

Welcome to the 2016 National Wraparound Implementation Academy

September 19-21 2016
Rockville, MD

Hosted by:



NWIC

National Wraparound
Implementation Center

Who We Are



Comprehensive support for implementing
Model-adherent, high quality Wraparound for
children and youth with behavioral health needs
and their families.

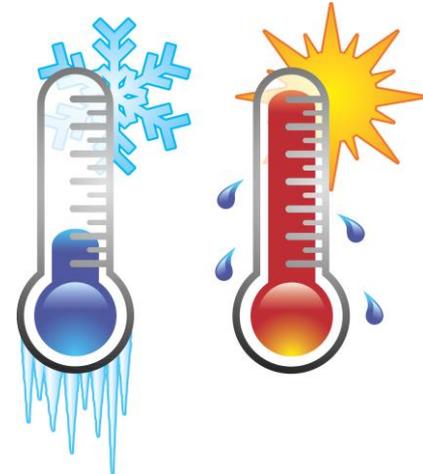
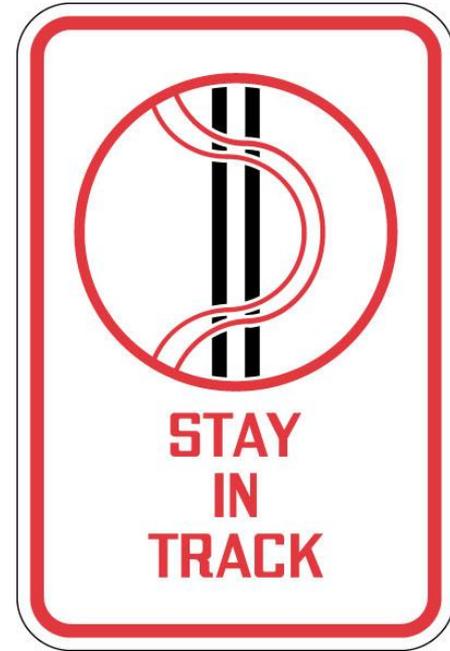
Who We Are



- We focus on Implementation science and concentrate on:
 - Organization and system development, which focuses on policy, financing, and systems structure;
 - Workforce development, which focus on processes for training, coaching, and supervision; and
 - Accountability, which focuses on the measurement of key quality assurance indicators and outcomes.



FAQs





Gary Blau, PH.D.

Chief, Child, Adolescent and Family Branch,
Center for Mental Health Services,
Substance Abuse and Mental Health Services
Administration





John VanDenberg, Ph.D.



Key Note Address

**Integration:
The Key to
Wraparound's
Future**

Keynote Address

John VanDenBerg, Ph.D.

What are we facing?

- ▶ Numerous sources, including Kids Count and the recent Children's Defense Fund report (2015) showed declining emotional and mental health for US children
- ▶ San Diego State University professor Jean Twenge recently demonstrated a dramatic rise in anxiety and depression in young people.
- ▶ So, why are young people's behavioral health needs increasing?
- ▶ We must go into urgent mode and keep improving what we do...

Improve what we do...

- ▶ Prevent drift in practice models through adoption of training and coaching standards
- ▶ Integration of core services sectors
- ▶ Maintain excellence in mandated service environments such as Child Welfare and Juvenile Justice by meshing with other individualization techniques
- ▶ Address poverty through faith community partnership
- ▶ Re-engineer residential services

DRIFT

Drift – The Enemy of good wraparound

- ▶ Wraparound may start with strong demonstration of the Principles and the Phases and Activities, with strong action steps and individualization.
- ▶ In fast drift mode, within one year, child and family teams are practically non-existent; the wrap plans are primarily professionally driven; and the action steps are basically the same in every wrap family's plan.
- ▶ What happened?

Why Drift Occurs

- ▶ Instituting a change like wraparound can cause backlash from professionals who feel disenfranchised.
- ▶ Wraparound training that is only value oriented instead of values and skills...staff are not truly skilled at high fidelity wraparound.
- ▶ Supervision and/or coaching does not exist and wrap staff get overloaded with families/adults.
- ▶ **Paperwork requirements are killing good wraparound and other practice models!**

Quality Control and Funding

- ▶ Quality of wraparound and funding have to be linked. If half-way or quarter-way wraparound is fully funded without consequences, it will be hard to ever get high fidelity wraparound.
- ▶ Funding incentives must happen prior to money being dispersed, not just in contract outcome monitoring.
- ▶ Colorado is modifying it's Medicaid funding to require practice fidelity as part of reimbursement codes.

Training

- ▶ Training without expert coaching is futile if your community is serious about having quality wraparound.
- ▶ Coaching is basic to acquiring expertise in any skill
- ▶ Supervisor involvement with fidelity is crucial

Supervision Poll

- ▶ How many of you are supervisors?
- ▶ How many of you who raised your hands believe you got strong, regular training on how to be supervisors?

What is Coaching?

Dr. Jim Rast defines coaching as hands on training, motivation and demonstration to build skills and confidence, including:

- ▶ Orienting Staff to Wraparound
- ▶ Providing Shadowing Experiences
- ▶ Supporting Training
- ▶ Prepares Staff to Work with Families
- ▶ Direct Individual Coaching
- ▶ Group Coaching
- ▶ Supporting Peer to Peer Coaching

Competent coaches are good at:

- ▶ Hiring the right people for the job
- ▶ Individualizing approaches for training and coaching staff
- ▶ Making sure staff are trained and oriented before they work with youth and families
- ▶ Supporting staff to fidelity quickly and efficiently, and understand minimalist wraparound – the non-negotiables

Minimalist Wraparound

1. The youth and family is able to identify and prioritize big needs, and those big needs become the focus of the plan.
2. Staff are very skilled at assessing, building, talking to, and involving natural supports of the youth and family, and these supports have an important role in the process.

Minimalist Wrap Continued

3. The culture of the family is discovered and is relevant at every level of the wrap implementation.
4. Every single focus of the implementation of the plan involves getting the youth/family ready to implement life on their own after formal wraparound ceases.
5. Each involved system agrees that the plan designed by the wraparound process is the overall dominant plan, and a process for settling cross-system disagreements is in place (Integration).

INTEGRATION

Collaboration and Integration

Definitions

Collaboration: Agencies are familiar with each other's missions and roles, key staff work with each other at the child/family level, but often retain single system decision making power and planning.

Integration: Agencies are familiar with each other's missions and roles, key staff work with each other at the child/family level with the family in the key deciding role while still ensuring safety, producing a single plan that meets all system mandates and that is owned by the entire team.

Systems Involved with Integration

- ▶ Schools
- ▶ Mental Health
- ▶ Child Welfare
- ▶ Juvenile Justice
- ▶ Substance Abuse
- ▶ Housing
- ▶ Adult Corrections
- ▶ Court
- ▶ Law enforcement
- ▶ Vocational Services
- ▶ Faith networks

A Quick Poll

- ▶ Rate your community's prevalence of collaboration from 1 to 10, with 10 being the best level of collaboration
- ▶ Rate your community's prevalence of integration from 1 to 10, with 10 being the best level of integration

An example of Integration

Families Plus of Delta County Colorado

- Rural America – families are reluctant to access mental health services, but will go to Doctor’s offices.
- Wraparound staff are placed into physician’s offices.
- Families have a “soft landing” into behavioral health services
- Physicians and families love the arrangement

INTEGRATION WITH CUSTODIAL AGENCIES

Advances in Wrap and Custodial Agencies

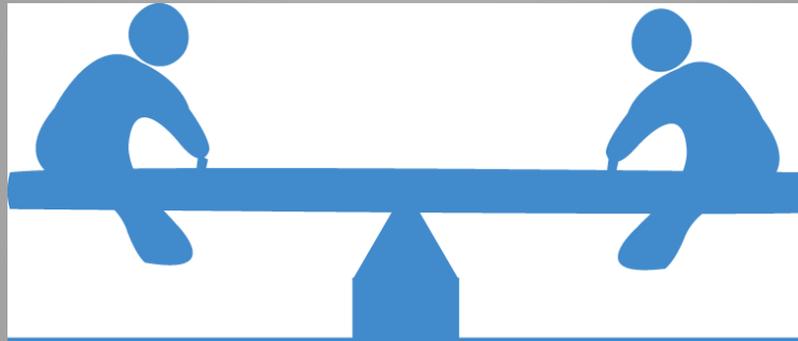
- ▶ Historically, voice and choice of systems vs. voice and choice of families have been an area of friction between wrap and custodial agencies.
- ▶ Now, we know that it is best to negotiate with custodial agencies prior to wraparound starting to encourage maximum family voice and choice as long as safety needs of the child/youth, and community are ensured.

Wraparound is consistent with other Custodial Agency planning processes

- ▶ Child Welfare uses Family Group Decision Making, which is an event to ensure child safety. When the family needs long term, ongoing support to carry out the safety plan, Wraparound can assist by providing the structure of long term support.
- ▶ Juvenile Justice uses Restorative Justice to help ensure a youth is restored to the justice of the community. Wraparound can assist by providing a structure to help the youth carry out restitution to the victims, and to do their community service, especially for those youth with complex behavioral health needs.

CHILD, FAMILY, AND COMMUNITY SAFETY

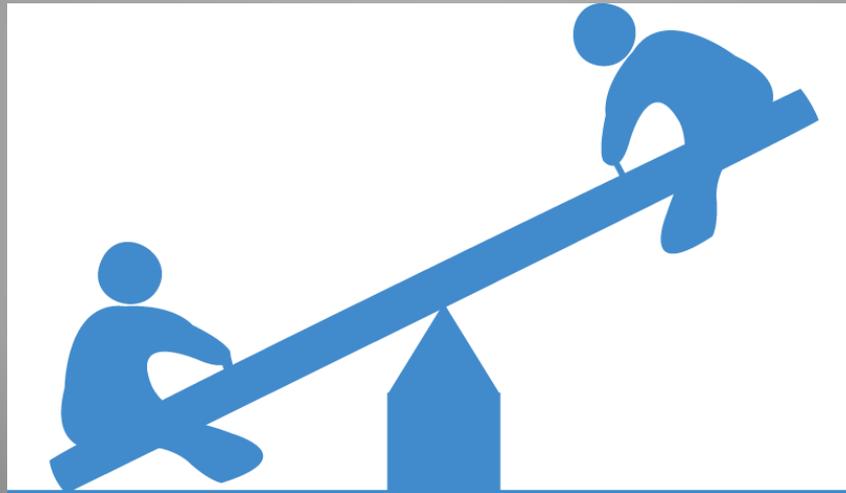
Parent
and/or youth
voice and
choice?



Custodial
Agency
voice and
choice?

CHILD, FAMILY, AND COMMUNITY SAFETY

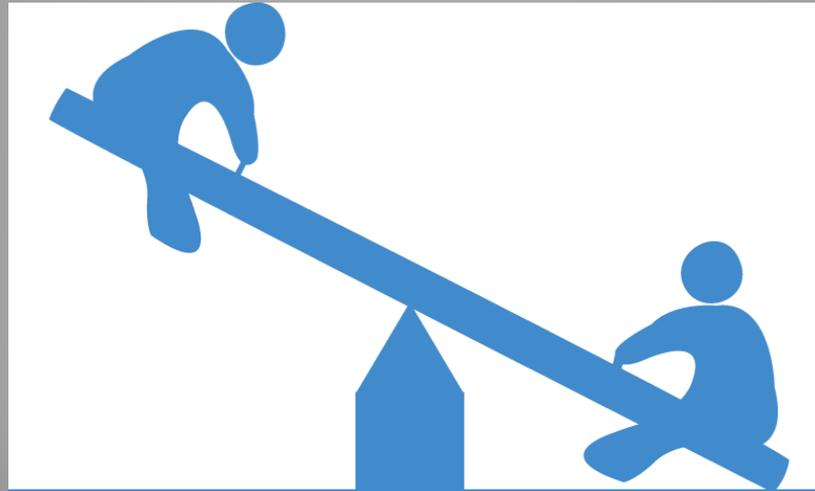
Parent and/or youth safety skills need enhanced



Custodial Agency has more voice and choice, chooses to exercise through the wraparound or FGDM or other team

CHILD, FAMILY, AND COMMUNITY SAFETY

Parent and/or youth demonstrates high level of safety skills and has voice and choice



Custodial Agency monitors but parents and youth make decisions, by prior agreement with team

Play well with other methods

If your community is implementing multiple methods of individualization, make sure:

- ▶ No family ever has multiple teams
- ▶ All staff across systems appreciate and understand each method
- ▶ Keep turf from discouraging integration

POVERTY

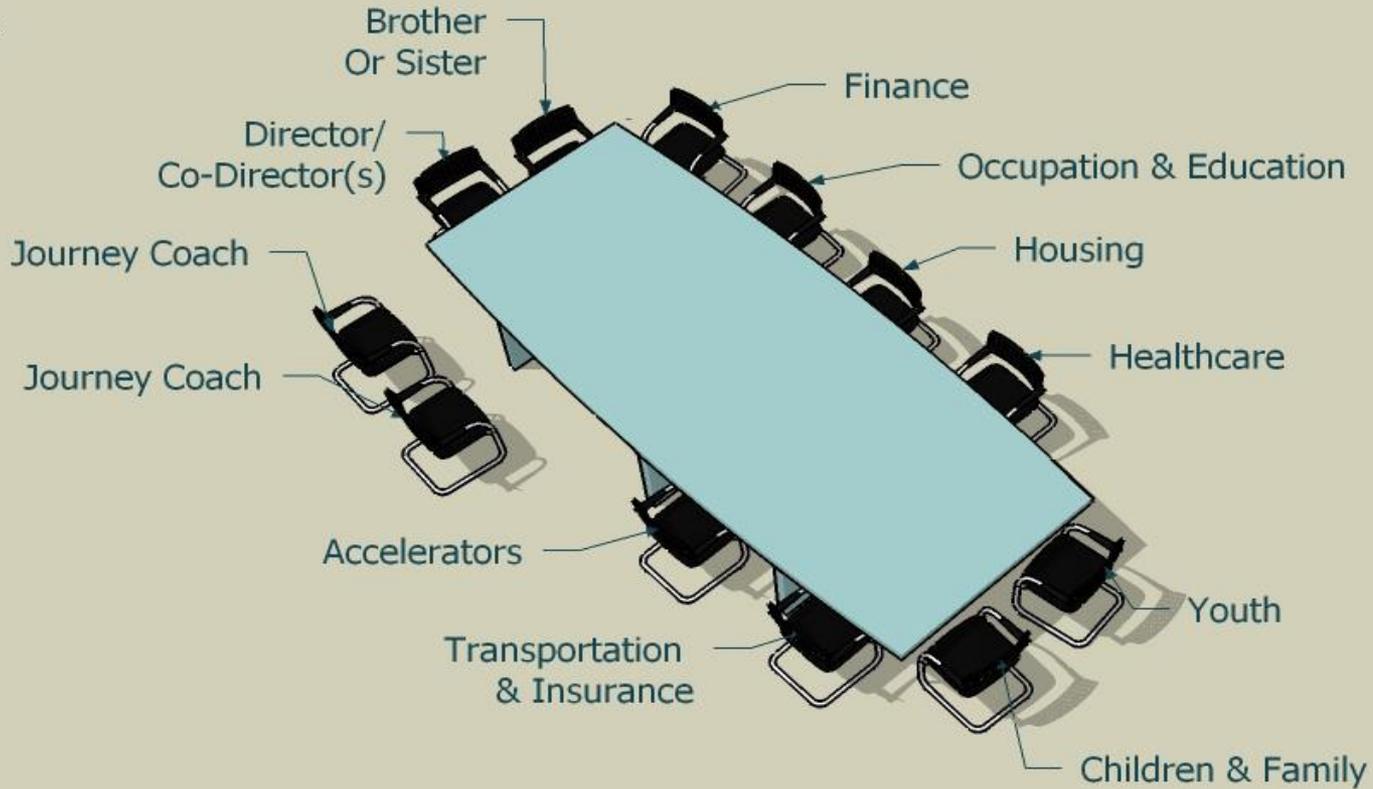
About Poverty

- ▶ How many four year degrees? Master's? Doctorates?
- ▶ How many of you were systematically trained to intervene in poverty?
- ▶ No matter what the progress in behavioral health outcomes, continuing poverty, homelessness, instability will undermine outcomes.
- ▶ In the US, we have an institutionalized poverty industry based on transactions.

The Open Table

- ▶ theopentable.org
- ▶ Very similar to wraparound, independently developed
- ▶ Is based on relationship vs. transactions
- ▶ SAMHSA is funding several very relevant demonstrations of System of Care and Open Table.

Open Table Model



The People of Open Table

- ▶ Working Poor
- ▶ Homeless
- ▶ Refugees
- ▶ Youth Aging out of Foster Care
- ▶ Re-entry
- ▶ Veterans
- ▶ Human Trafficking/trauma
- ▶ HIV Positive

Re-Engineering Residential Treatment Services

Shifts in Residential Care

- ▶ The overall North American use of RTS is decreasing
- ▶ The use of long term (more than 90 days LOS) RTS is decreasing most rapidly in states with greater use of intensive individualized services (e.g., wraparound) and fiscal incentives for shorter term care
- ▶ Planning is based on what the child needs to return home, not completion of a program.
- ▶ Discharge shifts to family readiness vs. child behavior.
- ▶ The recommendations out of the Building Bridges Initiative are excellent, check them out

Quick Quiz – Placement/Outcomes

- ▶ Do reductions in residential placements lead to increased youth/family functioning?

Answer

- ▶ No, in fact residential placements can be reduced by simply ordering broker agencies such as child welfare not to place due to a fiscal crisis and/or by decreasing per diem rates.
- ▶ Functioning must be measured. The States previously mentioned all measure functioning with a variety of standardized measures and are showing reductions of residential placements with increased family functioning for the youth kept in the community.

Quick Quiz – Functioning Severity

Which statement is true?

1. Overall, the youth who are placed in RTS are measurably more complex in needs than those served in the community through intensive community based processes such as wraparound
2. Overall, the youth who are in intensive community based process are similar in complexity to those in RTS services

Answer

#2. Data from Nevada, Maine, Wisconsin, and many other sites clearly indicate that the major sites serving large amounts of youth through intensive community based processes such as wraparound are serving the youth who would otherwise be in RTS.

Is there a place for residential services?

- ▶ Absolutely, but it is different than in pre-wraparound days.
- ▶ In states with strong wraparound process efforts, although huge numbers of youth are diverted from RTS, out of home stabilization during crisis is sometimes needed. Youth with few permanency options may need RTS for a short term basis while a permanency option is created.
- ▶ RTS which “play well with wraparound” and offer short term stabilization with highly individualized, family driven services will thrive

It isn't residential treatment unless...

- ▶ The treatment generalizes from the RTS to the home environment
- ▶ The treatment is culturally relevant to the family
- ▶ The treatment is driven by the major needs, strengths, culture, vision, and unique situations of the family.

Old guy big lessons...

- ▶ Wraparound is way more complex to deliver than it appears... if overwhelmed go back to minimalist wrap.
- ▶ Always start with shifting fiscal incentives at a state level
- ▶ The more complex the needs of the youth and family, the more individualized the interventions must be...
- ▶ Practical hands on research is more vital than ever...KISS
- ▶ Integration is the future which can deliver the outcomes all families deserve!

Remember: Support and Treatment not just Treatment

The family without support looks like they may need much more treatment than the family with support. Wraparound and other team based services typically start with supports such as respite, mentorship, networking with other similar families, financial supports, support to worship as desired, and other supports; and then move into treatment provision as needed.