent and youth peer support
  - Respite
  - Flex funds
  - EBPs
Wraparound Installation at the Organizational Level

- Competent Staff
- Organizational Support
- Effective Leadership
- Accountability

Successful Organization
Wrap Provider Org Standards Area 1: Competent Staff

<table>
<thead>
<tr>
<th>Competent Staff Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A    Stable Workforce</td>
</tr>
<tr>
<td>1B    Qualified Personnel</td>
</tr>
<tr>
<td>1C    Rigorous Hiring Processes</td>
</tr>
<tr>
<td>1D    Effective Training</td>
</tr>
<tr>
<td>1E    Initial Apprenticeship</td>
</tr>
<tr>
<td>1F    Ongoing Skills-based Coaching</td>
</tr>
<tr>
<td>1G    Meaningful Performance Assessments</td>
</tr>
</tbody>
</table>
# Wrap Provider Org Standards Area 1: Competent Staff

## Competent Staff Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A</td>
<td>Stable Workforce</td>
</tr>
<tr>
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</tr>
<tr>
<td>1G</td>
<td>Meaningful Performance Assessments</td>
</tr>
</tbody>
</table>
1C: Rigorous Hiring Processes

• The Wraparound provider organization has high-quality written job descriptions and interviewing and hiring protocols for each of the relevant positions.

• Job descriptions reflect best practices and state of the art knowledge about Wraparound skills and expertise, and have clear expectations for performance.

• Interview and selection protocols include behavioral questions or direct observation of tasks, and require a writing exercise or sample.
1F: Ongoing Skills-based Coaching

• Facilitators have at least *bi-weekly contact with a coach* or a supervisor who serves as a coach.

• Coaching activities are *integrated into practice* and *aimed at improving the staff’s skills* in working with youth and caregivers.

• Coaching includes *at least quarterly formal assessment* of practice in multiple settings via observations, recordings, and/or review of documentation.
Wrap Provider Org Standards Area 2: Effective Leadership

**Effective Leadership Indicators**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>High-quality Leadership</td>
</tr>
<tr>
<td>2B</td>
<td>Transparent Organizational Practices</td>
</tr>
<tr>
<td>2C</td>
<td>Strong Wraparound Implementation Leadership</td>
</tr>
</tbody>
</table>

**2C**: Supervisors and the wider organizational leadership *plan for and support the high-quality implementation of Wraparound*.  
- They are seen as *reliable thought leaders*, and effectively *address barriers and find solutions* as they come up during Wraparound implementation.
<table>
<thead>
<tr>
<th>Facilitative Organizational Support Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3A</strong> Manageable Workloads</td>
</tr>
<tr>
<td><strong>3B</strong> Adequate Compensation and Resources</td>
</tr>
<tr>
<td><strong>3C</strong> High Morale and Positive Climate</td>
</tr>
<tr>
<td><strong>3D</strong> Fiscally Sustainable</td>
</tr>
<tr>
<td><strong>3E</strong> Routine Oversight of Key Organizational Operations</td>
</tr>
</tbody>
</table>
Facilitators have *manageable caseloads* (e.g., 8-12 families or less, depending on the complexity of their needs).

Supervisors *supervise 6 or fewer facilitators* and/or other individuals.

There is adequate staffing for staff to successfully do their jobs.
3D: Fiscally Sustainable

The Wraparound provider organization has a **sustainable funding plan for the next 3-5 years**. Data demonstrating **costs and cost-effectiveness** are available and disseminated.
## Utility-focused Accountability Mechanisms

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A</td>
<td>Effective Data Management</td>
</tr>
<tr>
<td>4B</td>
<td>Purposeful Training &amp; Coaching Evaluation</td>
</tr>
<tr>
<td>4C</td>
<td>Routine Fidelity Monitoring</td>
</tr>
<tr>
<td>4D</td>
<td>Routine Outcomes Monitoring</td>
</tr>
<tr>
<td>Category</td>
<td>Pre-Enrollment</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Organization Readiness</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>Organization has identified implementation team that includes executive leadership, mid management, supervisors and Care Coordinators (2B &amp; 3E)</td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td></td>
</tr>
<tr>
<td>Procedures and policies are in place to manage referrals after initial eligibility (5G)</td>
<td></td>
</tr>
<tr>
<td>Demonstration of a process to support Medicaid application for eligible referrals (5H, 5F)</td>
<td></td>
</tr>
<tr>
<td>Services &amp; Supports: Firewalls are established between any internal organizational service provision and care coordination effort (5G)</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
</tr>
<tr>
<td>At least one Wraparound supervisor has been identified (3A)</td>
<td></td>
</tr>
<tr>
<td>An adequate number of Care Coordinators have been identified (3A)</td>
<td></td>
</tr>
<tr>
<td><strong>Onboarding</strong></td>
<td></td>
</tr>
<tr>
<td>Workforce development plan has begun to be established that</td>
<td></td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>Clear and transparent procedures for decision making exist across the organization and leadership routinely involve supervisors and Care Coordinators in building consensus in decision making (2B &amp; 3E)</td>
<td></td>
</tr>
<tr>
<td>Leadership takes an active role in planning for quality installation of Wraparound by effectively addressing barriers as they come up during Wraparound implementation (2C)</td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment &amp; Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Families have reliable access to information about the organization and what it provides (e.g. organization marketing plan) (5G)</td>
<td></td>
</tr>
<tr>
<td>Initial Wraparound plan developed within 30 days of being referred (F1)</td>
<td></td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
</tr>
<tr>
<td>Wraparound Supervisor to Care Coordinator ratio does not exceed 1:7 (3A)</td>
<td></td>
</tr>
<tr>
<td>Care Coordinator (CC) to Family ratio does not exceed 1:12 (3A)</td>
<td></td>
</tr>
<tr>
<td>For organizations with more than 12 families targeted for enrollment, CC have exclusive caseloads (3A)</td>
<td></td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
</tr>
<tr>
<td>An accountable Continuous Quality Improvement (CQI) infrastructure exists between implementation team, quality assurance, and Executive Leadership (e.g. mechanisms to monitor fidelity, service quality &amp; outcomes and to assess the quality and development of Wraparound) is established (3E &amp; 5I)</td>
<td></td>
</tr>
<tr>
<td>Supervisors and the wider organizational leadership provide well-defined performance goals, while ensuring staff have the tools and flexible policies to meet these expectations (2A)</td>
<td></td>
</tr>
<tr>
<td>The organization has taken specific steps to translate the Wraparound philosophy into policies, practices and achievements and agency staff are informed of Wraparound principles and practice (5E)</td>
<td></td>
</tr>
<tr>
<td><strong>Fiscal Sustainability</strong></td>
<td></td>
</tr>
<tr>
<td>The organization has a sustainable funding plan for the next 3 – 5 years (e.g. data on costs and cost-effectiveness are available and shared) (3D)</td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment &amp; Engagement</strong></td>
<td></td>
</tr>
<tr>
<td>Child and family team meetings held regularly (at least every 30 to 90 days) (5G)</td>
<td></td>
</tr>
</tbody>
</table>
## Outcome expectations for WPOs

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>6 months</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Home Placement:</td>
<td>Fewer than 40% out-of-home placements per year (O6)</td>
<td>Out-of-Home Placement: Fewer than 30% out-of-home placements per year (O6)</td>
<td>Out-of-Home Placement: Fewer than 20% out-of-home placement per year (O6)</td>
</tr>
<tr>
<td>Retention:</td>
<td>Less than 25% discharge unsuccessful before 3 months of enrollment, and</td>
<td>Retention: Less than 20% discharge unsuccessful before 3 months of enrollment, and</td>
<td>Retention: Less than 15% discharge unsuccessful before 3 months of enrollment, and</td>
</tr>
<tr>
<td></td>
<td>Less than 30% discharge unsuccessful before 6 months of enrollment (O7)</td>
<td>Less than 25% discharge unsuccessful before 6 months of enrollment (O7)</td>
<td>Less than 20% discharge unsuccessful before 6 months of enrollment (O7)</td>
</tr>
<tr>
<td>Clinical Assessment:</td>
<td>CANS = 10% improvement on behavioral and emotional domains (O2 – O5)</td>
<td>Clinical Assessment: CANS = 20% improvement on behavioral and emotional domains (O2 – O5)</td>
<td>Clinical Assessment: CANS = 40% improvement on behavioral and emotional domains (O2 – O5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Length of Stay: Average length of stay in Wraparound falls within 10 to 18 months</td>
<td>Length of Stay: Average length of stay in Wraparound falls within 10 to 18 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recidivism: Fewer than 30% return to Wraparound one year after graduation</td>
<td>Recidivism: Fewer than 20% return to Wraparound one year after graduation</td>
</tr>
</tbody>
</table>
DRIVE WITH DATA!

- At the youth and family level
- At the organizational level
- At the system level
Family vision: To love unconditionally and work hard on the important things.

Need 1: Matthew needs to know that people can be permanent parts of his life.
Assessing “fit” of wrap to family needs at a state level

38% of youth have **1 or 0** actionable needs.

Median number of actionable needs is **2**.
“State X”: Caregivers had few needs, according to the CANS

49% of caregivers have 1 or 0 actionable needs
Out of Home Placement Rates in NJ only went down after investing in a consistent care coordination model statewide.
Percent of case reviews that “passed” review statewide

- 1996: 48%
- 1997: 48%
- 1998: 61%
- 1999: 80%
- 2000: 74%
- 2001: 85%
- 2002: 89%
- 2003: 94%
- 2004: 94%
- 2005: 93%

The graph shows an increasing trend in the percent of case reviews that passed review statewide from 1996 to 2005, with a peak of 93% in 2005.
Tracking improvement in child functioning statewide

[Graph showing the median within client change on CAFAS over years from 2002 to 2005. The data points indicate a downward trend, suggesting improvement in child functioning over time.]
Virginia: Percent of youth/families enrolled in SOC (n=266)
VA SOC: Number of youth served by Age Group

<table>
<thead>
<tr>
<th>Horizon</th>
<th>Birth to 4</th>
<th>5 to 9</th>
<th>10 to 12</th>
<th>13 to 15</th>
<th>16 to 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Peninsula</td>
<td>4%</td>
<td>23%</td>
<td>18%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>New River Valley</td>
<td>18%</td>
<td>18%</td>
<td>46%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>UMFS, Region 1</td>
<td>24%</td>
<td>23%</td>
<td>38%</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>UMFS, Region 4</td>
<td>38%</td>
<td>38%</td>
<td>30%</td>
<td>29%</td>
<td>50%</td>
</tr>
<tr>
<td>UMFS, Region 5</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Alexandria</td>
<td>3%</td>
<td>3%</td>
<td>24%</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Fairfax</td>
<td>3%</td>
<td>3%</td>
<td>21%</td>
<td>24%</td>
<td>40%</td>
</tr>
<tr>
<td>Loudoun County</td>
<td>13%</td>
<td>13%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Region 10</td>
<td>11%</td>
<td>11%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>UMFS</td>
<td>9%</td>
<td>9%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>
VA SOC: Potential areas of need

- I/my child is handling daily life: 44% Strongly Agree, 21% Agree, 15% Undecided, 13% Disagree, 7% Strongly Disagree
- I/my child gets along with family members: 26% Strongly Agree, 14% Agree, 14% Undecided, 5% Disagree, 4% Strongly Disagree
- I/my child gets along with friends and other people: 20% Strongly Agree, 15% Agree, 18% Undecided, 13% Disagree, 5% Strongly Disagree
- I/my child is doing well in school and/or work: 25% Strongly Agree, 15% Agree, 14% Undecided, 13% Disagree, 7% Strongly Disagree
- I/my child is able to cope when things go wrong: 32% Strongly Agree, 25% Agree, 14% Undecided, 21% Disagree, 7% Strongly Disagree
- I am satisfied with our family life right now: 29% Strongly Agree, 18% Agree, 14% Undecided, 14% Disagree, 12% Strongly Disagree

Legend: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree
VA SOC: Potential areas of need for EBP

- Nervous
- Hopeless
- Restless or Fidgety
- So depressed that nothing could cheer you up
- Everything was an effort
- Worthless

None of the time | A little of the time | Some of the time | Most of the time | All of the time

| Nervous | 18% | 18% | 1% | 24% | 39% |
| Hopeless | 18% | 18% | 10% | 3% | 48% |
| Restless or Fidgety | 17% | 11% | 22% | 5% | 33% |
| So depressed that nothing could cheer you up | 22% | 22% | 5% | 3% | 48% |
| Everything was an effort | 15% | 15% | 5% | 5% | 36% |
| Worthless | 10% | 13% | 7% | 3% | 67% |
Main points: The How

- Invest in “real” wraparound
  - At the community and state level
- Build out your evidence based service array
- Invest in authentic peer to peer support
- Re-organize your systems to be supportive of these strategies, and others that work
- Invest in your workforce so they can do them well
- Use data to drive your system and your practice