NWIC | National Wraparound Implementation Center

Advancing Systems ✦ Enhancing the Workforce ✦ Improving Outcomes

Welcome to the First Ever

National Wraparound Implementation Academy

Portland State UNIVERSITY

University of Washington

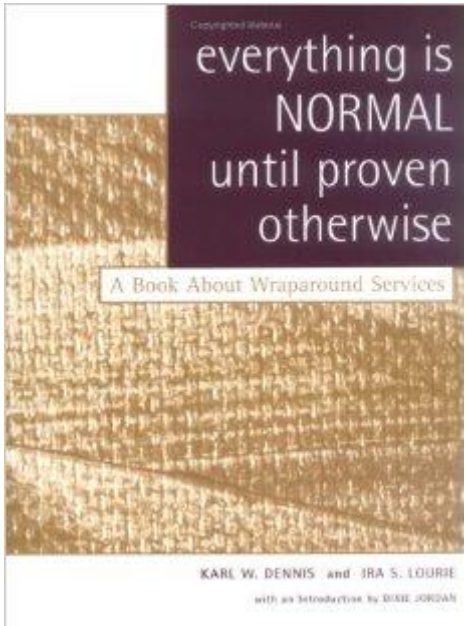
UNIVERSITY of MARYLAND SCHOOL OF SOCIAL WORK

THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

Wraparound: An Incomplete History

1975: Karl Dennis begins implementing individualized, unconditional care in the Kaleidoscope Program, Chicago

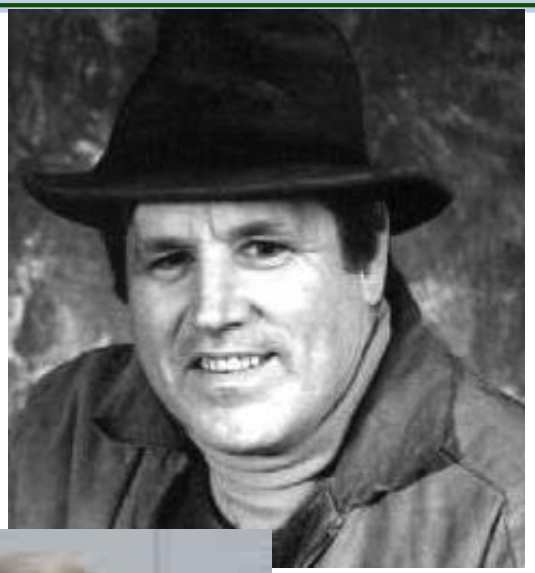
1982: Jane Knitzer publishes *Unclaimed Children*



1985: Lenore Behar coins the term "wraparound" as a new way of providing services under the *Willie M.* Lawsuit in NC

Wraparound: An Incomplete History

- 1986: *Alaska Youth Initiative* launched
- 1991: *One Kid at a Time* published, documenting AYI outcomes



Wraparound: An Incomplete History

- 1992: First published article on wraparound
- Mid-90s: First website with resources for wraparound

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]

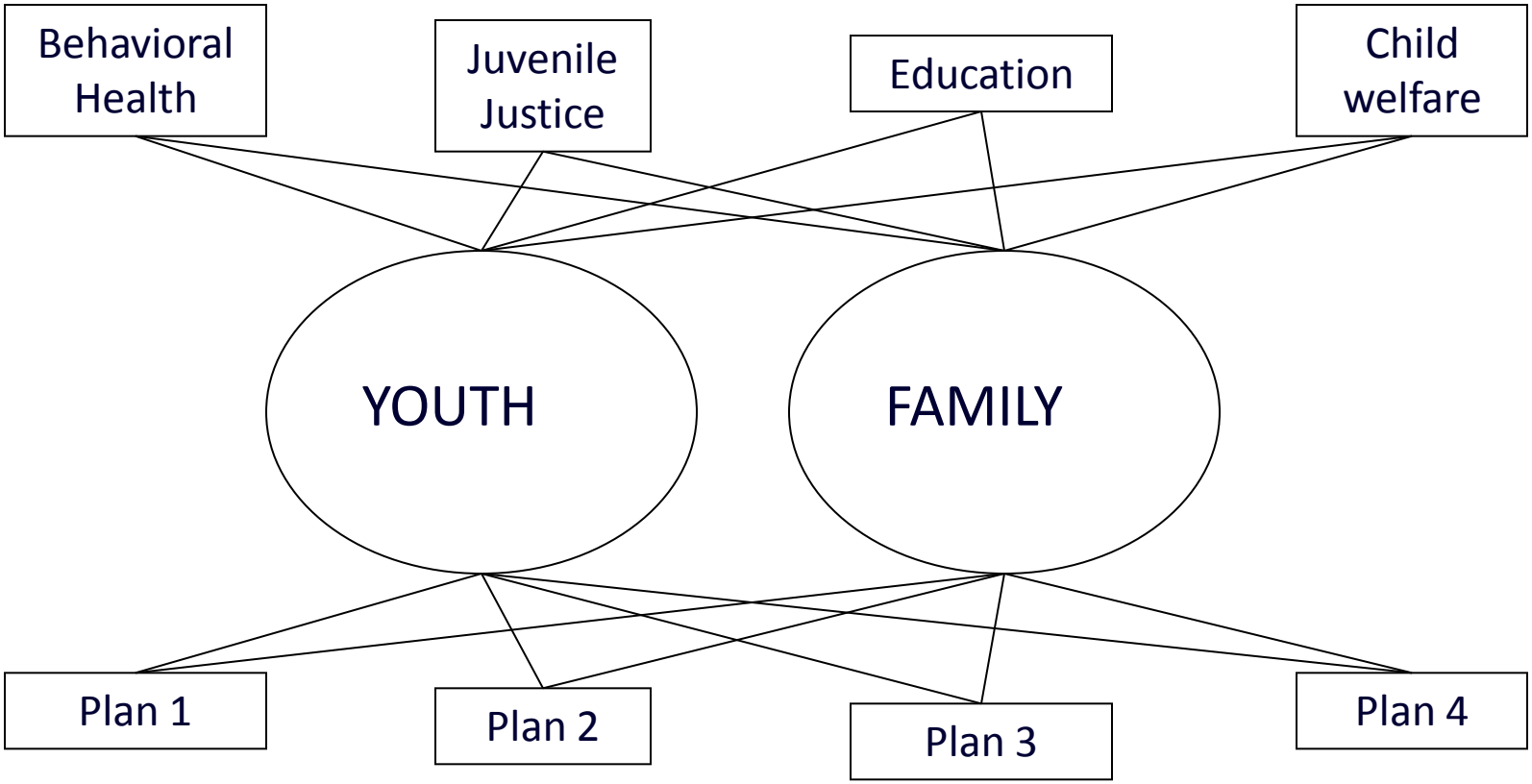
During the past two decades there has been a significant increase in community-based mental health and educational services for children and youth with serious emotional and behavioral problems and their families. However, in the vast majority of programs there are no reliable longitudinal data on the adjustment of the children that are served. Project Wraparound

are discussed.

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

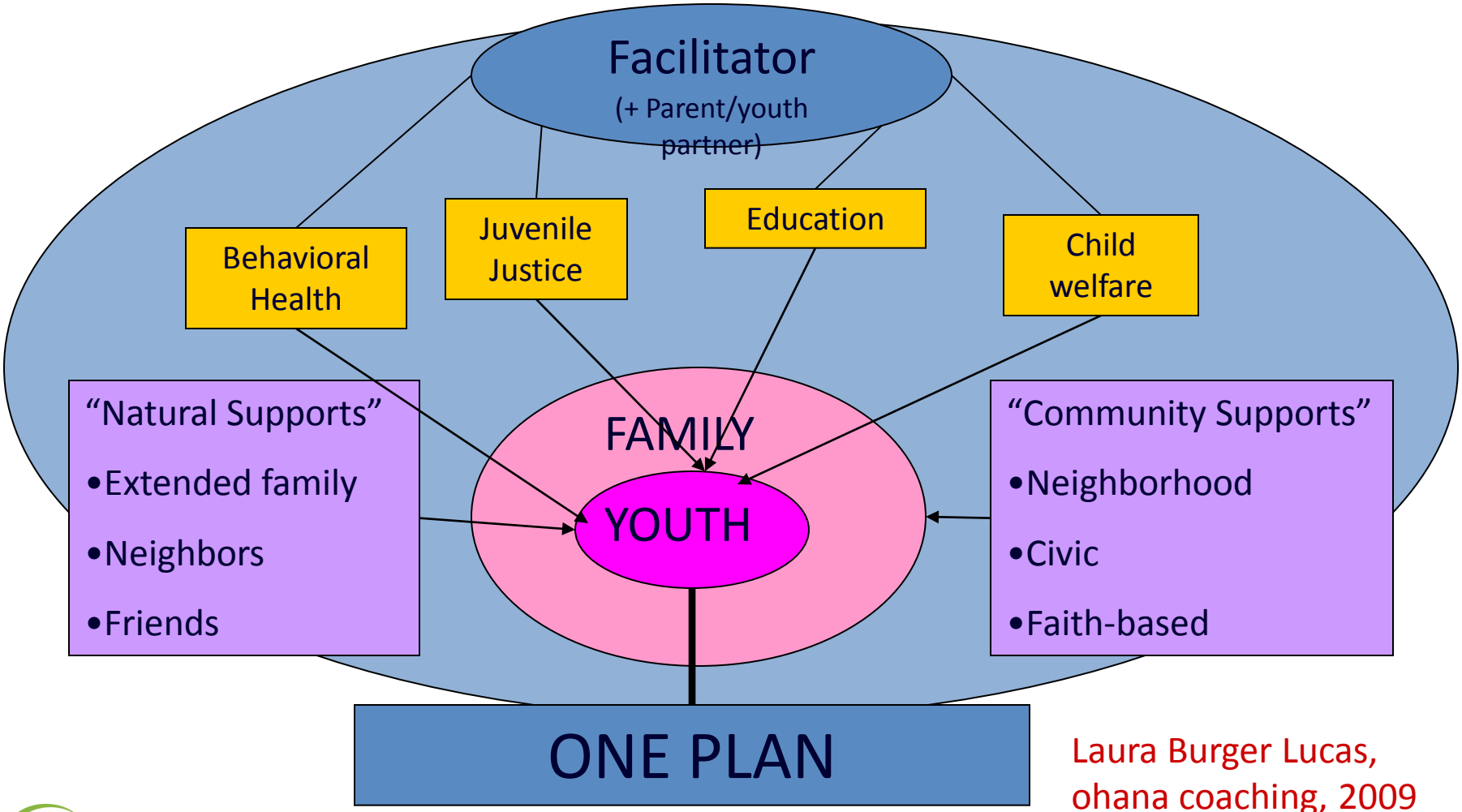
delima jr
10/9/2010

A revolution in how care is delivered… from expert driven siloes…



Laura Burger Lucas, ohana coaching, 2009

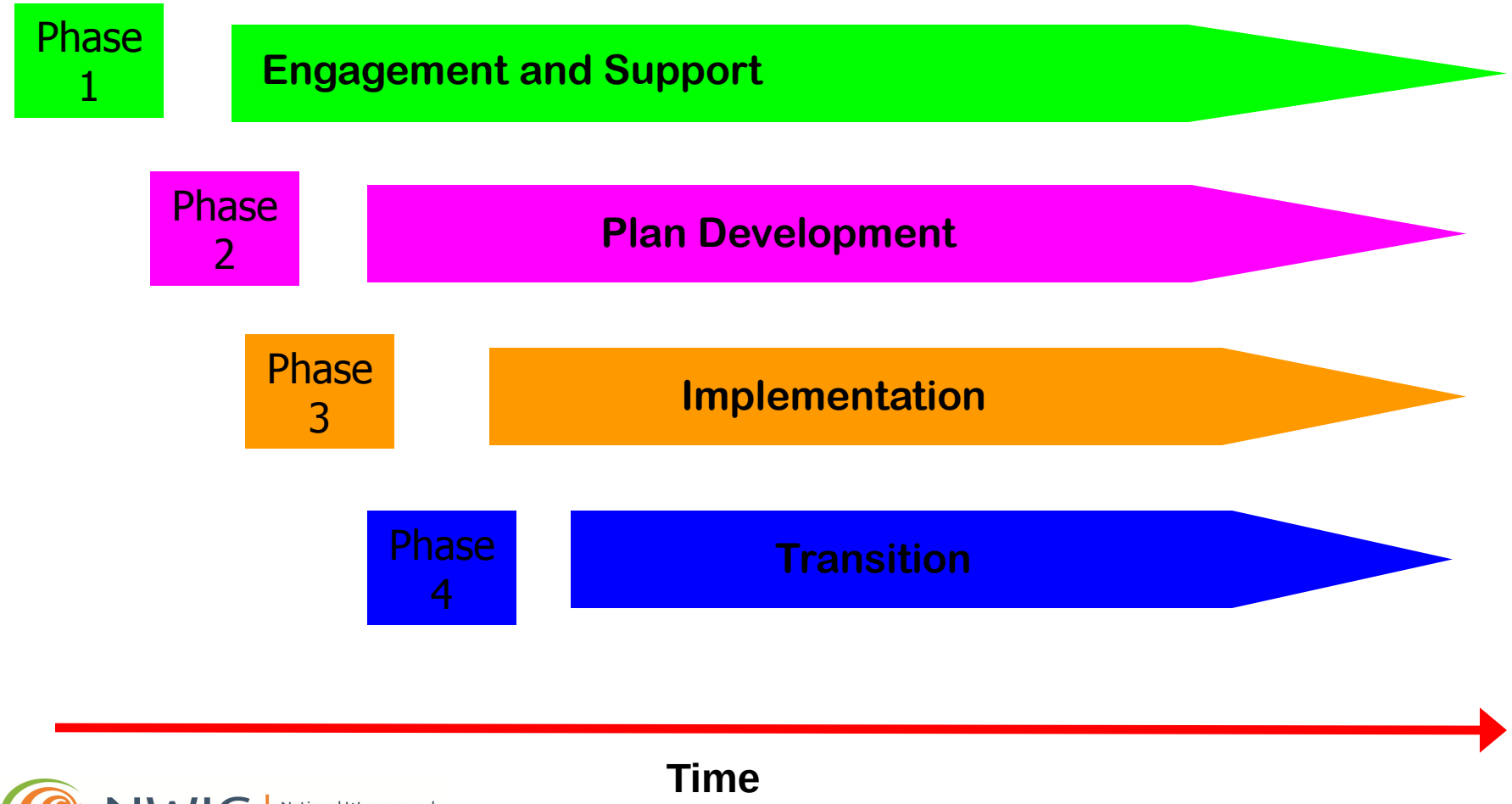
To a new way of doing business



Laura Burger Lucas, ohana coaching, 2009

Implementing the practice model:

The Four Phases of Wraparound



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Growing up:

Four Phases of Wraparound?

Phase 1

Do whatever it takes

Time

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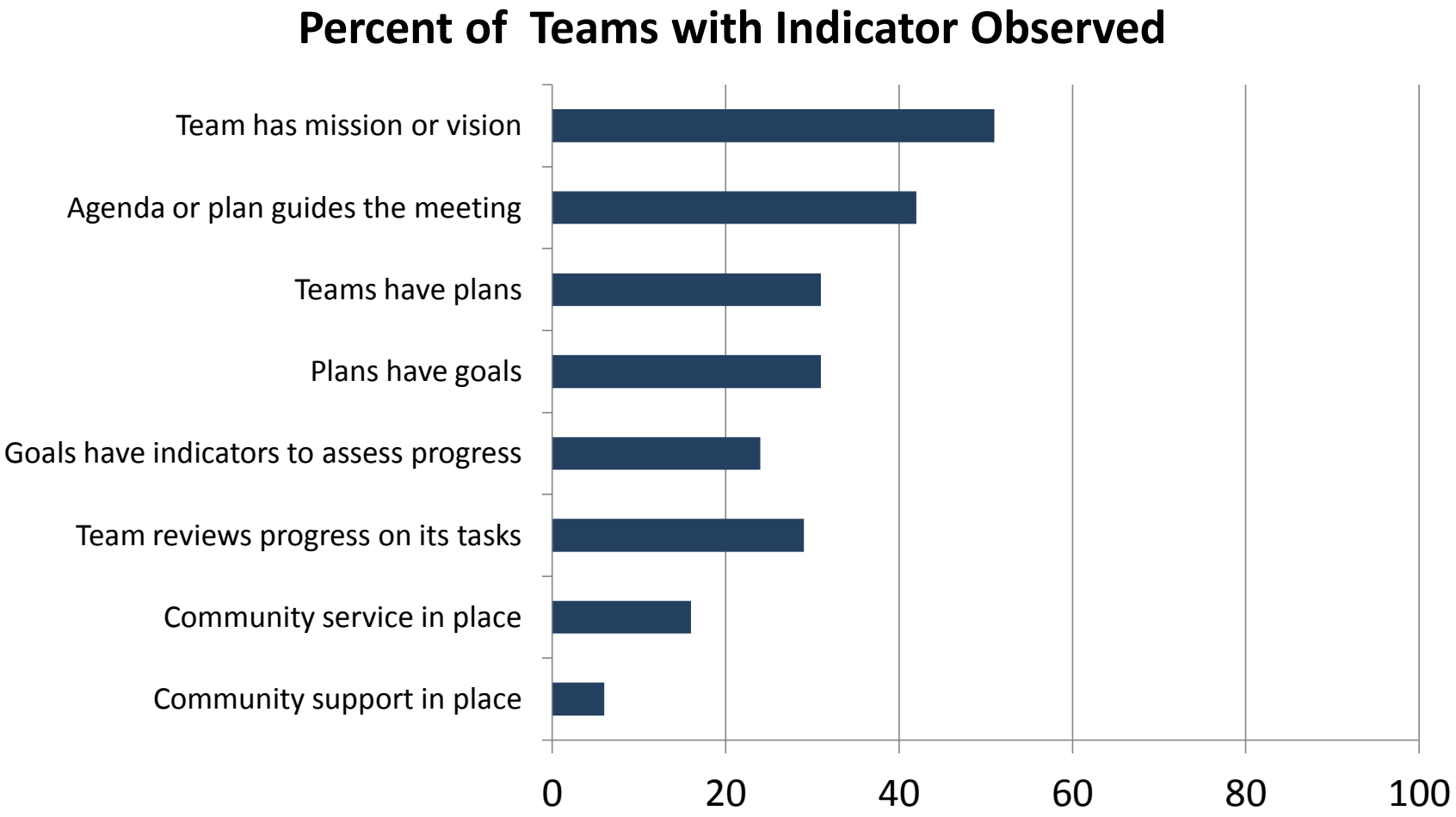
Many flowers bloomed…

…but so did some weeds

2005: Seventy-two wraparound teams in eleven states…

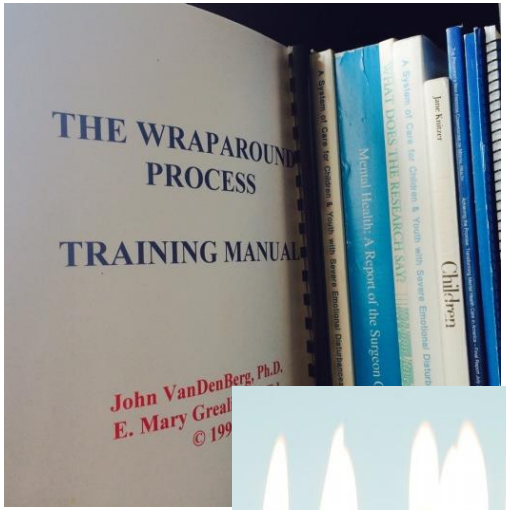


Wraparound: An Incomplete History

- 1996: Wraparound Milwaukee's *25-Kid Project* launched
- 1998: Wrap leaders convene at Duke Univ. to define principles and compile case studies

Wraparound: An Incomplete History

- 1998: First nationally available wraparound manual
- 1999: First fidelity measures released for both Wraparound and Multisystemic Therapy

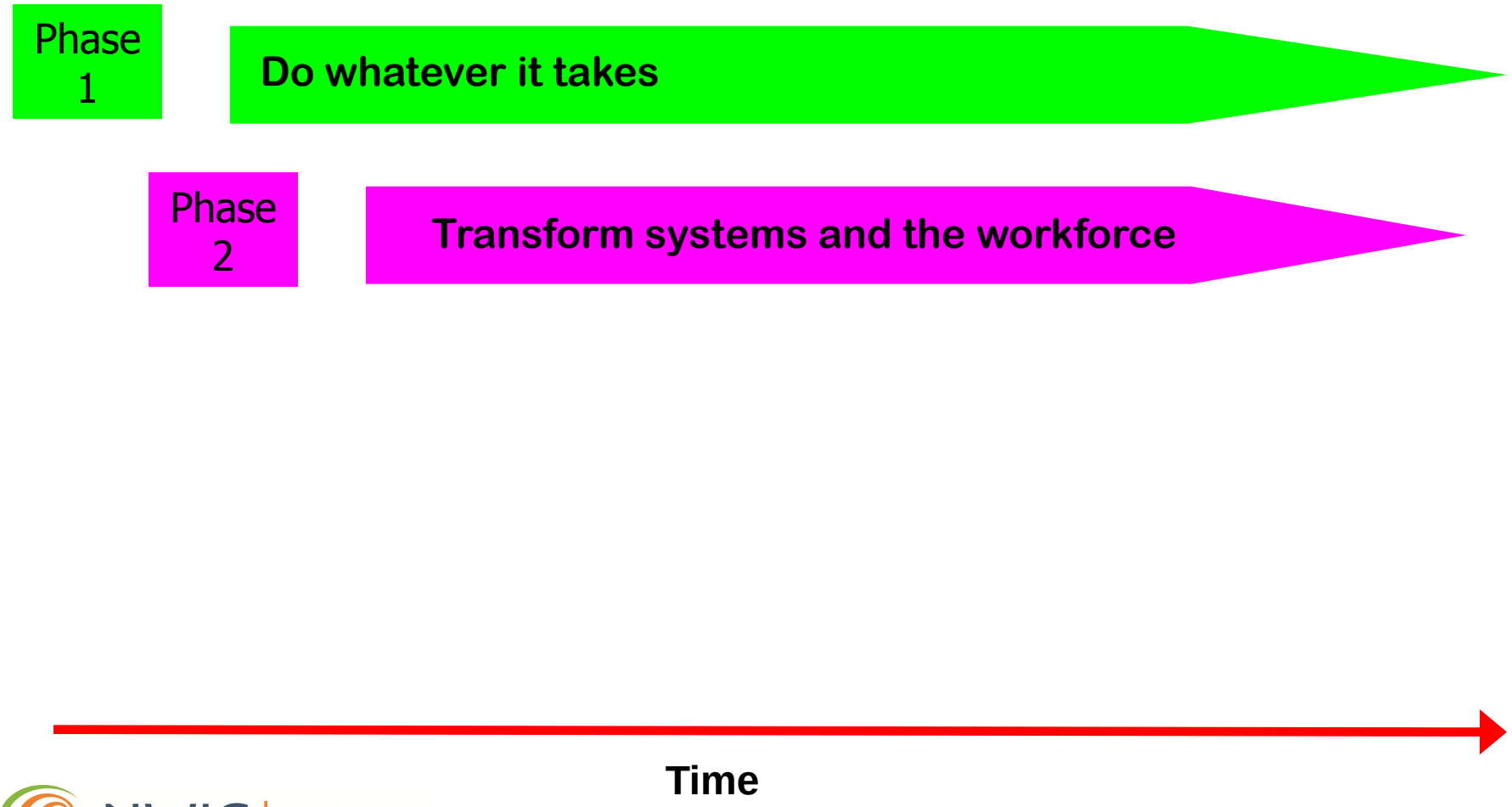


- 2003: Wrap leaders convene in Portland, NWI is born
- **July 14**, 2005: Institute for Innovation and Implementation at Univ of Maryland, Baltimore is launched

Super Optimus

Growing up:

The Four Phases of Wraparound



Hospitable System (Policy and Funding Context)

Supportive Organization

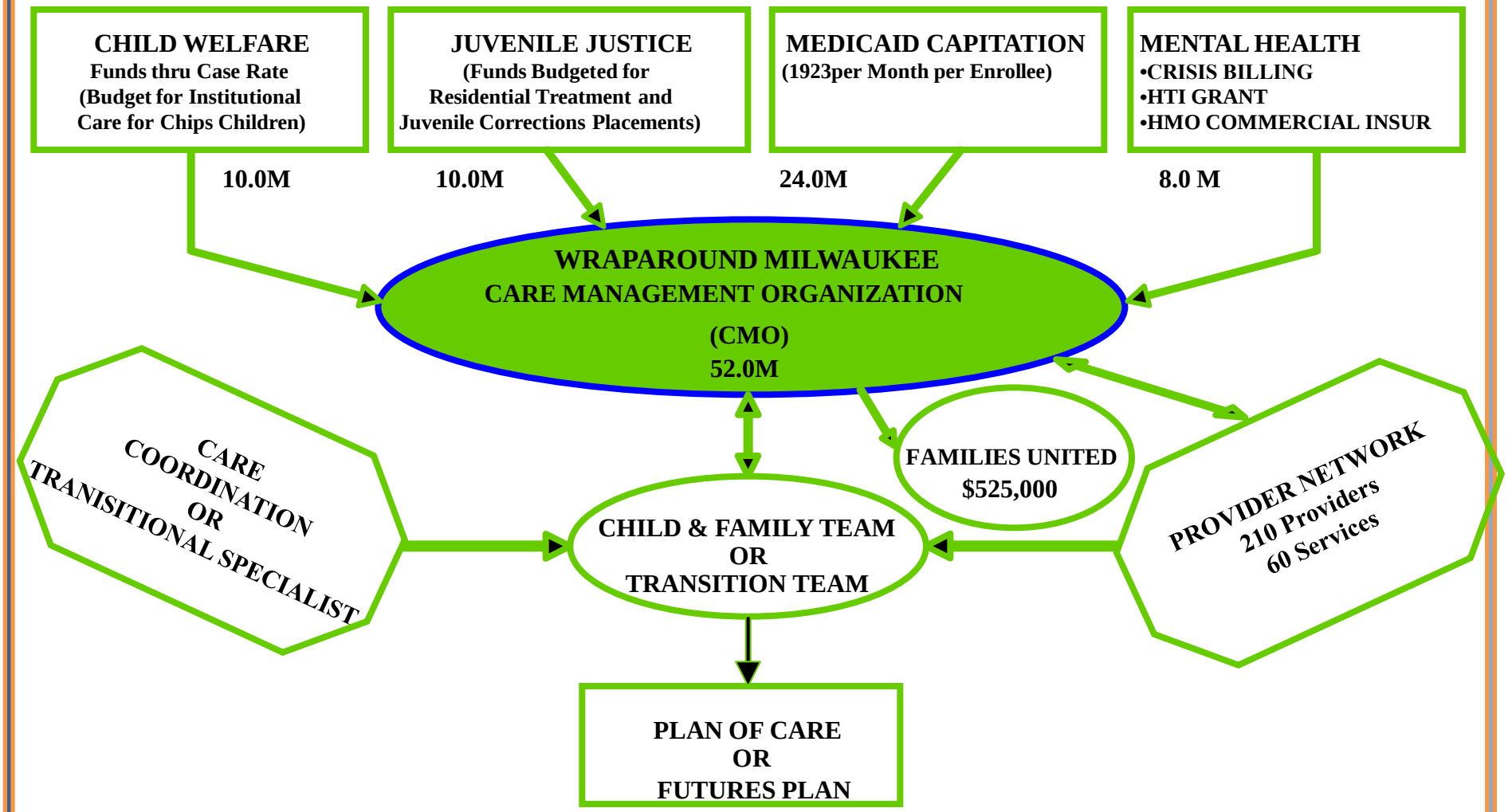
(lead and partner agencies)

Effective Team

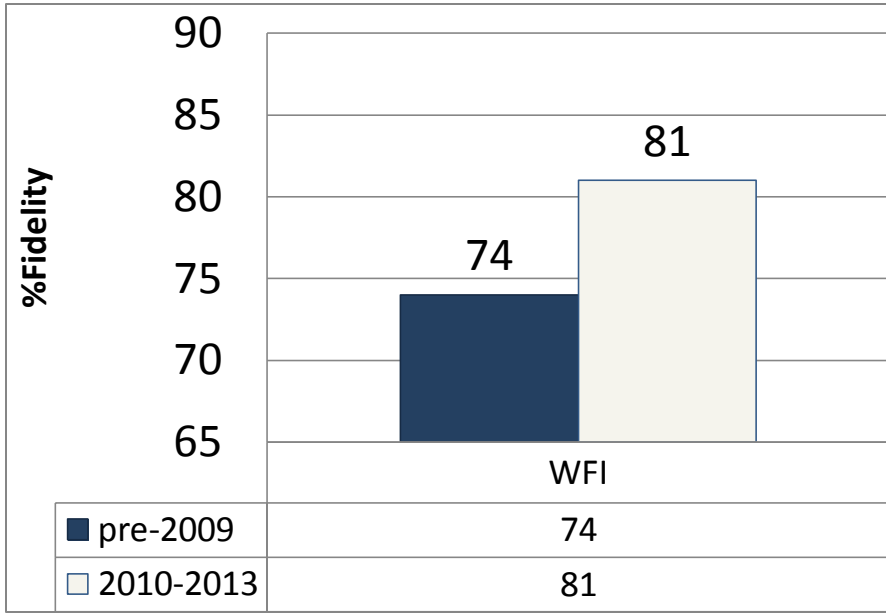
Cost studies of Wraparound

- "First-generation" cost studies (to 2005) documented savings both per child and system wide while also improving outcomes
  - Wraparound Milwaukee
  - Los Angeles County
  - State of Kansas
  - Dawn Project-Indianapolis

Transforming How Systems Work

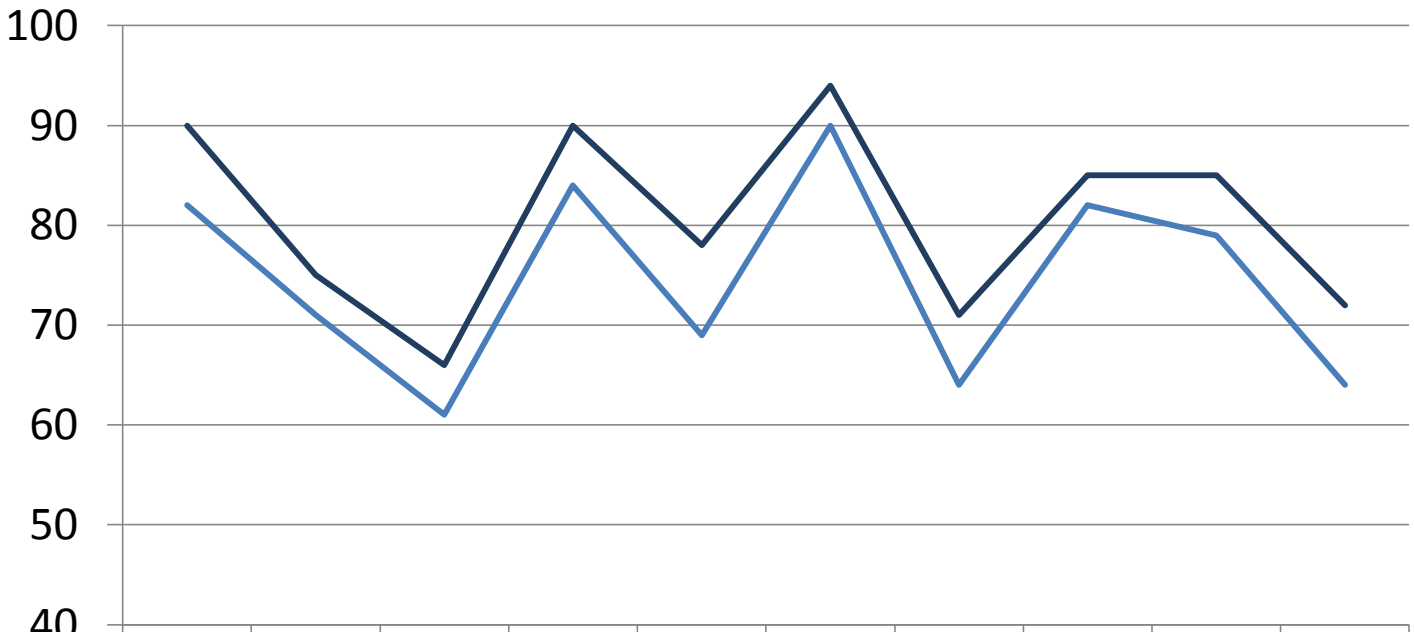


Fidelity scores have increased substantially from 2006-09 to 2009-12



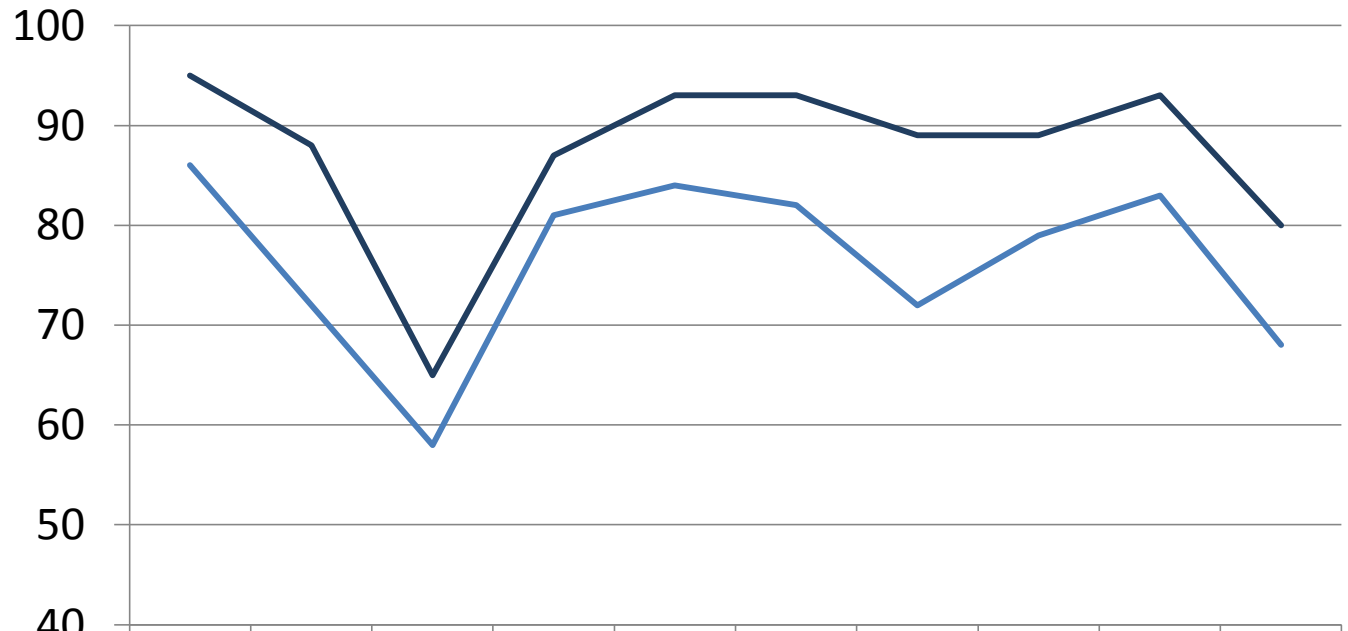
TOM N = 326
WFI N = 1608

WFI National Means Over time by Principle



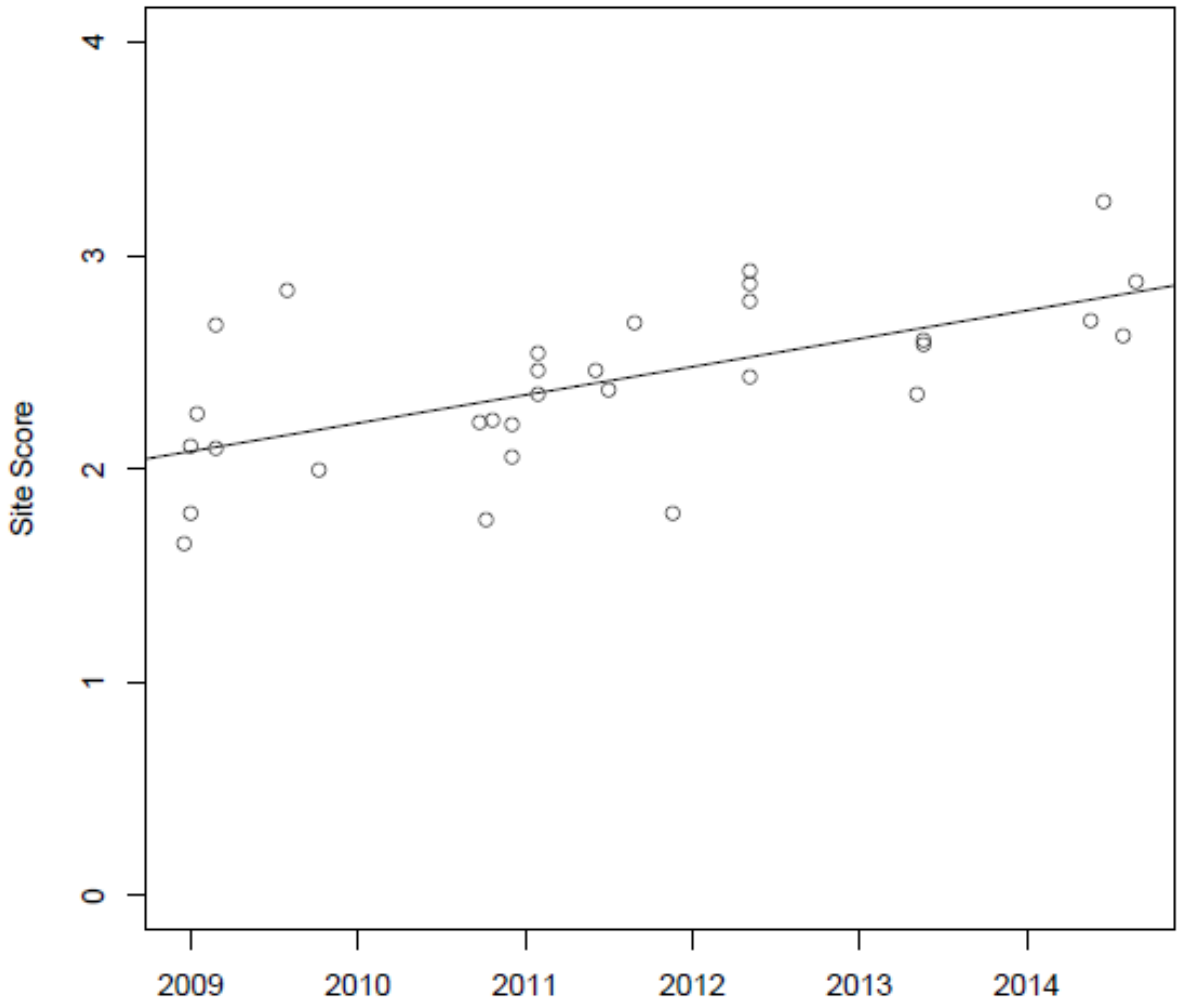
	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
2009-2012	90	75	66	90	78	94	71	85	85	72
pre-2009	82	71	61	84	69	90	64	82	79	64

Team observation National Means Over time by Principle



	FVC	TB	NS	Col	CB	CC	Indiv	SB	Per	OB
National Mean	95	88	65	87	93	93	89	89	93	80
Previous NM	86	72	58	81	84	82	72	79	83	68

Ratings of community support have increased over time as well…

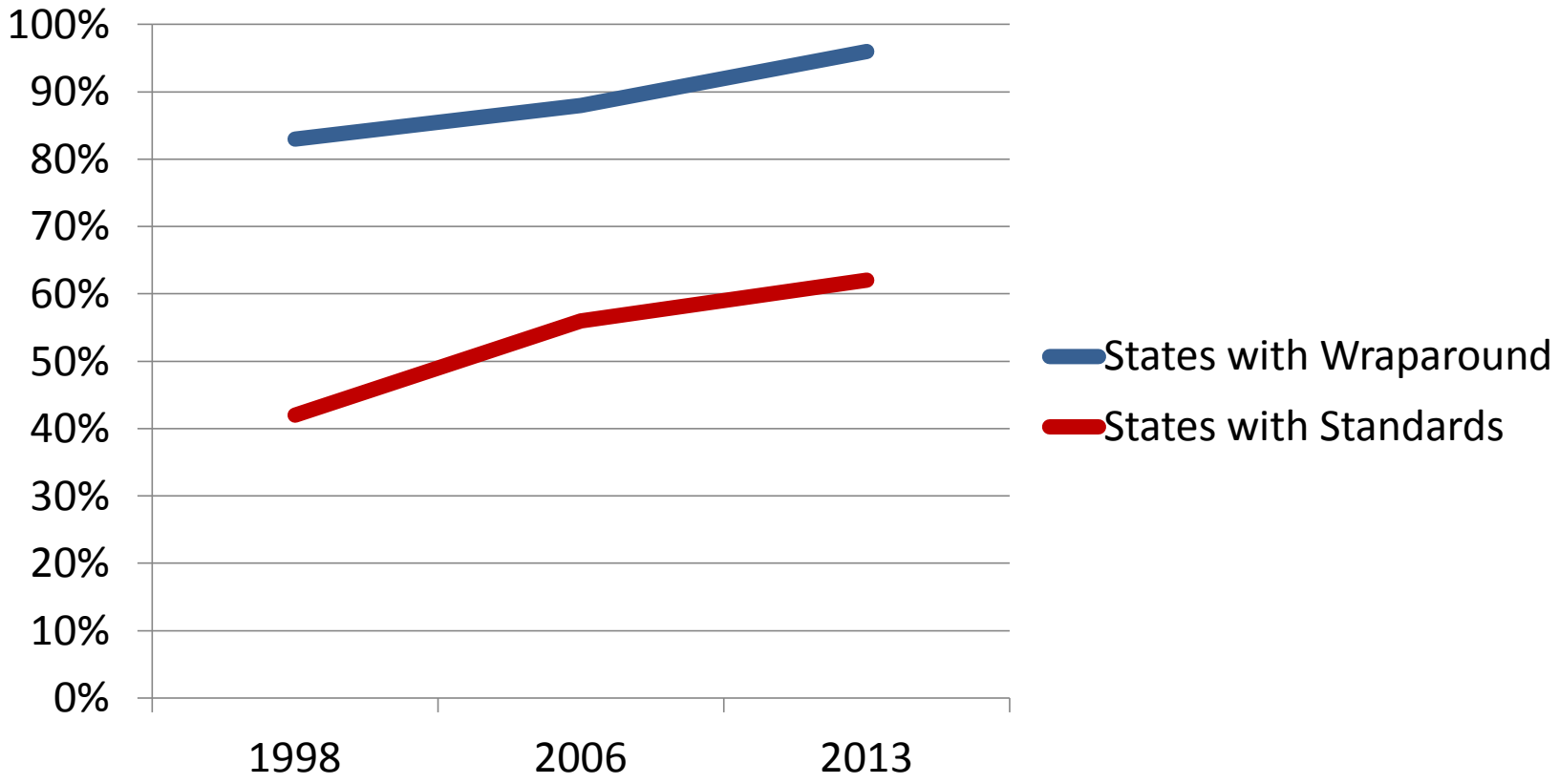


CSWI and theme means over time

Theme	Slope	p-value
Community Partnerships	0.09	0.0007
Collaborative Action	0.11	0.0004
Workforce Development and Support	0.12	0.0001
Fiscal Policies and Sustainability	0.13	0.0007
Access to Needed Supports and Services	0.10	0.0033
Accountability	0.09	0.0055
CSWI Total Score	0.13	0.0004

The slopes can be interpreted as the improvement in scores with each year.

Wraparound at a State Level



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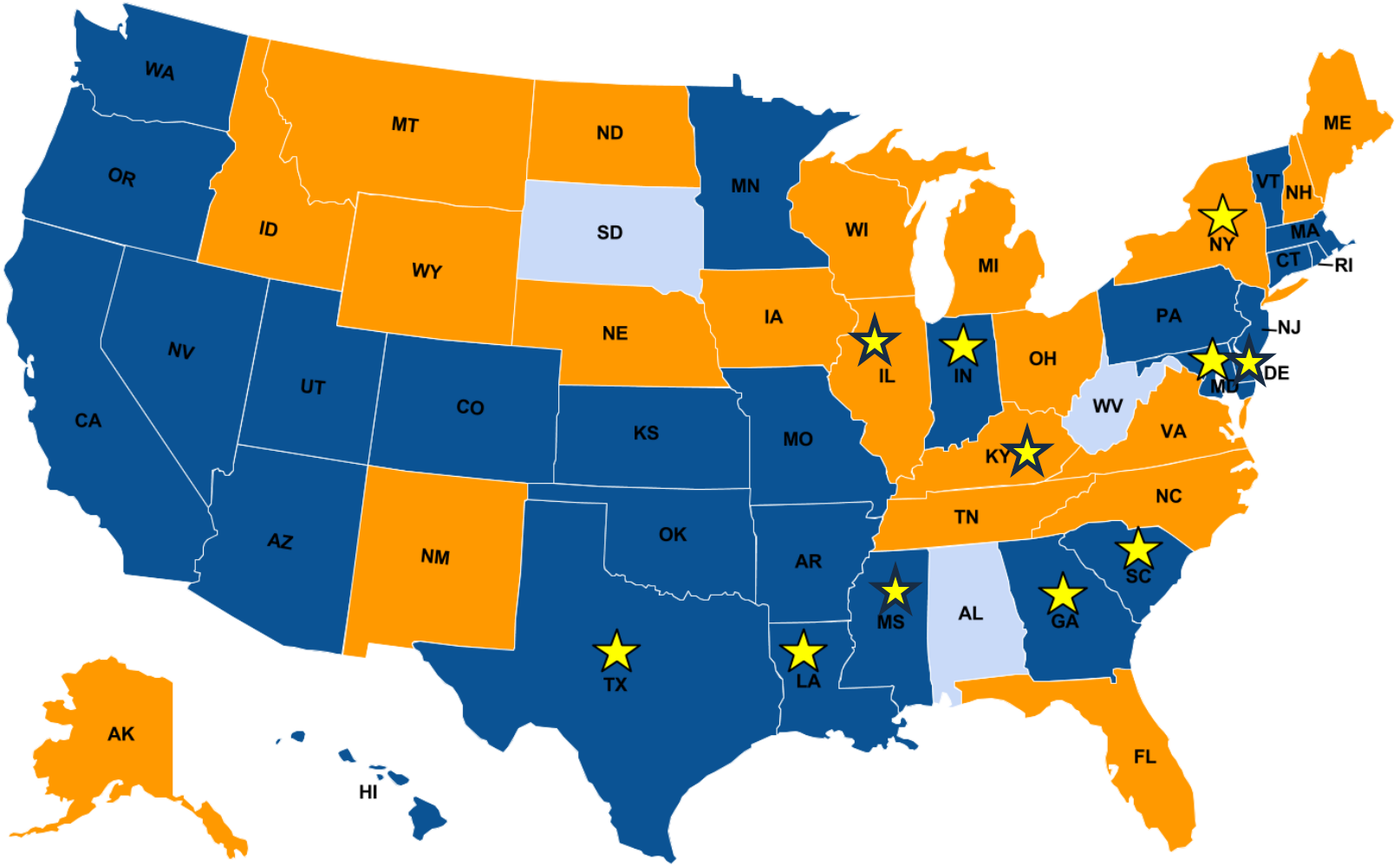
Wraparound Implementation in the U.S.



Legend: ★ Workforce support from NWIC Statewide One or more sites or jurisdictions

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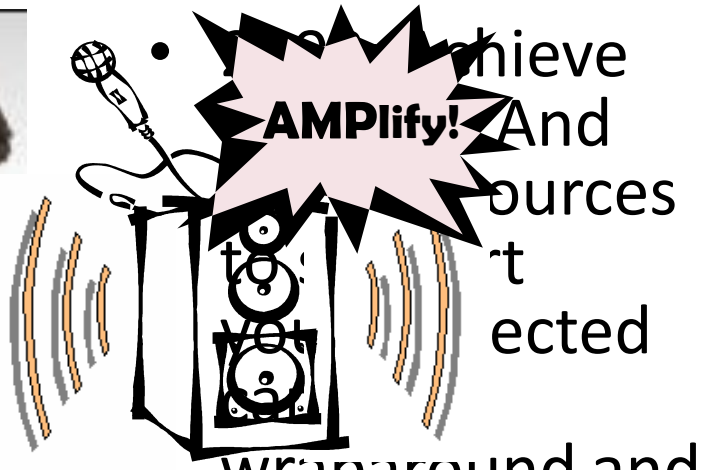
Wraparound: An Incomplete History

- 2001-2002: NJ institutes Family Support Organizations Statewide
- 2006-2008: NWI parent partner task force convened; releases resources on the role of parent peer support in wraparound



- [illegible]hieve And [illegible]ources [illegible]t [illegible]ected wraparound and beyond
- 2009 Youth MOVE National becomes a non-profit

YOUTH MOVE NATIONAL™

WE ARE CHANGE AGENTS "MOTIVATING OTHERS THROUGH VOICES OF EXPERIENCE"

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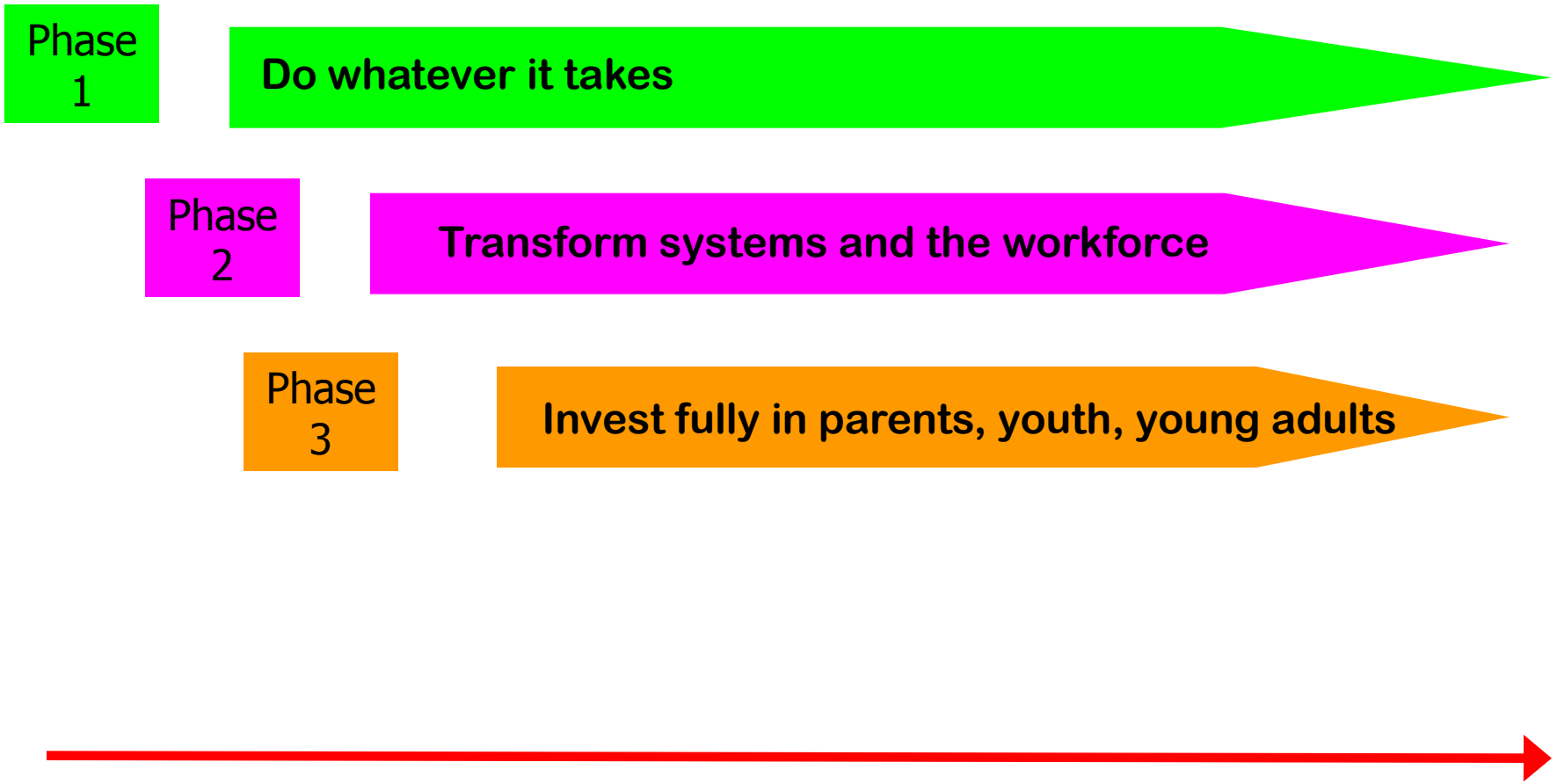
Growing up:

The Four Phases of Wraparound



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THE CORE COMPETENCIES OF PARENT SUPPORT PROVIDERS

The Parent Support Provider field is quickly evolving and becoming more complex and sophisticated. With the emergence of national certification from the National Federation of Families for Children's Mental Health, the current standard of practice has been translated into the following summary of core competencies. The purpose of this brief is to provide a description of the minimal competencies as understood at this point in the evolution of Parent Support Providers and their work.

IDENTIFYING THE CORE COMPETENCIES

The core competencies described in this brief were derived from job descriptions of individuals currently working in the United States providing parent-to-parent support and advocacy for the families who have a child or youth with emotional, developmental, behavioral, substance use, or mental health challenges. Collection and analysis of these job descriptions began in 2007. The direct consensus method established the competencies needed in the field in December 2010. A DACUM job task analysis was completed in June 2011 and a national survey of knowledge, tasks, and abilities in September 2011. The knowledge and skills necessary to carry out these tasks have been incorporated in the development of the national examination for Parent Support Providers.

Additional competencies may be desirable for Parent Support Providers in specific settings, such as when Parent Support Providers are imbedded in schools, child welfare, juvenile justice, residential treatment, or health clinics.

THE SERVICES OF PARENT SUPPORT PROVIDERS

Parent Support Provider is the title associated with national certification by the National Federation of Families and encompasses all local practices that often bear different titles. Other titles for this service include parent partner, family advocate, parent/peer unique peer-to- peer and parent-to-parent support they provide is predicated on the use of their lived experience raising a child or youth with emotional, developmental, behavioral, substance use or mental health challenges.

Each Parent Support Provider should be well versed in the community, continuum of care and the social contexts affecting wellness as well as the prevention and treatment of children's mental health. The application of specific skills and knowledge will likely vary across settings and needs of family members. It is becoming increasingly clear, however, that each Parent Support Provider's effectiveness is dependent upon his or her ability to champion the importance of self-determination in a family-driven and youth-guided approach and support service delivery.

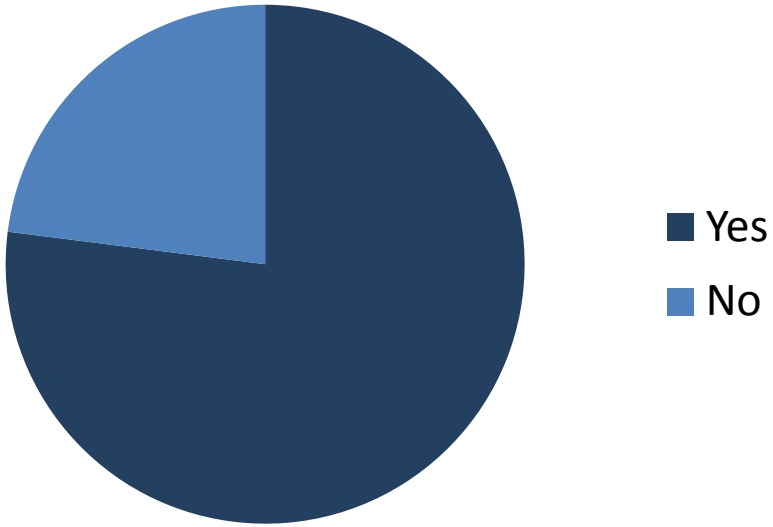
THE ELEVEN DOMAINS OF COMPETENCE

Built upon the lived experience of parenting a child with emotional, mental, or behavioral disturbance, the foundation of this work is being able to articulate the *lessons learned* from parenting and cross walk them with the following eleven domains of competence:

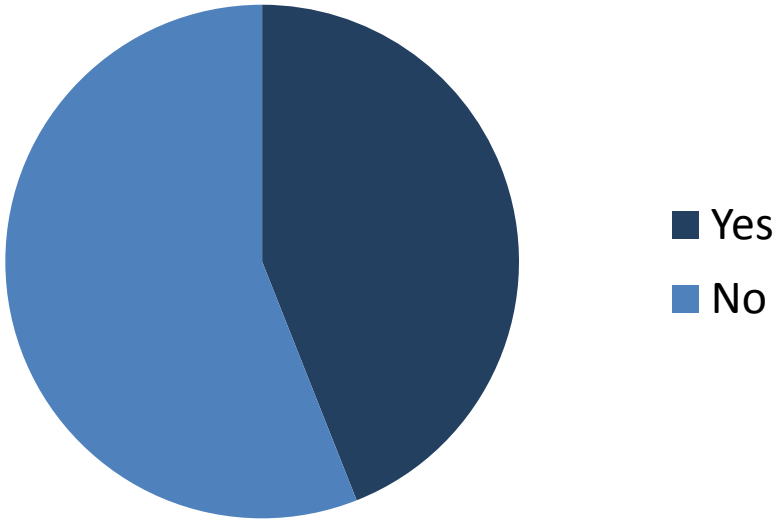
1. Ethics
2. Confidentiality
3. Effecting change
4. Behavioral health information
5. Education information
6. Communication
7. Parenting for resiliency

States Reporting Use of Parent and Youth Peer Supports in Wraparound

Parent Peer Support



Youth Peer Support



"During Meetings I Can't Stand It When...."

A Guide for Facilitators and Team Members

The Achieve My Plan (AMP!) youth advisory group compiled a list of things that commonly happen in team-based planning meetings* that can be frustrating for young people. Here are some suggestions and strategies that meeting facilitators and team members can use to address these issues and promote meaningful youth participation in planning meetings.

**Note: A team based-planning meeting can be any meeting where a team of professionals and family members meet with a youth to make plans for their future. This can include Wraparound team meetings, Individualized Education Plan meetings, etc.*

When a youth says...

No one asks me what I think about things and decisions about my life are made without my input.

Try This: **Meet with the young person prior to the team meeting to review the agenda.** This provides an opportunity for the youth to prepare for the discussion and practice giving and receiving feedback.

When a youth says...

We don't talk about the things I want to talk about. The plan is supposed to be about me, but none of it is really about the things I think are most important.

Try This: **Adjust the team meeting agenda to incorporate at least two topics the young person wants to discuss with the team.** This provides an opportunity to create space for youth voice and increases a young person's engagement in their team meetings.

When a youth says...

People talk about me like I am not there or they focus on my problems and what I did wrong.

Try This: **Develop ground rules that allow members to raise concerns in a manner that fosters an open dialogue with the person they are speaking to.** Some examples are: Speak directly to the person you are speaking to or about; Focus on strengths and solutions; Assign a person to remind the team about the ground rules and interrupt behavior when the rules are not being followed. These strategies will foster opportunities for youth to engage in the discussion, share their thoughts, and ask questions without feeling judged.

AMP: Satisfaction Data

First meeting post-AMP, team members other than the young person

Wraparound: An Incomplete History

- 2006-2007: NIMH awards grants to study wraparound and refine measures
- 2009: First meta-analysis of wraparound outcomes research published
- 2013: Wraparound listed on several EBP inventories
- 2012: National evaluation of Medicaid Community-based Waiver shows average of $20-$40K savings per youth
- 2013: SAMHSA and CMS issue joint memo to states recommending wraparound and other community services

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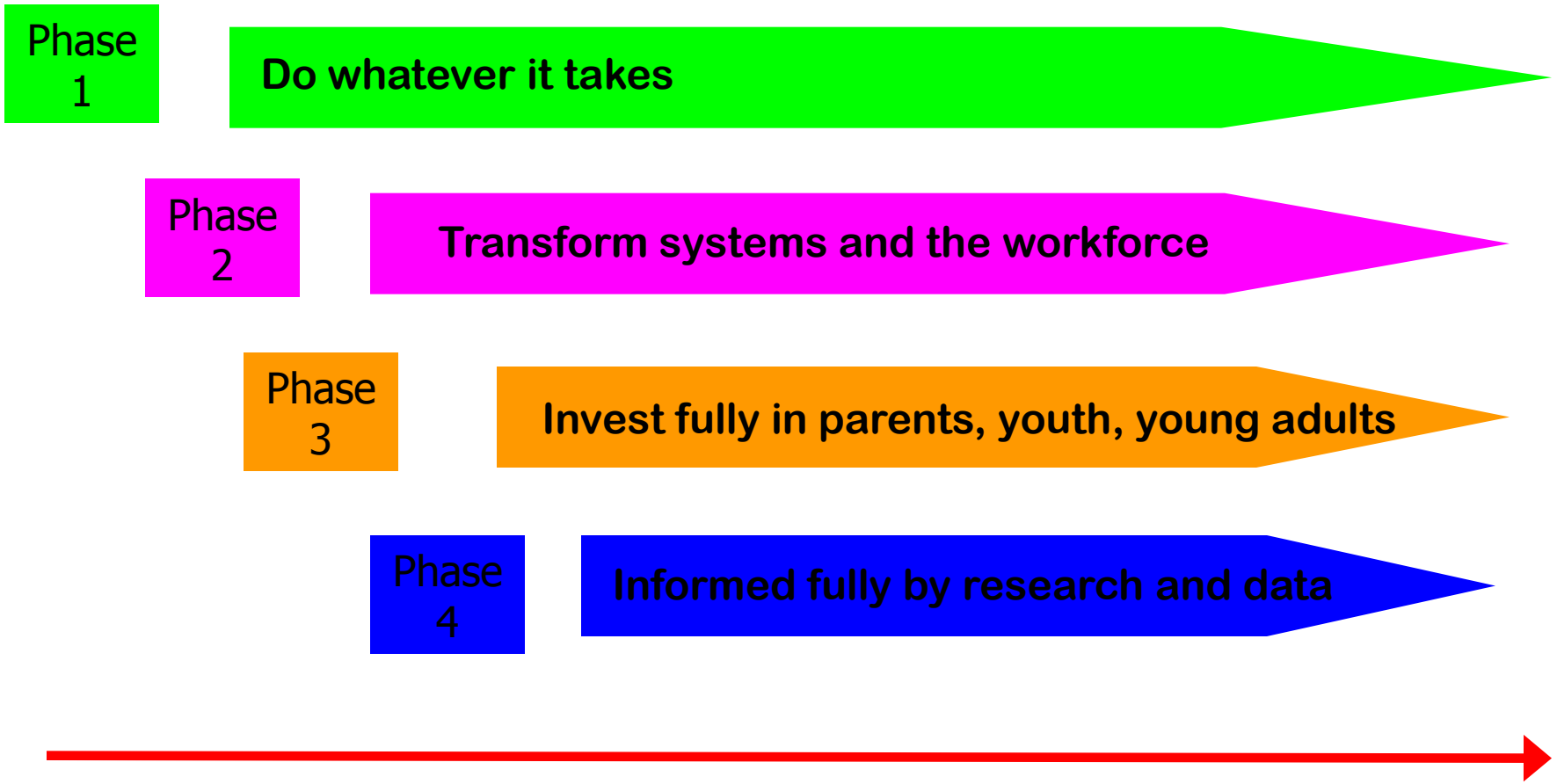
Growing up:

The Four Phases of Wraparound



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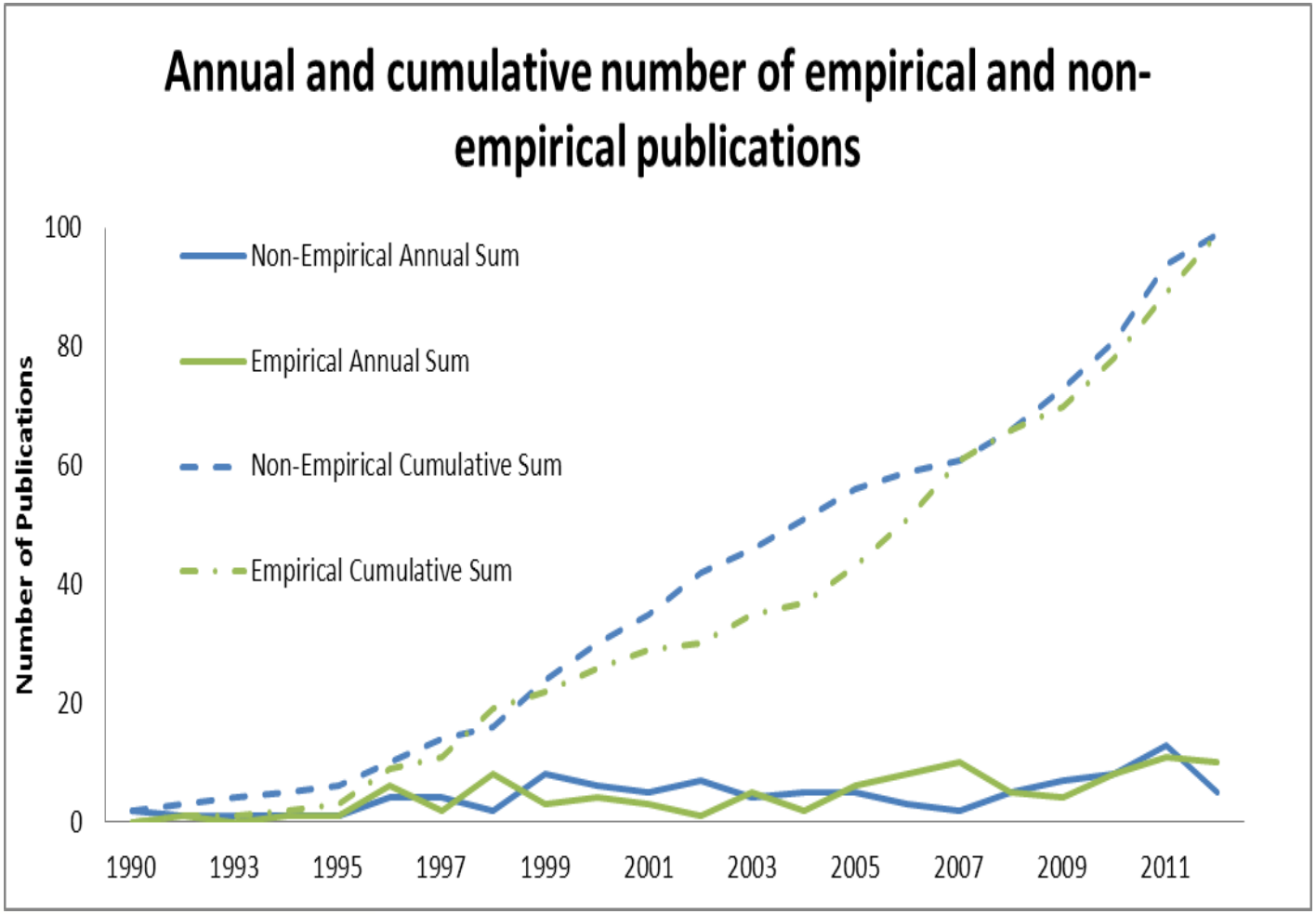
Number of Wraparound Research Studies, 1988-2012



Cost effectiveness: PRTF Waiver Demonstration (2012)

- All nine states executed "some form of wraparound"
- Enabled children and youth to either maintain or improve their functional status while in the waiver program:
  - "most children showed improvements for most domains and most follow-up periods"
  - Global functioning improved
  - Mental health improvements greatest for those with highest level of need
- Waiver costs were around 20 percent of the average per capita total Medicaid costs for services in institutions, an average per capita saving of $20,000 to $40,000.

MA Mental Health Services Program for Youth (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%

Wraparound Maine, 2011

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

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

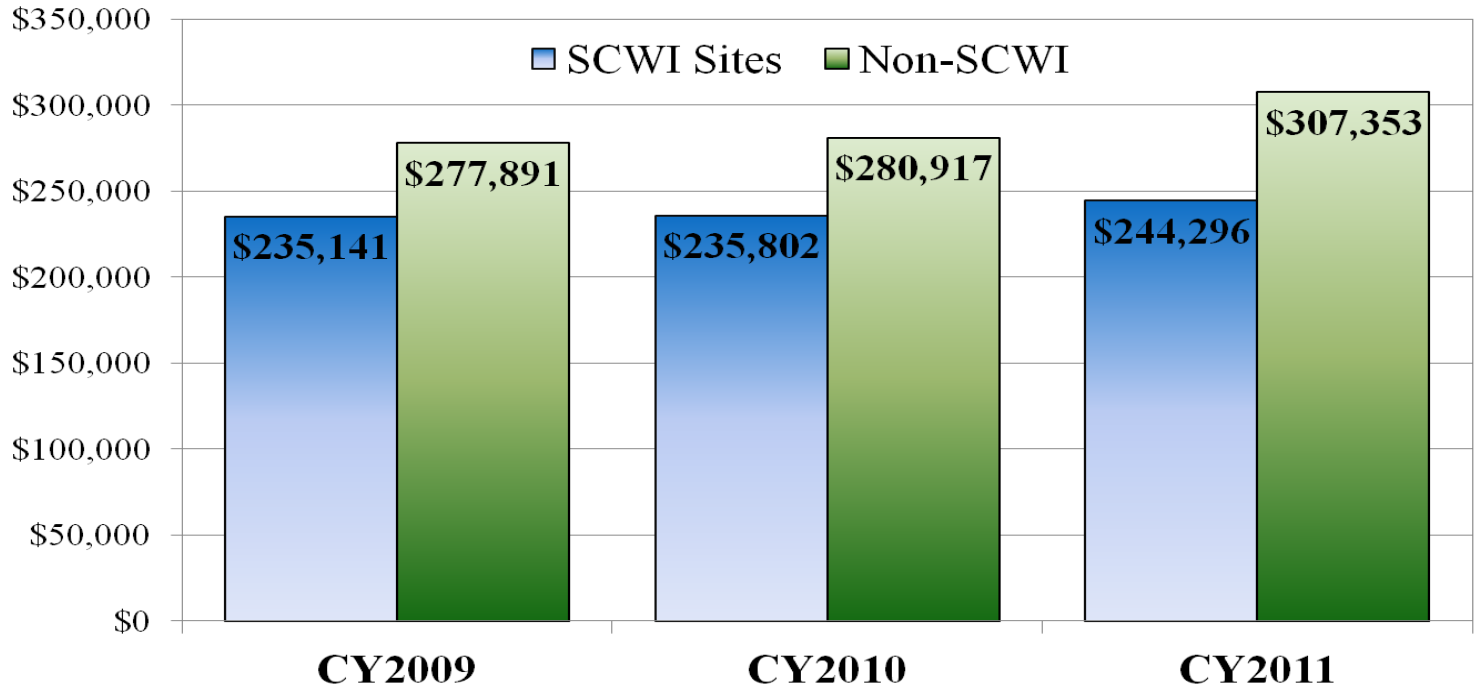
[1] Targeted Case Management (TCM) expenditures pre-Wraparound initiation reflect use of non-wrap TCM services. Wraparound Maine services are billed through Section 13 Targeted Case Management. The increase in TCM expenditure pre to post reflect the initiation of Wraparound services.

[2] Residential Treatment Services includes all PNMI Child Care and Crisis Residential facility expenditures.

Oregon Wraparound Demonstration

All levels of service

Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



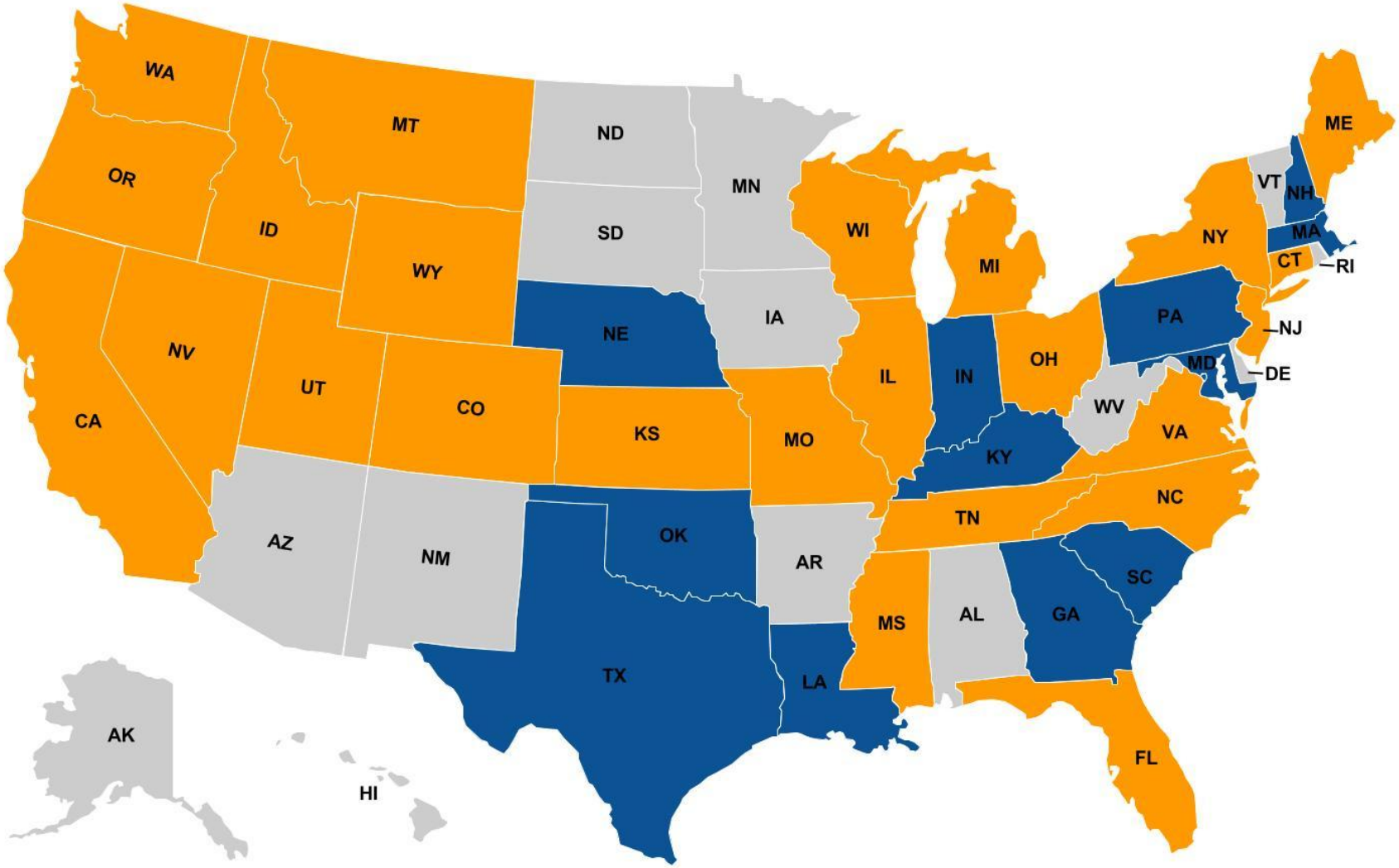
Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

New Jersey

- Data from a 2012 presentation by New Jersey Director 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%

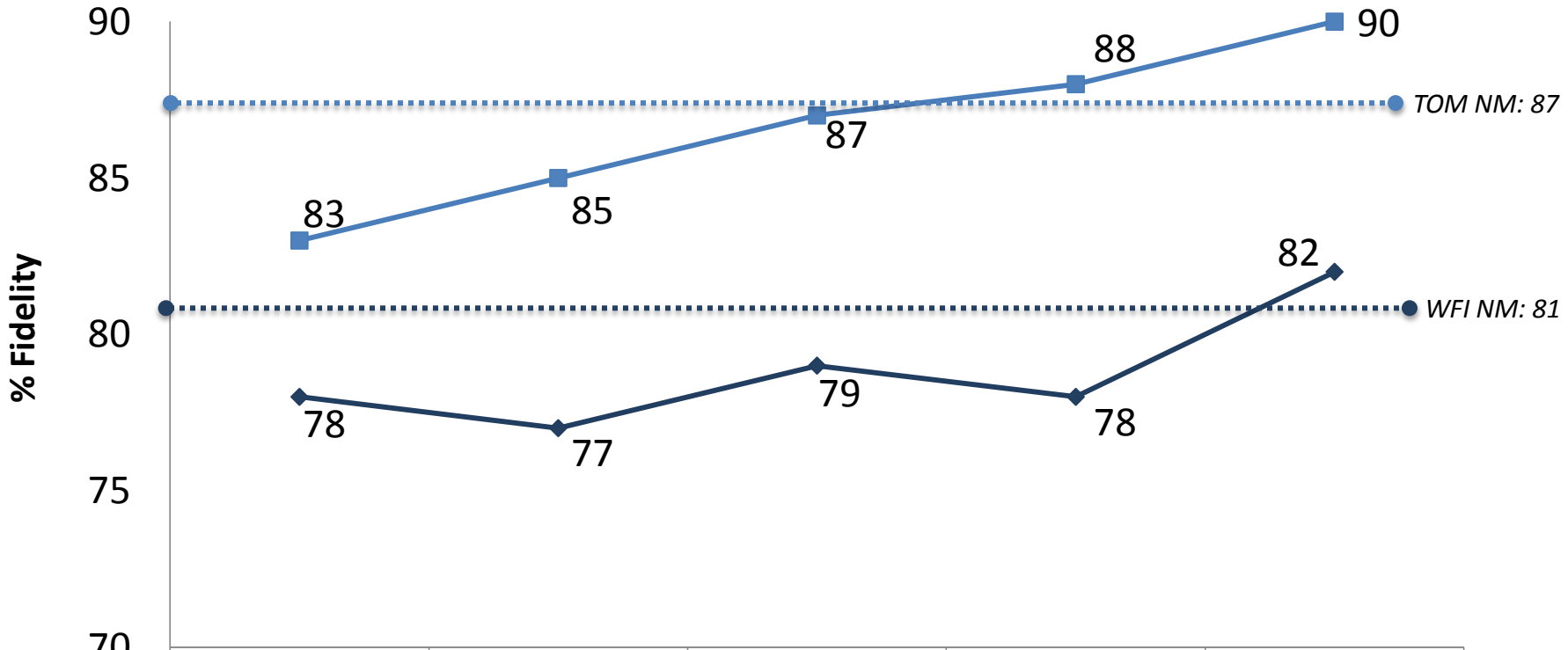
Guenzel, J. (2012, July). System of care expansion in New Jersey. Presentation at the Georgetown University Training Institutes 2012: Improving Children's Mental Health Care in an Era of Change, Challenge, and Innovation: The Role of the System of Care Approach, Orlando, FL.

Wraparound Fidelity Tools Used in the U.S.



Legend: WFAS tool(s) used statewide | WFAS tool(s) used by one or more local sites

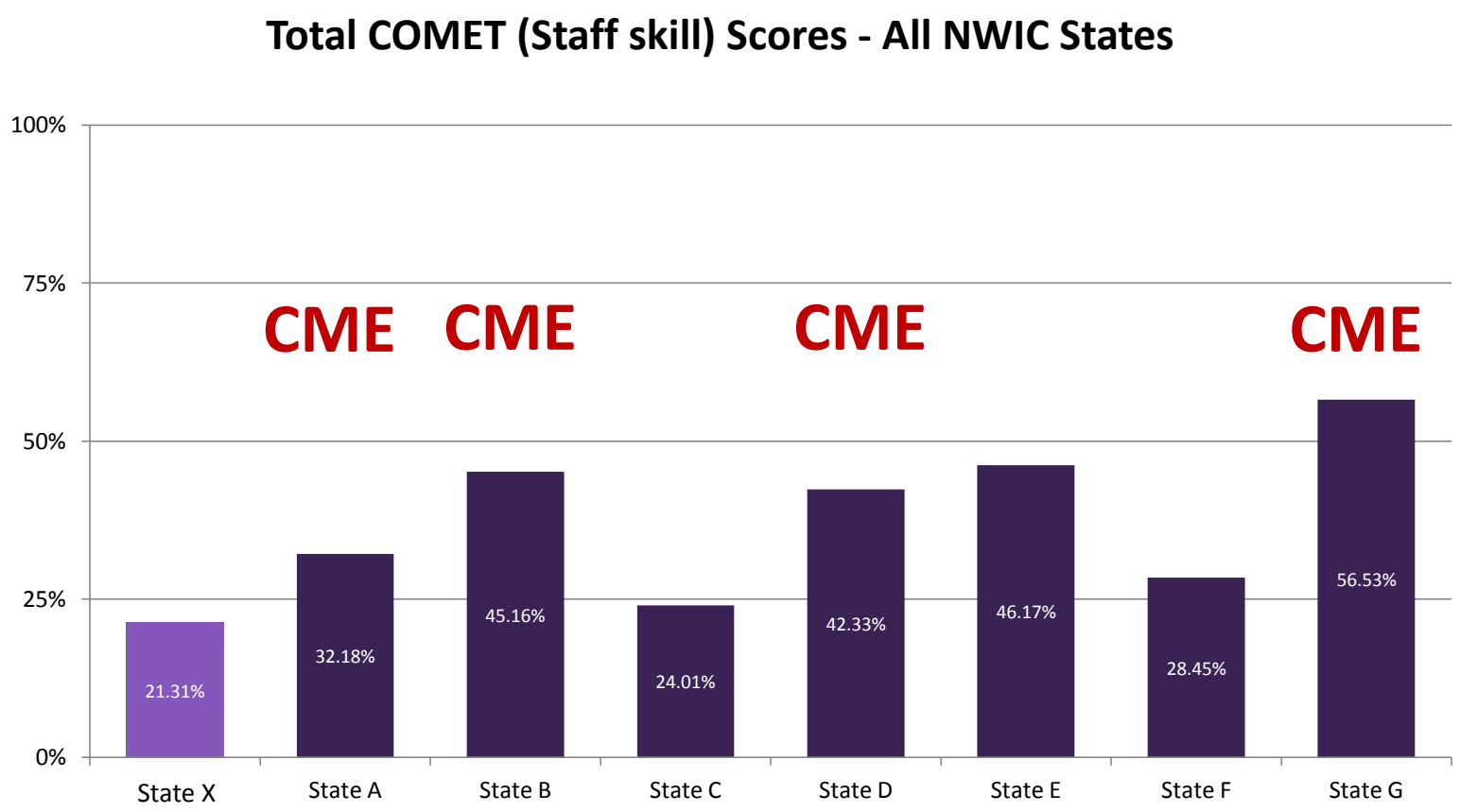
"State X" Fidelity Scores over 4 years of CQI efforts



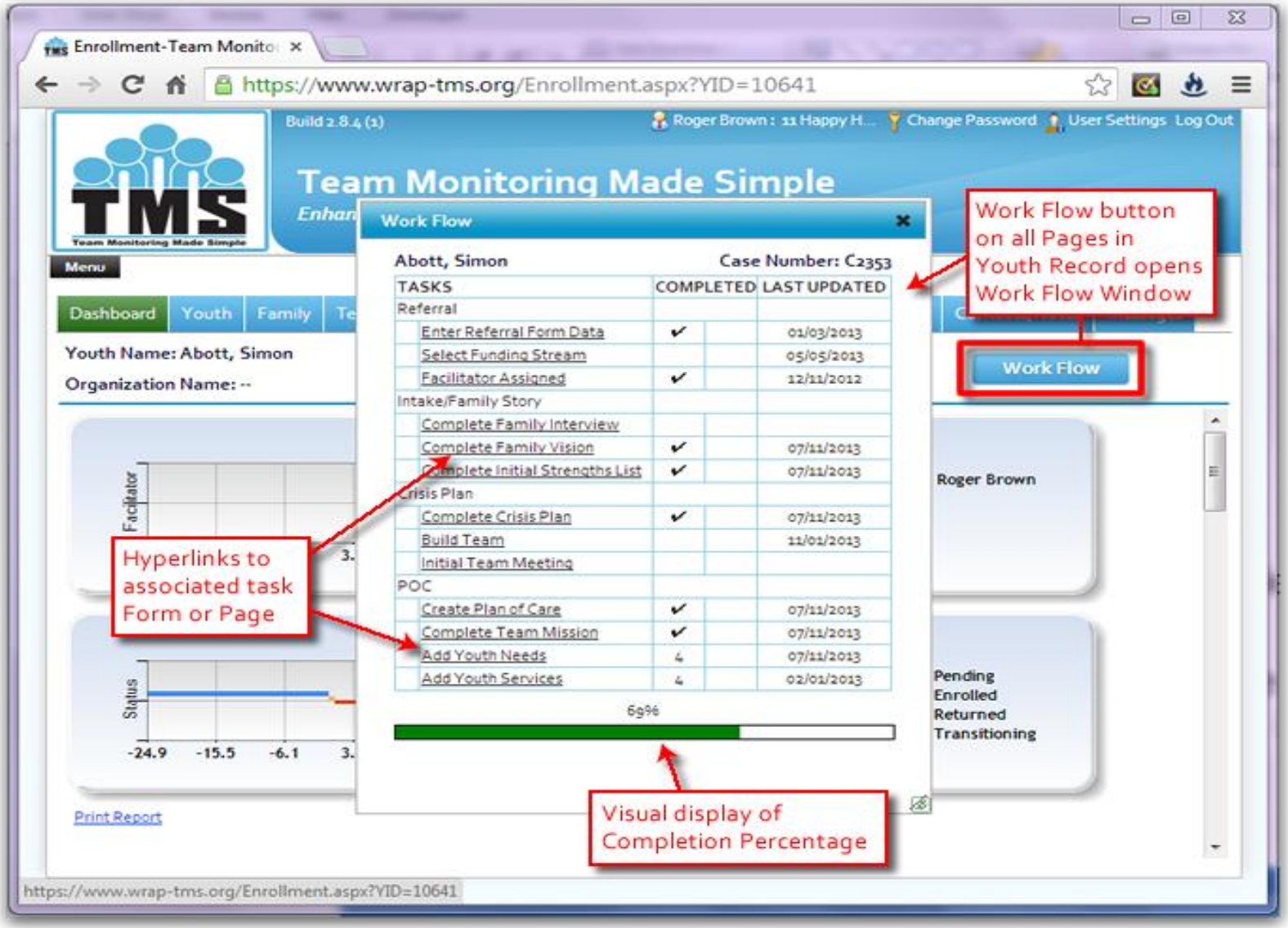
	2010	2011	2012	2013	2014
WFI	78	77	79	78	82
TOM	83	85	87	88	90

NM = National Mean

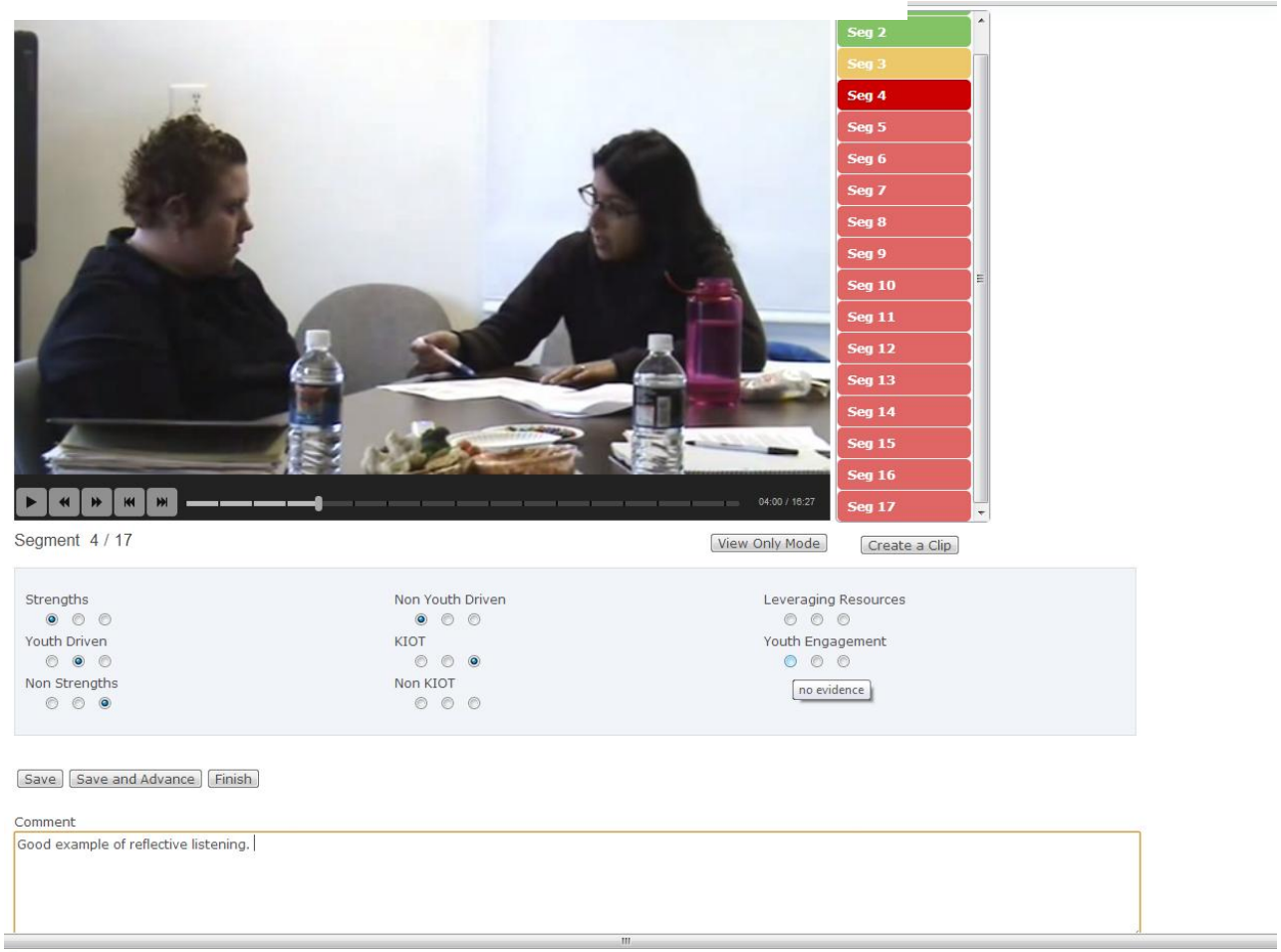
Structure affects practice: Wrap staff in CME States demonstrate better skills



WrapLogic – an electronic behavioral health IT system for wraparound



VIDEO COACHING PLATFORM



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Ongoing challenges

- Integrate and sustain high-quality youth and family peer support
- Ensure the workforce is competent, confident, and systematically supported and supervised
- Be guided by reliable and useful data and information at all levels
- Adapt wraparound for unique populations
  - Young adults, culturally diverse populations
- Integrate evidence-based clinical and other services
- Solve the fiscal puzzle – locally and nationally – to ensure wraparound innovations

Be heroes!!!

- Policy and Fiscal track
- Effective Supervision of Wrap Facilitators

- Youth Peer Support Track
- Parent Peer Support Track

- Research and Evaluation

Have a great 2 days!

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