Wraparound Care Coordination for Youth with Complex Needs:
Myths, Realities, and the Research Base

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Today we will discuss…

- A history of wraparound and wraparound research
  - The Rationale
  - The theory base
  - The practice model and workforce considerations
  - Evidence for effectiveness and cost-effectiveness
- Myths and realities of wraparound
- System and program implications

Quiz Time!

- How many unique local wraparound initiatives or programs are there in the U.S.?

  A. 200

  B. 800

  C. 1200

  D. 2000

  E. 4000

Quiz Time!

- How many peer-reviewed journal articles and book chapters have been written about wraparound?

  A. 20

  B. 40

  C. 100

  D. 200

  E. 400

ORIGINAL PAPER

A Comprehensive Review of Wraparound Care Coordination Research, 1986–2014

Jennifer Schurer Coldiron[1] · Eric Jerome Bruns[1] · Henrietta Quick[1]

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.

THE FIRST NATIONAL WRAPAROUND CONFERENCE

APRIL 12, 13 & 14, 1992
PITTSBURGH'S HISTORIC STATION SQUARE

Join many of the country's pioneers in

THE FIRST NATIONAL WRAPAROUND CONFERENCE
APRIL 12, 13 & 14, 1992 AT
PITTSBURGH'S HISTORIC STATION SQUARE

The conference, designed for both policy makers and managers of services for children, will present stimulating ideas and opportunities for the exchange of valuable information about research, data, funding opportunities, and individualized care for children and families.

Take a ride with us ... we're going on a river trip filled with new ideas and lots of surprises!

Conference Schedule:

Sunday, April 12, 1992

4:00 p.m. - 7:30 p.m. ....Registration
7:00 p.m. - 9:30 p.m. ....Reception

Monday, April 13, 1992

7:30 a.m. - 9:00 a.m. ....Continental Breakfast
Welcome/Opening Remarks
Morning Program
Noon - 1:30 p.m. ....Lunch on your own
1:45 p.m. - 5:00 p.m. ....Afternoon Program
6:00 p.m. 7:00 p.m ....Boarding
7:00 p.m. - 10:00 p.m......................Dinner Cruise aboard
the "Majestic"

Awards Presentations

Tuesday, April 14, 1992

7:30 a.m. - 9:00 a.m. ....Breakfast plus Speaker
9:00 a.m. - 11:45 a.m. ....Special Interest Workshops
Noon - 1:30 p.m. ....Buffet Lunch
1:45 p.m. ....Parent Panel
Presentation: "The Future of WrapAround"
Closing Ceremony

A Collaboration of
**The Pressley Ridge Center for Research and Public Policy
Kaleidoscope, Inc.
The University of Vermont**

Here's
an offer
you can't
refuse.

Saturday, April 24, 1993
Early Registration — All Day
Social Hour 8:00 am - 12:00 pm

Sunday, April 25, 1992
Registration — All Day
Continental Breakfast 8:00 am - 10:30 am
Brunch 10:30 am - 1:00 pm
Opening Session 3:00 am - 5:00 pm
Cash Bar 5:00 pm - 6:00 pm
Dinner 5:00 pm - 7:30 pm
Casual Entertainment 7:30 pm - 9:30 pm

Monday, April 26, 1993
Breakfast 7:00 am - 8:15 am
Workshop Session I 8:30 am - 11:30 am
Lunch 11:45 am - 1:15 pm
Workshop Session II 1:30 pm - 4:30 pm
Cash Bar 6:00 pm - 7:00 pm
Dinner - Awards - Entertainment 7:00 pm - 12:00 am
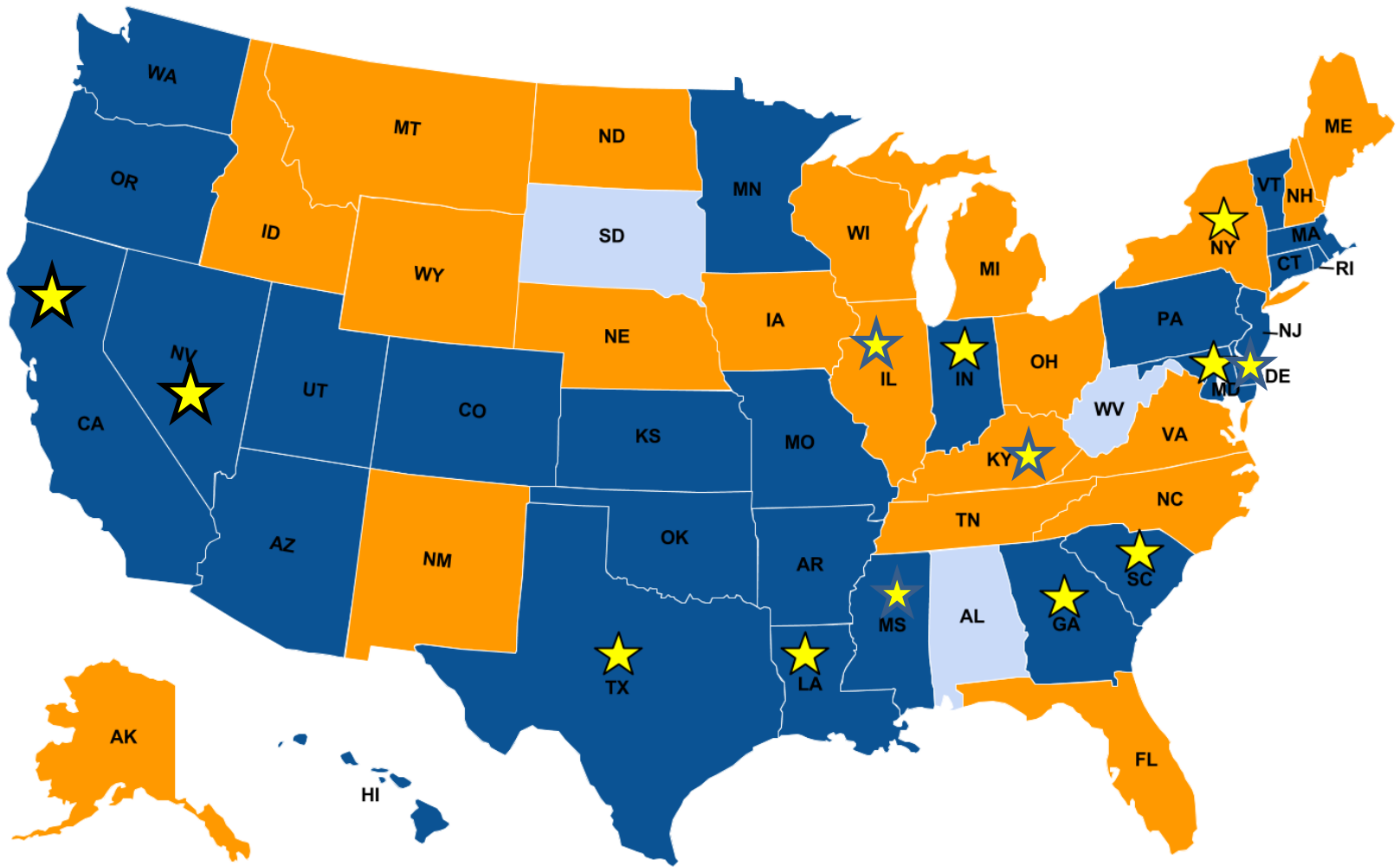Meet You At The "WrapAround Club"

Tuesday, April 27, 1993
Breakfast 7:00 am - 8:15 am
Workshop Session III 8:30 am - 11:30 am
Lunch 11:45 am - 1:00 pm
Street Fair and Dessert 1:15 pm - 2:45 pm
Closing Session 2:45 pm - 3:15 pm
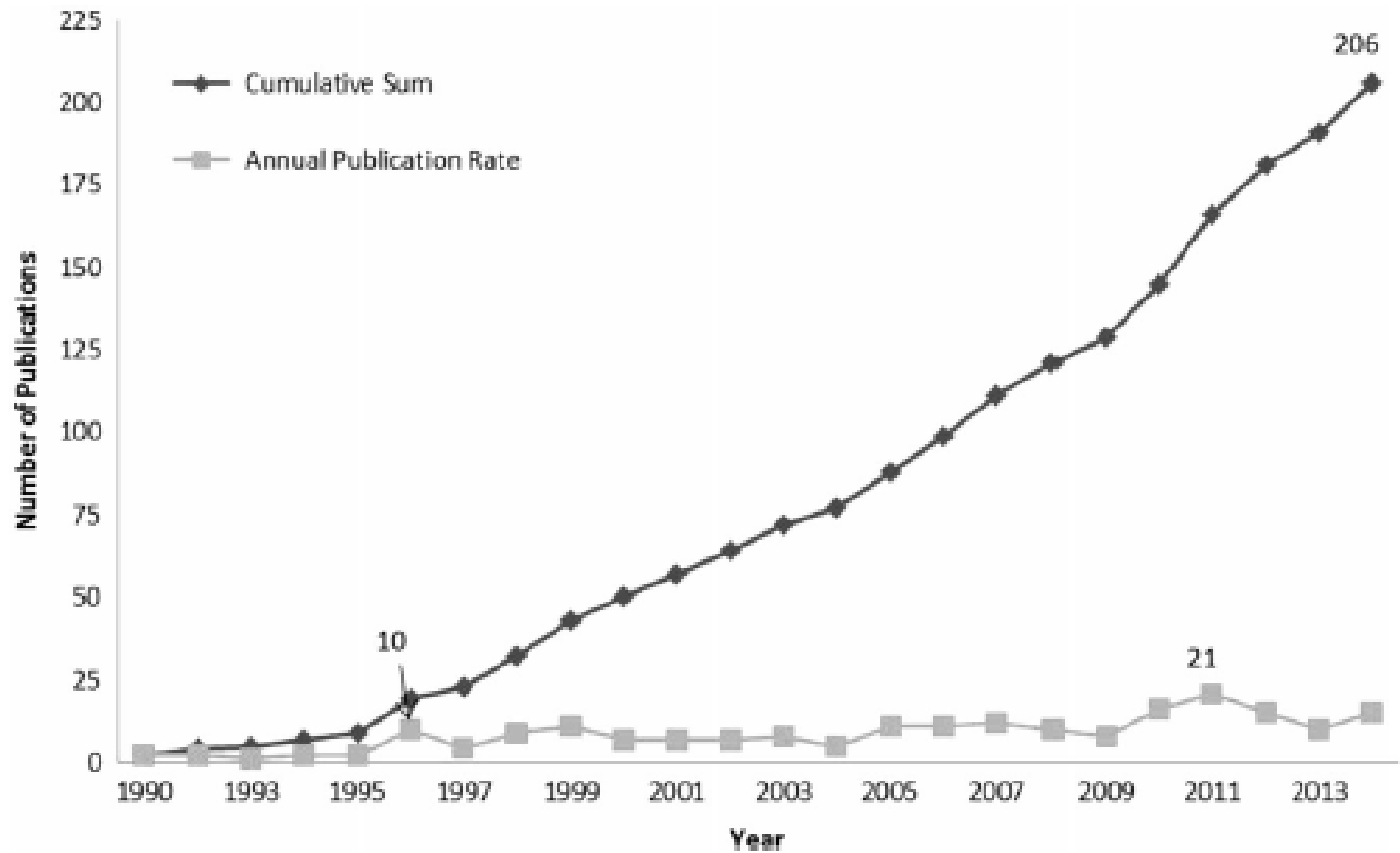
WrapAround
conference
agenda

NWIC | National Wraparound Implementation Center

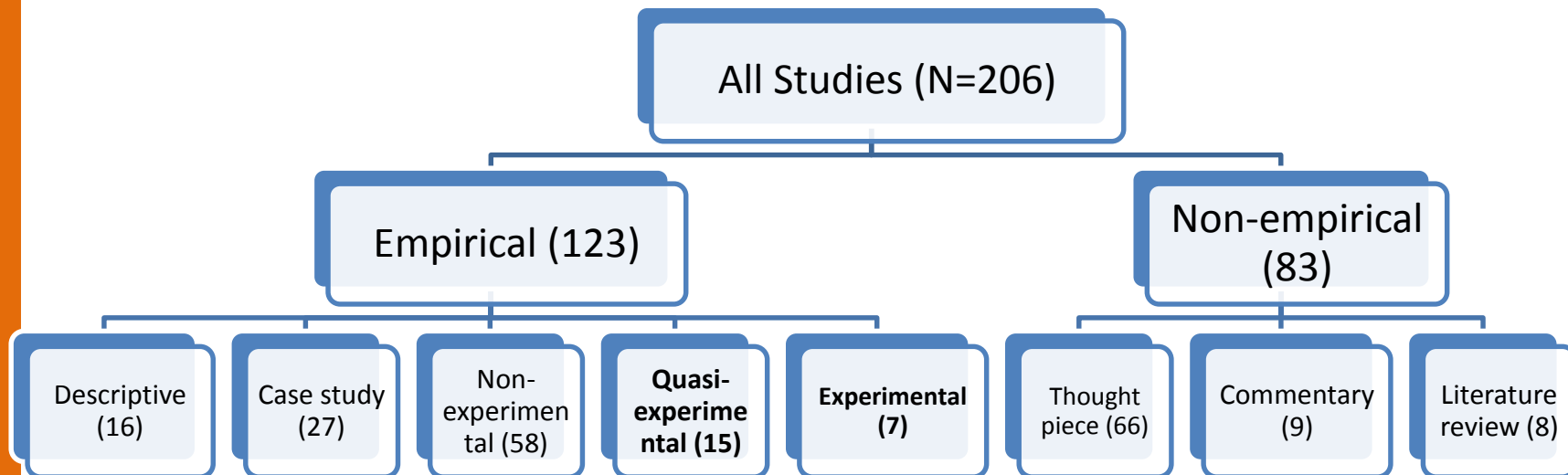# Wraparound Implementation in the U.S.

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

Annual and cumulative wraparound publications

Peer reviewed Wraparound Publications, 1990-2014

All Studies (N=206)

Empirical (123)

Non-empirical (83)

Descriptive (16)

Case study (27)

Non-experimental (58)

Quasi-experimental (15)

Experimental (7)

Thought piece (66)

Commentary (9)

Literature review (8)

A Comprehensive Review of Wraparound Care Coordination Research, 1986–2014

Jennifer Schurer Coldiron [1] · Eric Jerome Bruns [1] · Henrietta Quick [1]

Proportion of empirical and non-empirical wrap pubs annually
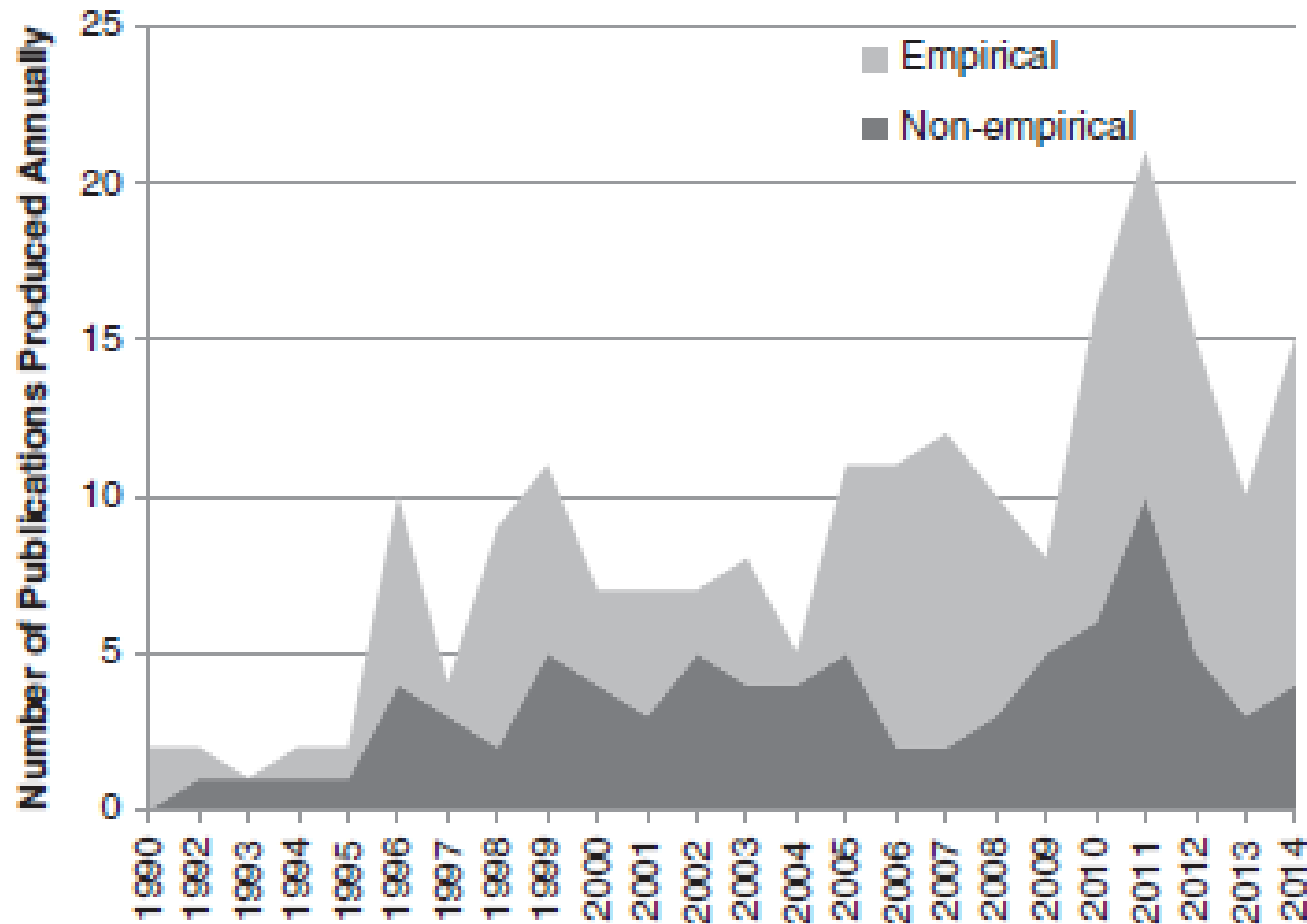
Wrap publication foci
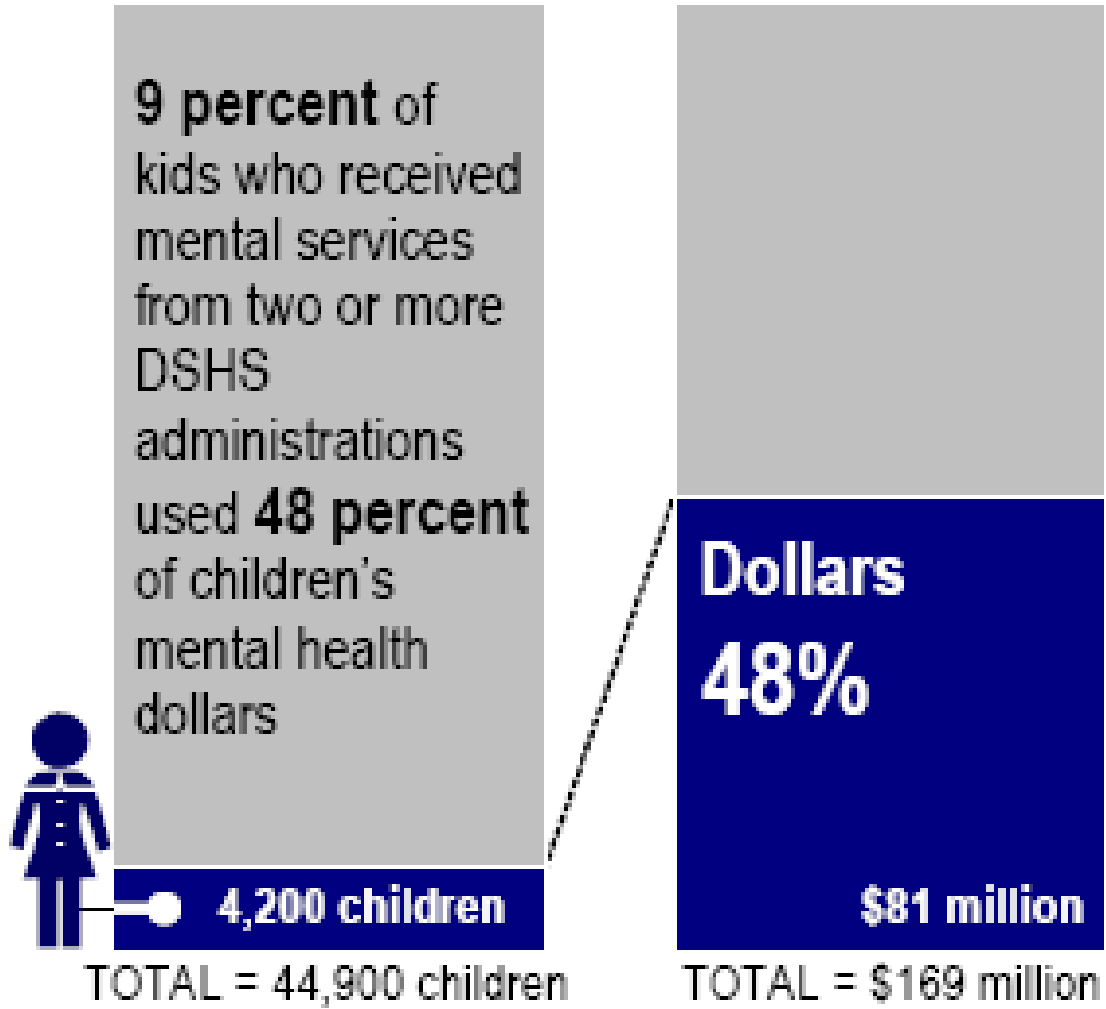
	n	$\%$
Define Wraparound or argue for its need/usefulness	84	40.8%
Examine how Wraparound impacts client outcomes (i.e., effectiveness)	77	37.4%
Youth functioning (interpersonal, academic, criminality)	63	30.6%
Service usage	29	14.1%
Youth's living situation (stability, restrictiveness, etc.)	26	12.6%
Family functioning	21	10.2%
Client satisfaction	12	5.8%
Youth engagement in the Wraparound process	6	2.9%
Explore or advise on aspects of Wraparound implementation (training, funding, structure, etc.)	50	24.3%
Delineate or measure Wraparound fidelity	37	18.0%
Compare Wraparound to other approaches for SEBD youth	31	15.1%
Measure the cost or cost effectiveness of Wraparound	17	8.3%
The use of peer supports	3	1.5%

Residential treatment utilization

- Medicaid
  - Residential and group home spending increased from $1.5 billion to $2.5 billion from 2005 to 2011
    - (Pires, 2017)
- Child welfare
  - In 2014, ACF data show that 56,188 (14%) of all youth in care were in RTCs; placements are, on average 8 months with 34% of all youth spending 9 months or more in facilities
    - (Casey Family Programs, 2016)

A small number of children and 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

Dollars 48%

$81 million

TOTAL = $169 million

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**.
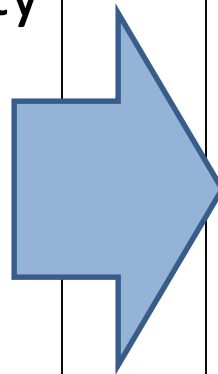
TOTAL = 39,361 children|youth

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

4,030 children|youth

What's going on here?

- Siloed systems, no 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
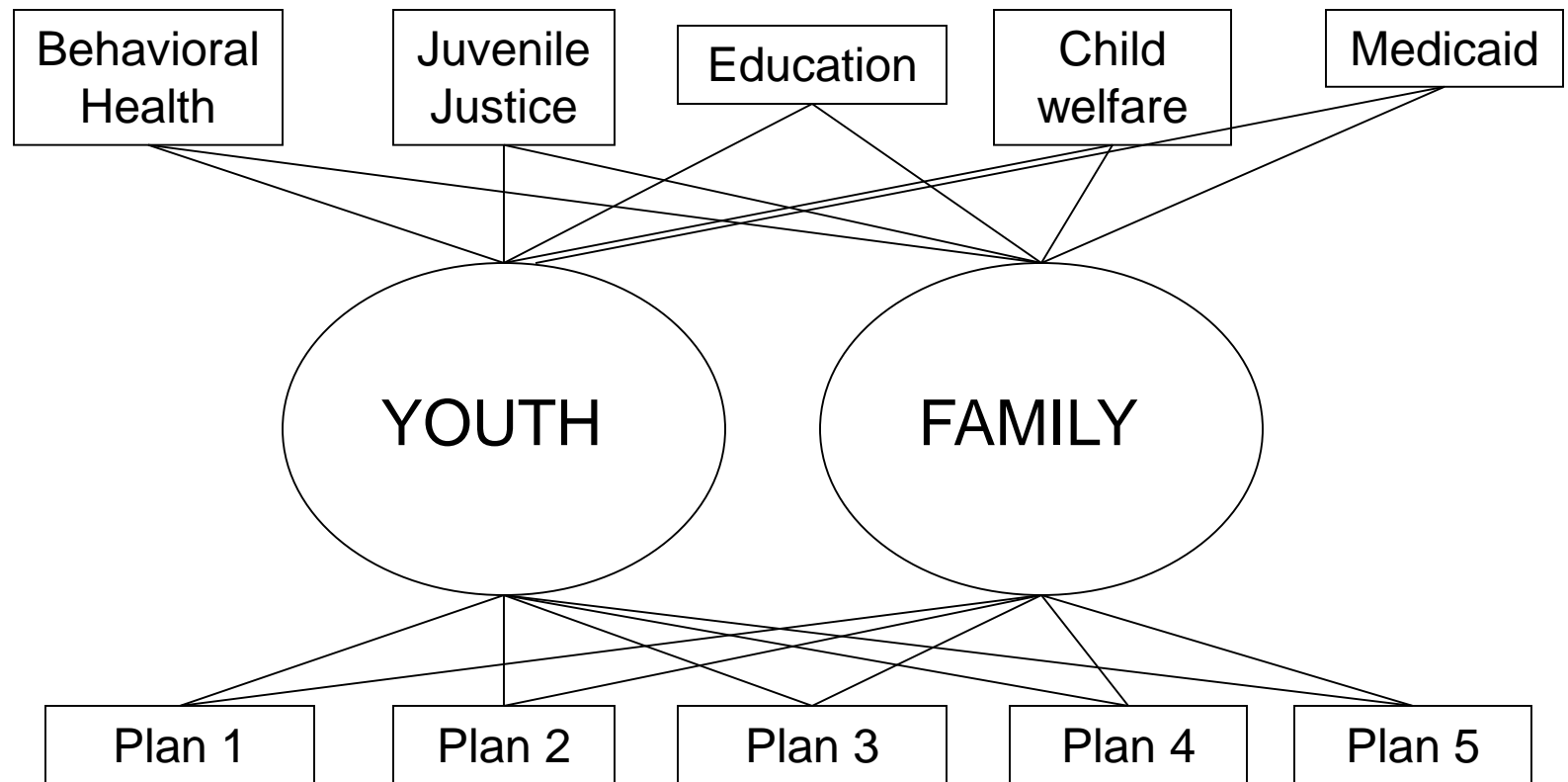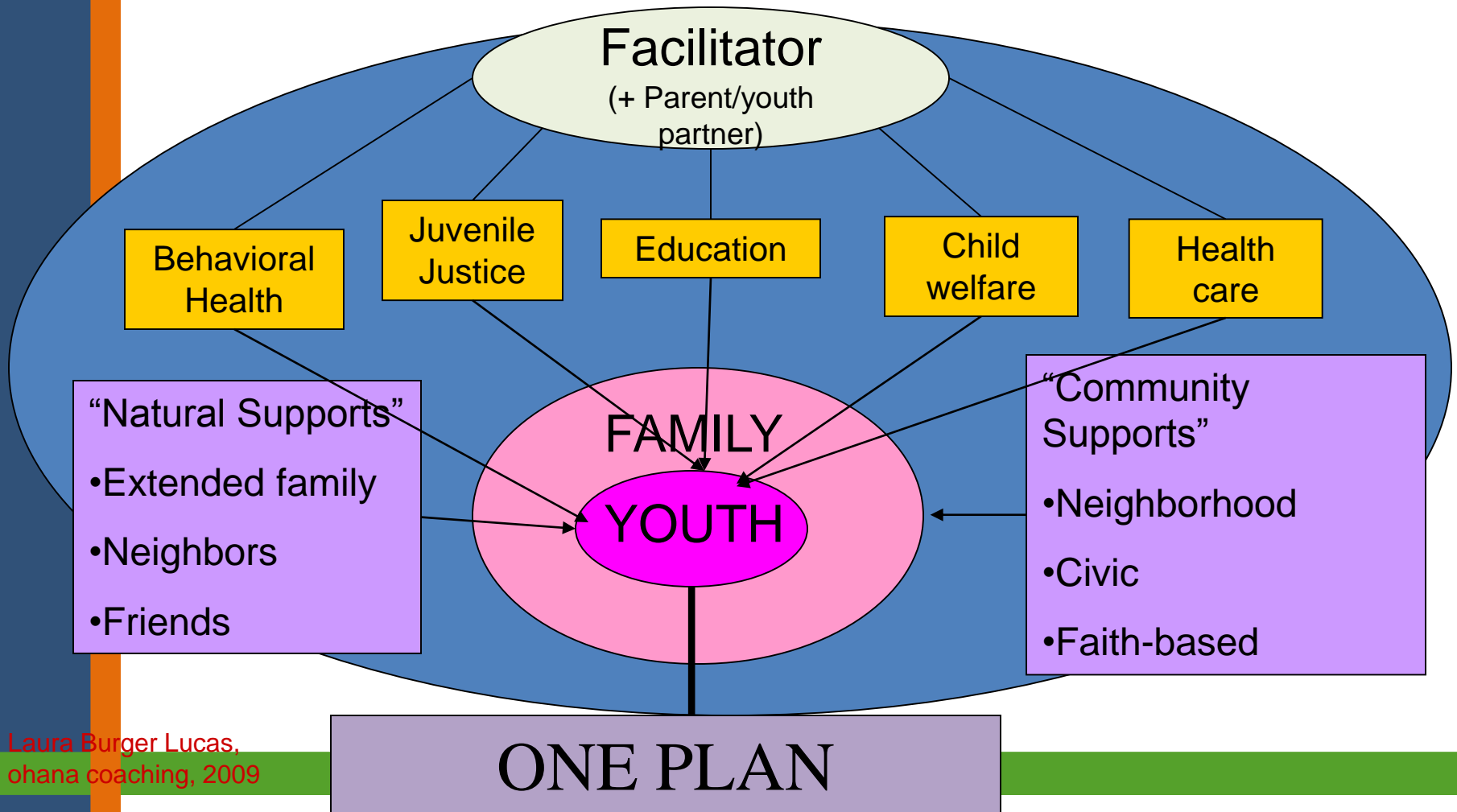
We continue to need….

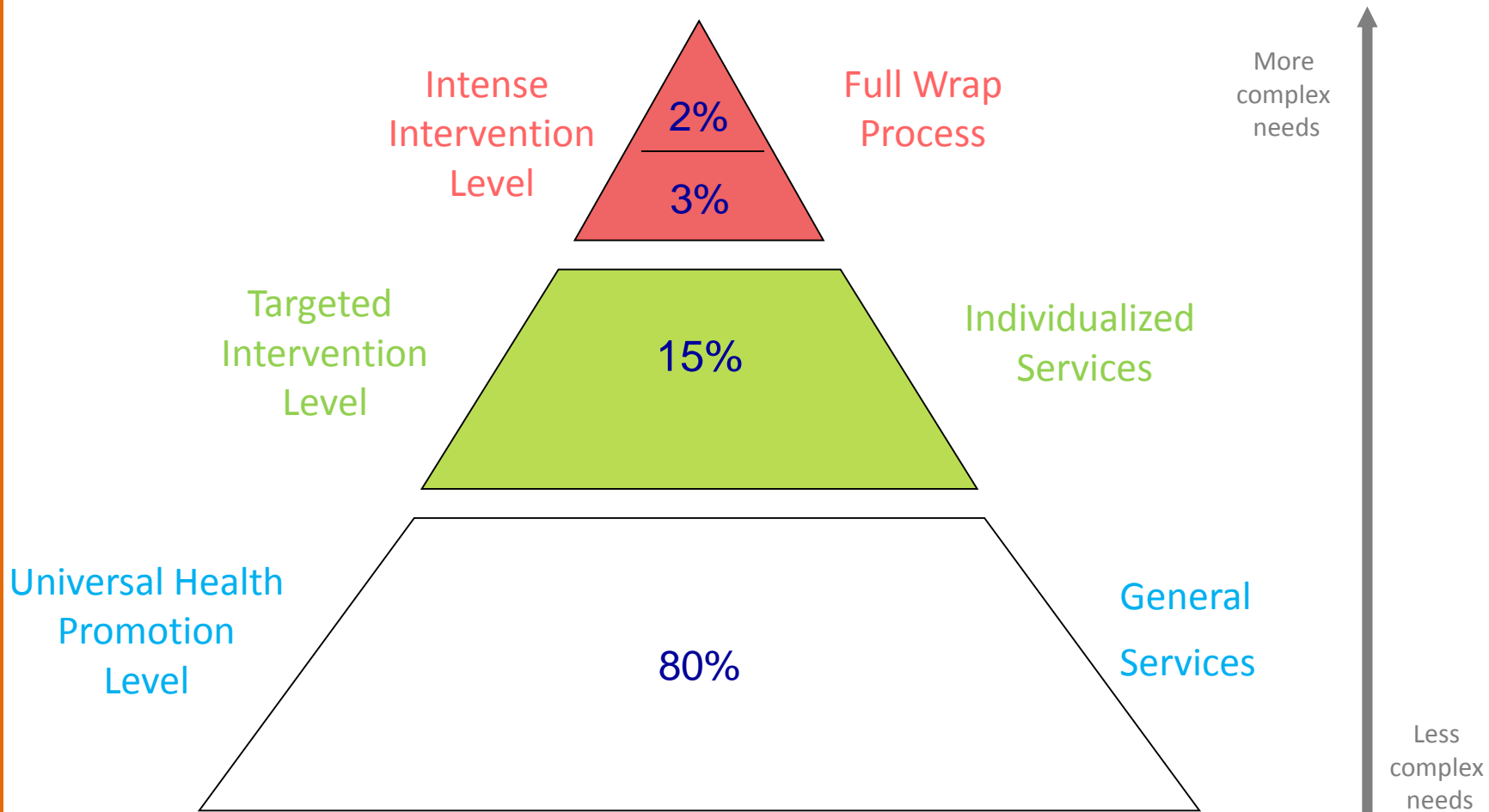Smarter Systems

Better practice models

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

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

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 Development and Research Timeline

"Do Whatever it Takes"

1980s   1990s   2000s   2010s   2020s?→

Wraparound
Philosophy

Descriptive
Case Studies

Longitudinal
Outcomes
Studies

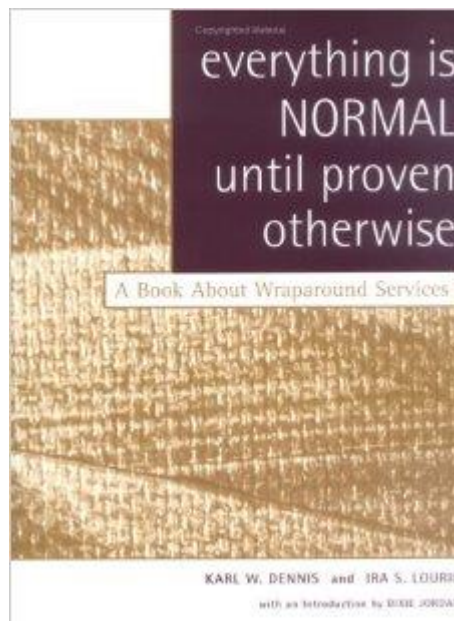NWIC | National Wraparound Implementation Center

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

everything is NORMAL until proven otherwise

A Book About Wraparound Services

KARL W. DENNIS and IRA S. LOURIE

with an Introduction by DIXIE JORDAN

National Wraparound Implementation Center

Wraparound: An Incomplete History

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

![NWIC | National Wraparound Implementation Center]
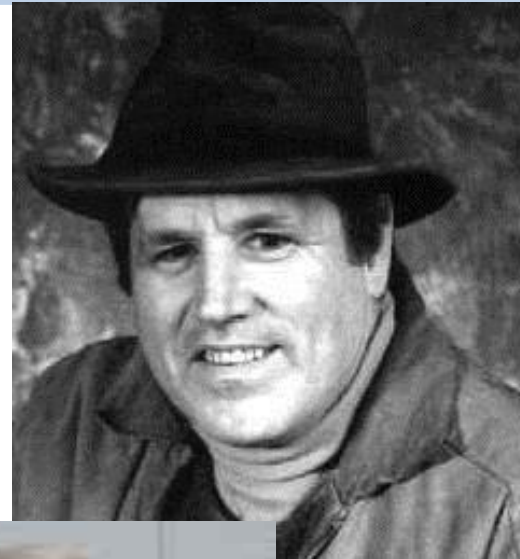
Research began to document the realities of "making it happen"

Percent of Teams with Indicator Observed

Walker & Koroloff (2002)

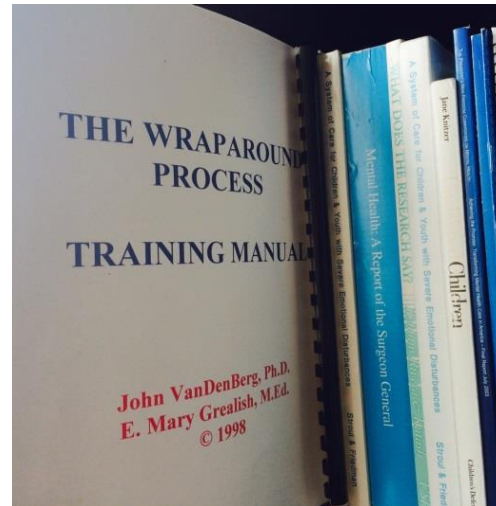NWIC | National Wraparound Implementation Center

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

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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

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Wraparound Development and Research Timeline

"Do Whatever it Takes"

Define the Model Build Systems

1980s	1990s	2000s	2010s	2020s?→

Wraparound Philosophy

Descriptive Case Studies

Longitudinal Outcomes Studies

First Experimental Studies

Principles and Core Components

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Who Does this Work?

What are the Key Wraparound Roles?

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" with broad accountability for services, workforce support, and costs

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 <u>shared feelings</u>, history, connection and common experience

2. Facilitates provision of <u>encouragement</u> and emotional support

3. Helps the family's voice and priorities <u>be heard by the team</u>

4. Assists and supports family members to <u>navigate through multiple agencies and service systems</u> through mutual learning that comes from common lived experience

5. Helps <u>educate the family</u> about mental health conditions and usefulness of services and supports

6. <u>Provides follow-on support</u> 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

Wraparound Practice

The Principles
Key Elements
The Phases and Activities

Principles of Wraparound

The Phases of Wraparound

Phase 1A — Engagement and Support

Phase 1B — Team Preparation

Phase 2 — Initial Plan Development

Phase 3 — Implementation

Phase 4 — Transition
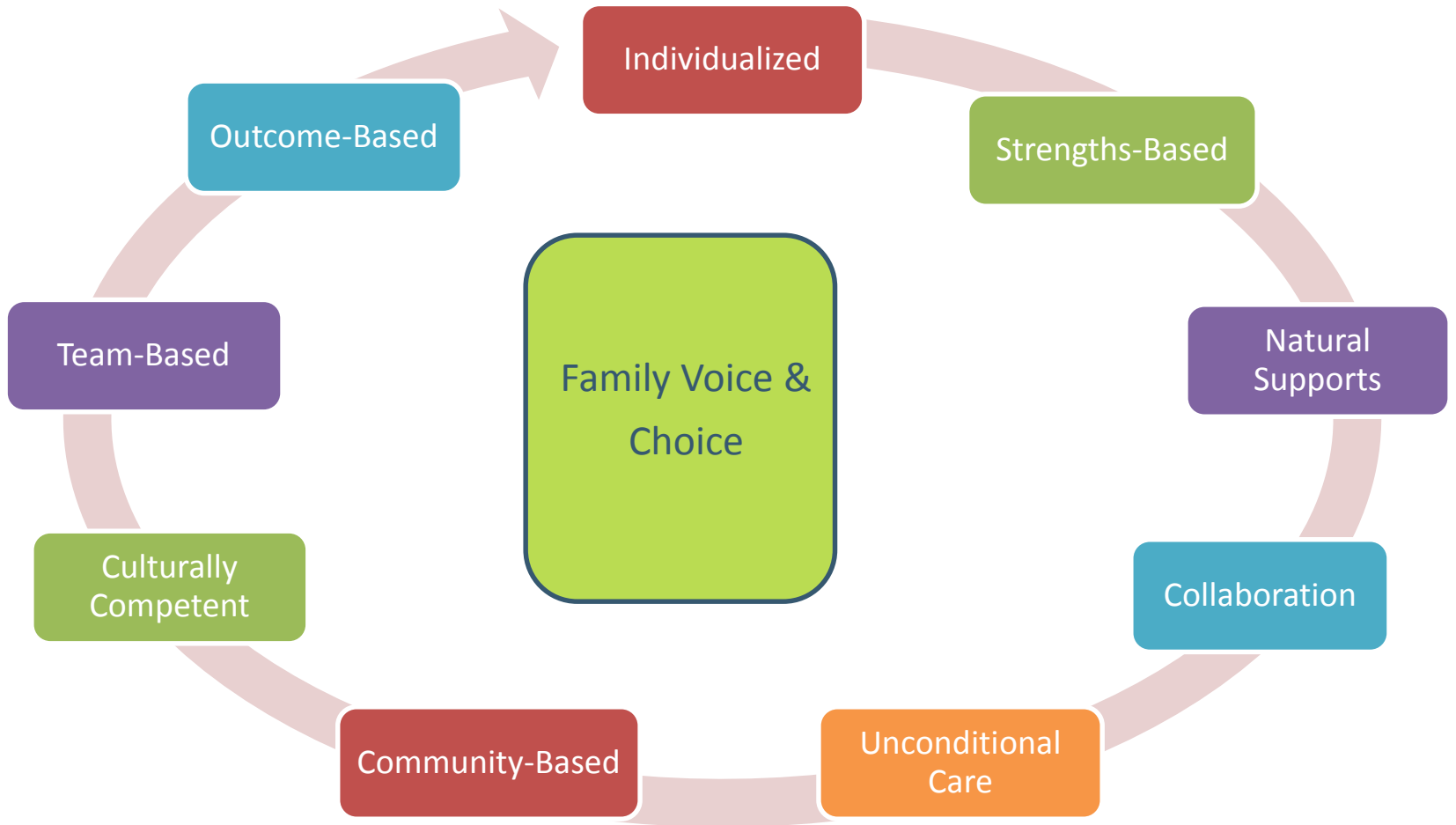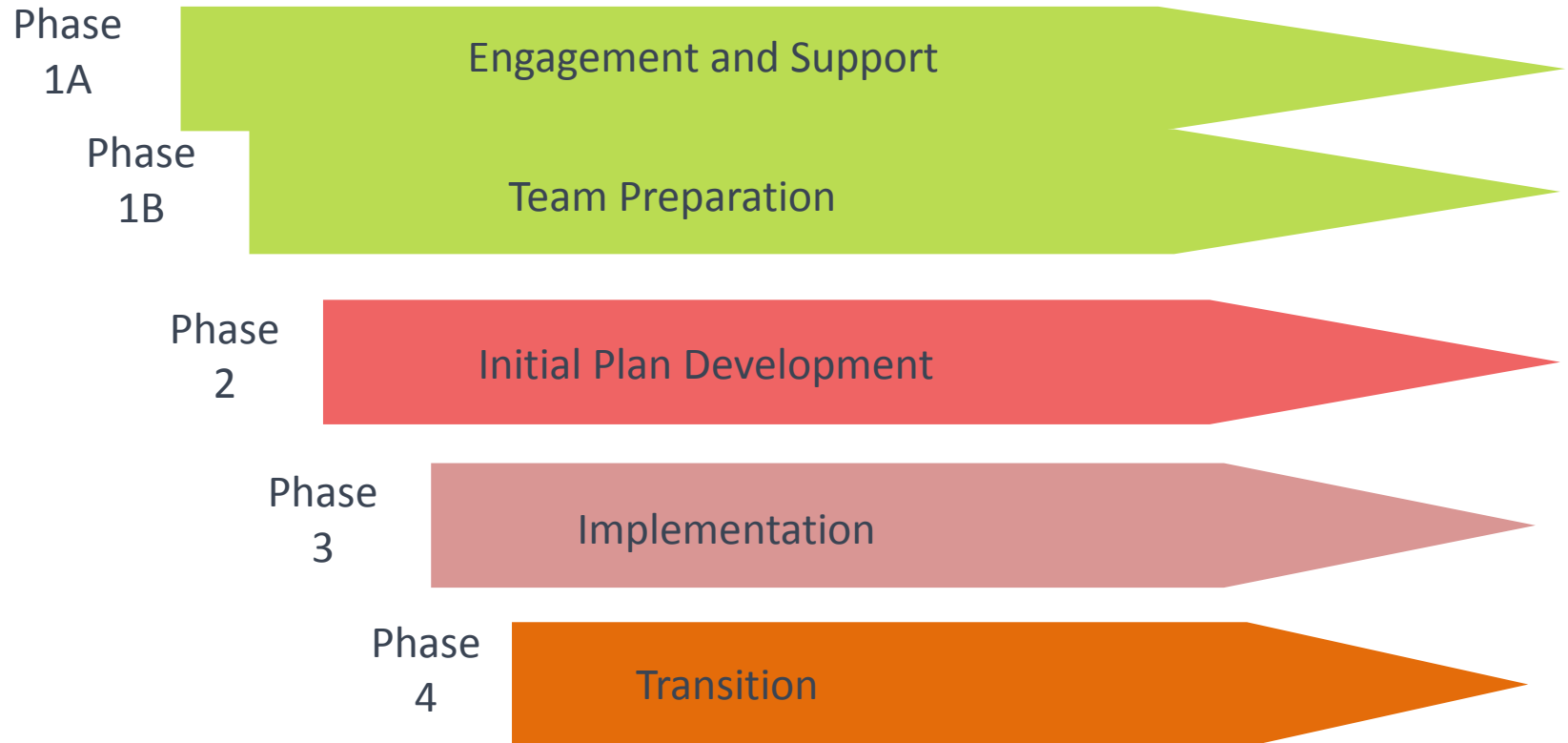
An Overview of the Wraparound Process

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

Engagement and Preparation Phase: Up to 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 |

Planning Phase: 1 meeting also within first 30 days

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

Implementation Phase: 9-18 months

| 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 |

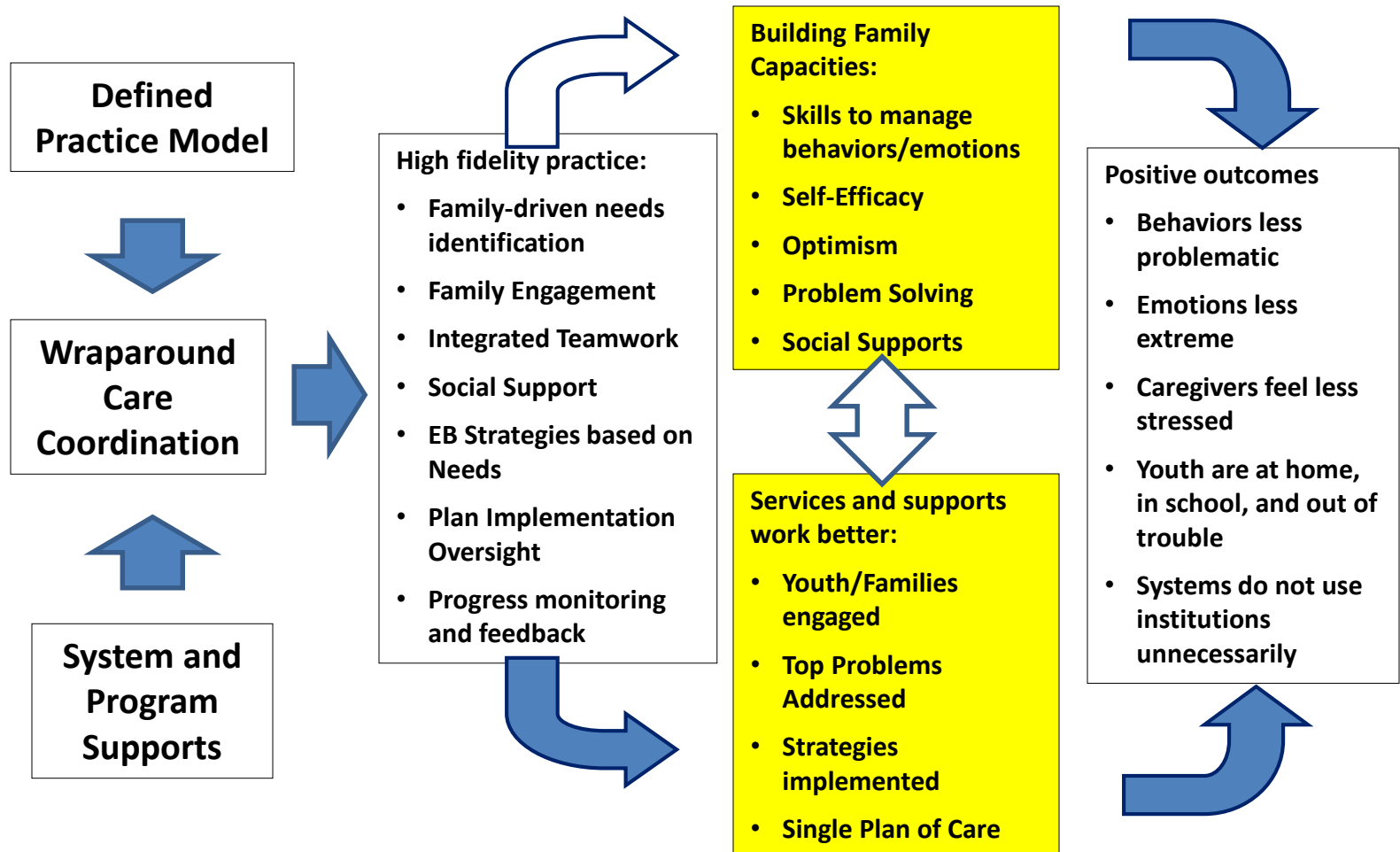**Transition Phase: 4-6 weeks**

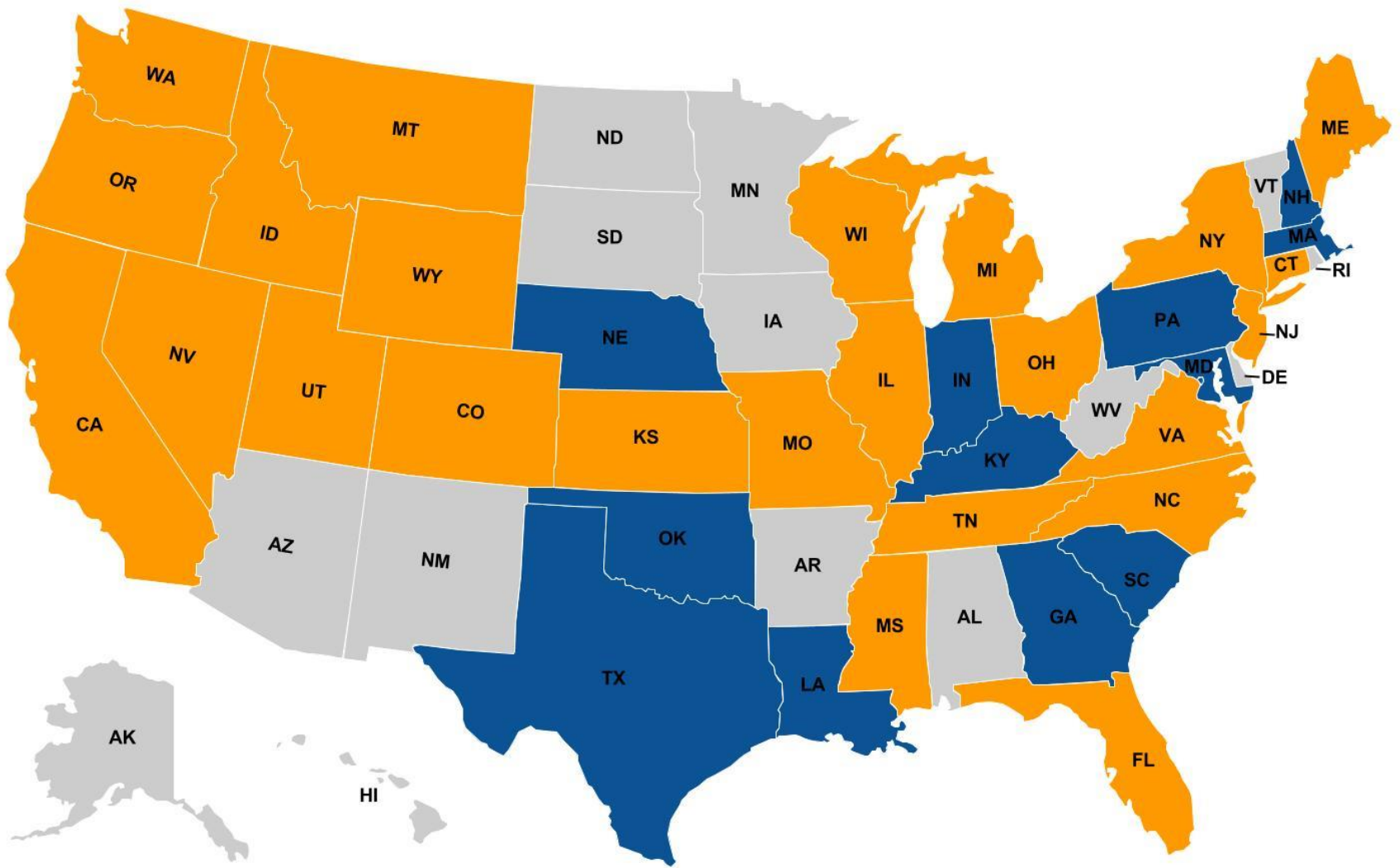# Research-based components of the wraparound process

- 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

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**

Wraparound Fidelity Tools Used in the U.S.

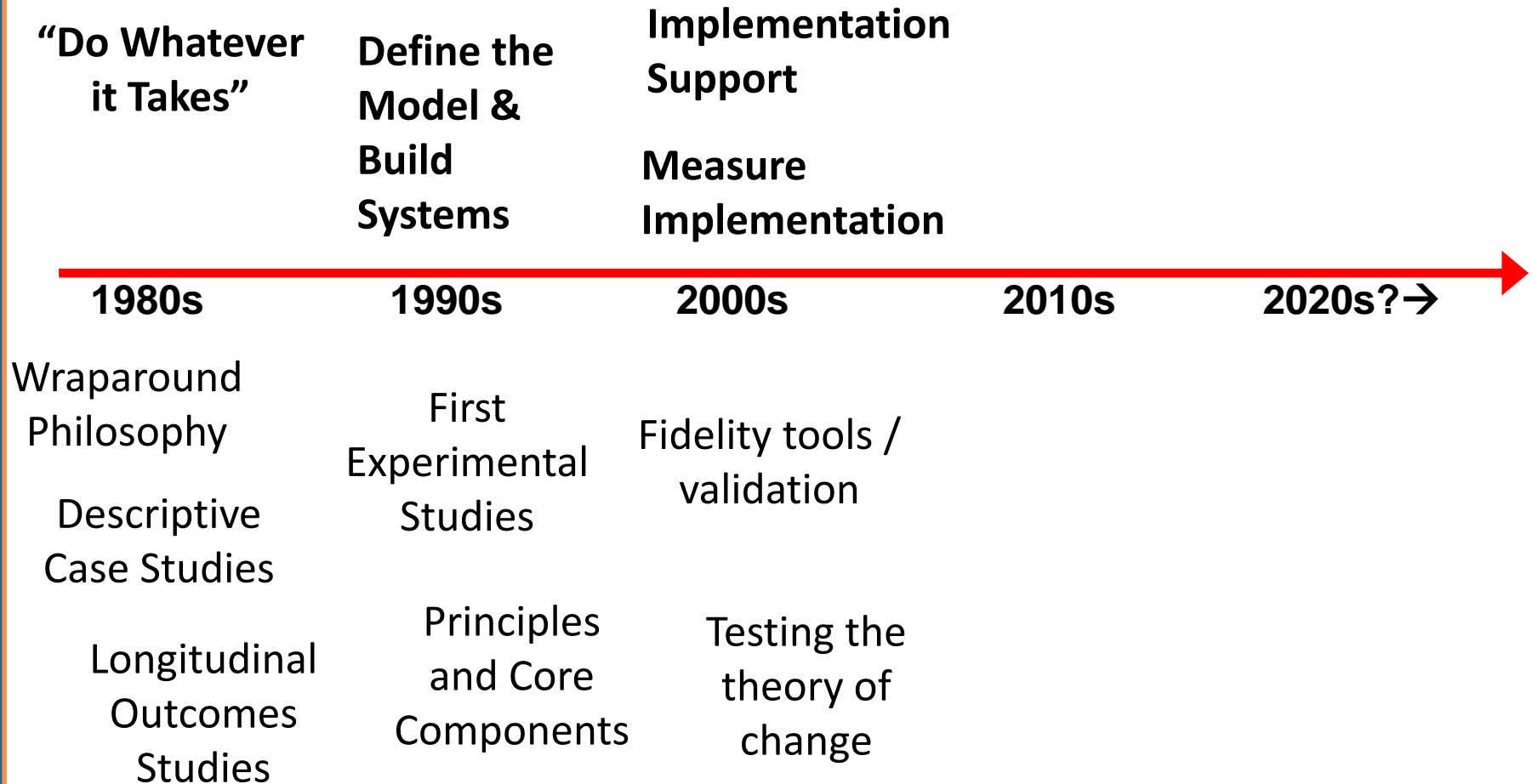Legend: **WFAS tool(s) used statewide** (blue) **WFAS tool(s) used by one or more local sites** (orange)

Higher fidelity is associated with better child and youth outcomes

Effland, McIntyre, & Walton, 2010

	High Fidelity (>85%)	Adequate Fidelity (75-85%)	Borderline (65-75%)	Not wraparound (<65%)
% showing reliable improvement on the CANS	82%	69%	65%	55%

Average level of fidelity on the Wraparound Fidelity Index

Wraparound Development and Research Timeline

"Do Whatever it Takes"	Define the Model & Build Systems	Implementation Support Measure Implementation		
1980s	**1990s**	**2000s**	**2010s**	**2020s?→**
Wraparound Philosophy				
	First Experimental Studies	Fidelity tools / validation		
Descriptive Case Studies				
Longitudinal Outcomes Studies	Principles and Core Components	Testing the theory of change		

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Expanding and Synthesizing the Research

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**

Suter & Bruns (2009) Meta-Analysis
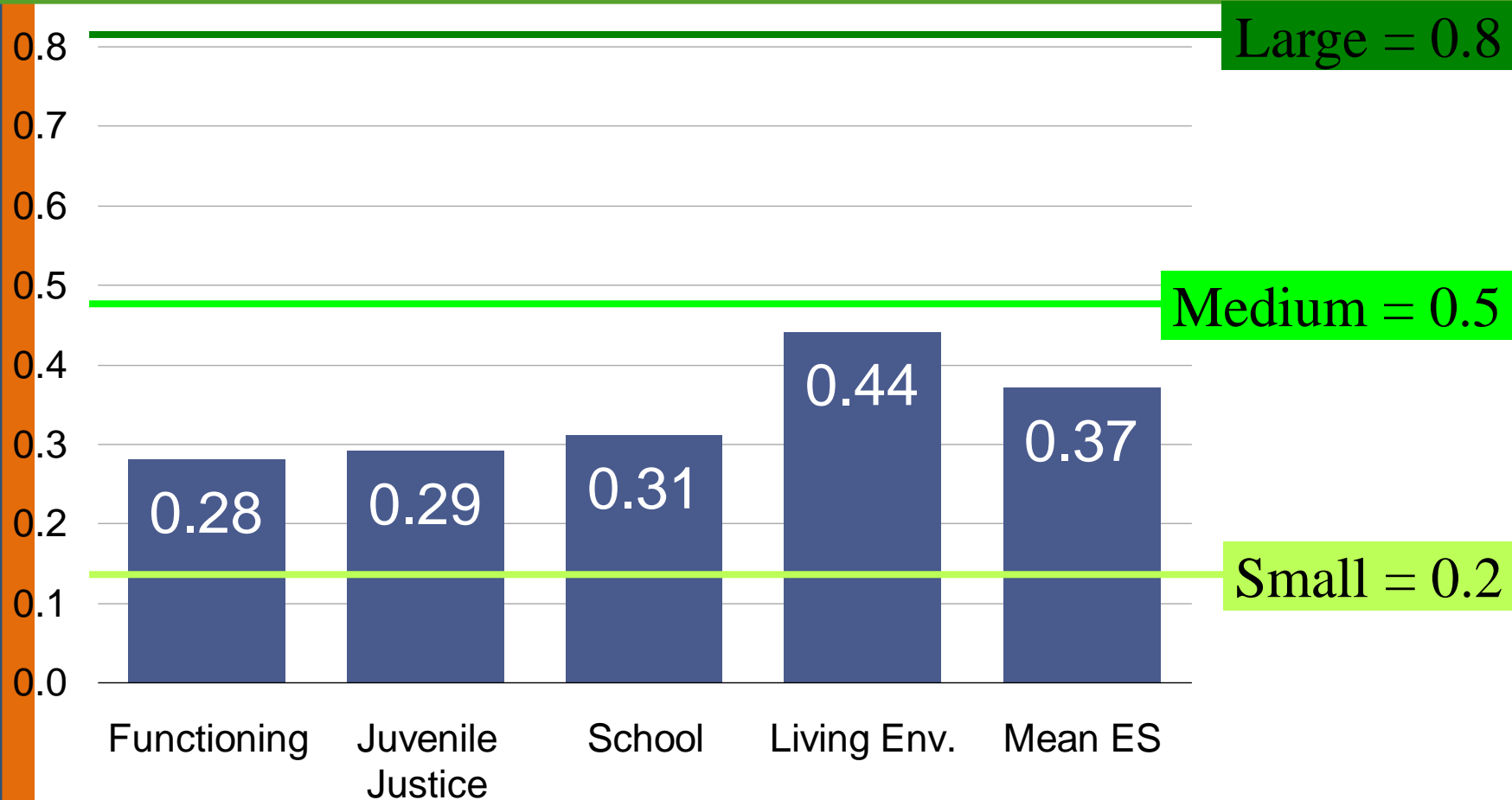
Cost effectiveness: CMS PRTF Waiver Demonstration (Urdapilleta et al., 2012)

- 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.

Wraparound Maine
(Yoe, Ryan & Bruns, 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.

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New Jersey

- Data from New Jersey Office of 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.

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%

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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 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
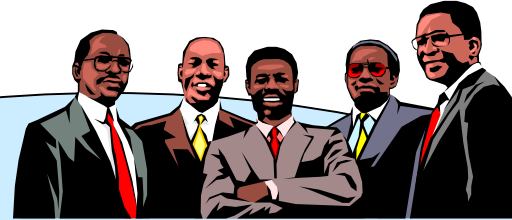
Hospitable
System *Funding, Policies

Supportive
Organizations
* Training, supervision,
interagency coordination
and collaboration

Effective
Team
* Process + Principles

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 services and supports (including EBPs) that meet 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?*

Training and workforce support, from orientation to innovation

PHASE 1

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

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	Phase 2: Apprenticeship
PHASE 1 →		
PHASE 2 →		
Main components	• Basic history and overview of wraparound • Introduction to skills/competencies • Intensive review of the process	• Observation by the apprentice • Observation of the apprentice
Key features	• "Tell, show, practice, feedback" process	• Experienced coaches • Structured process • Use of reliable assessments
Ends when...	• Training completed	• 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

	PHASE 1	PHASE 2	PHASE 3
	Phase 1: Orientation	**Phase 2: Apprenticeship**	**Phase 3: Ongoing coaching and supervision**
Main components	• Basic history and overview of wraparound • Introduction to skills/ competencies • Intensive review of the process	• Observation by the apprentice • Observation of the apprentice	• Ongoing coaching, informed by data • Periodic observation • Document review
Key features	• "Tell, show, practice, feedback" process	• Experienced coaches • Structured process • Use of reliable assessments	• Quarterly observations (minimum) • Intensity increased if data indicate challenges • Superior facilitators become innovators
Ends when...	• Training completed	• Observations completed • Score exceeds threshold • Apprentice passes knowledge test	• Ongoing

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
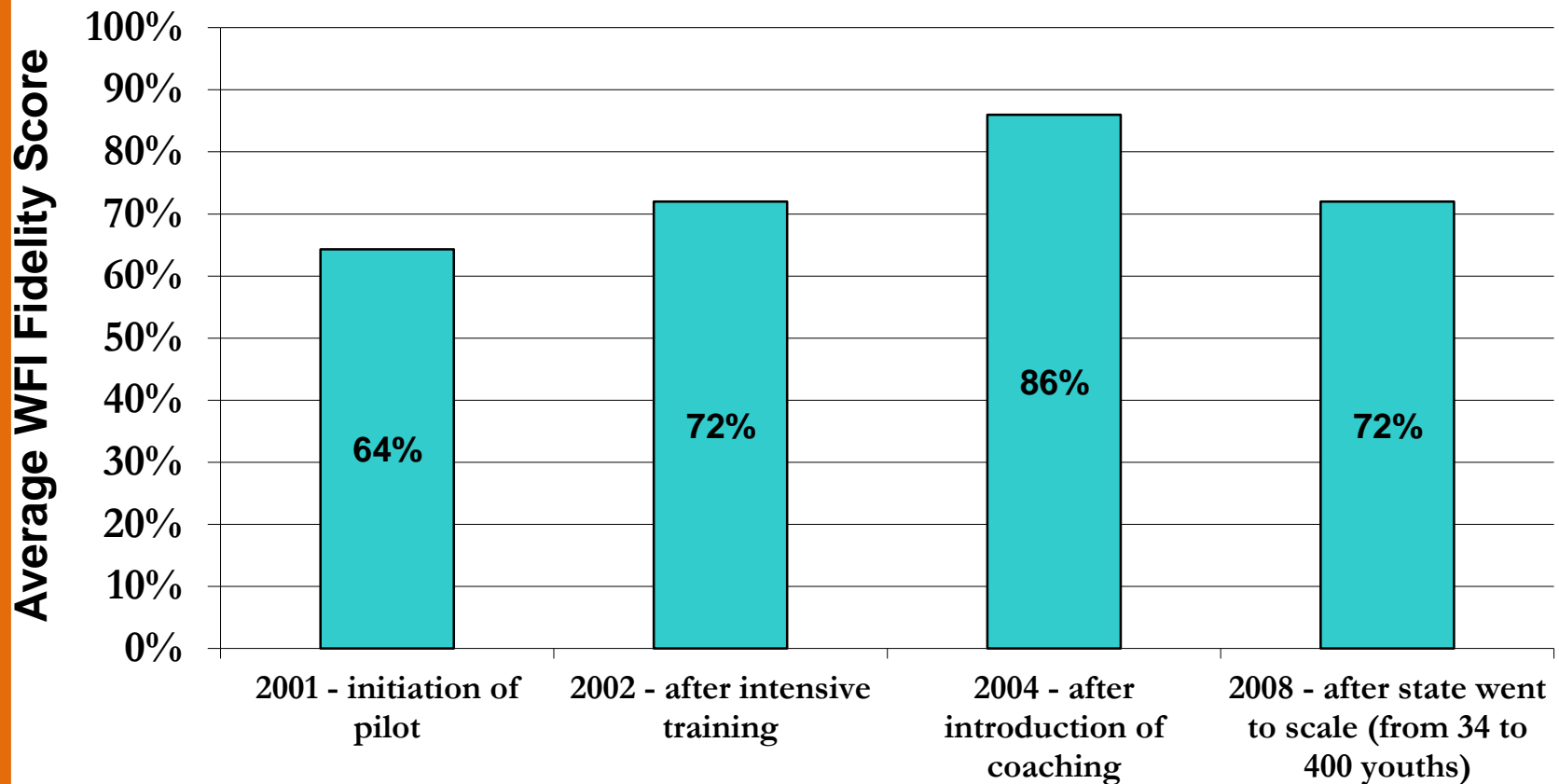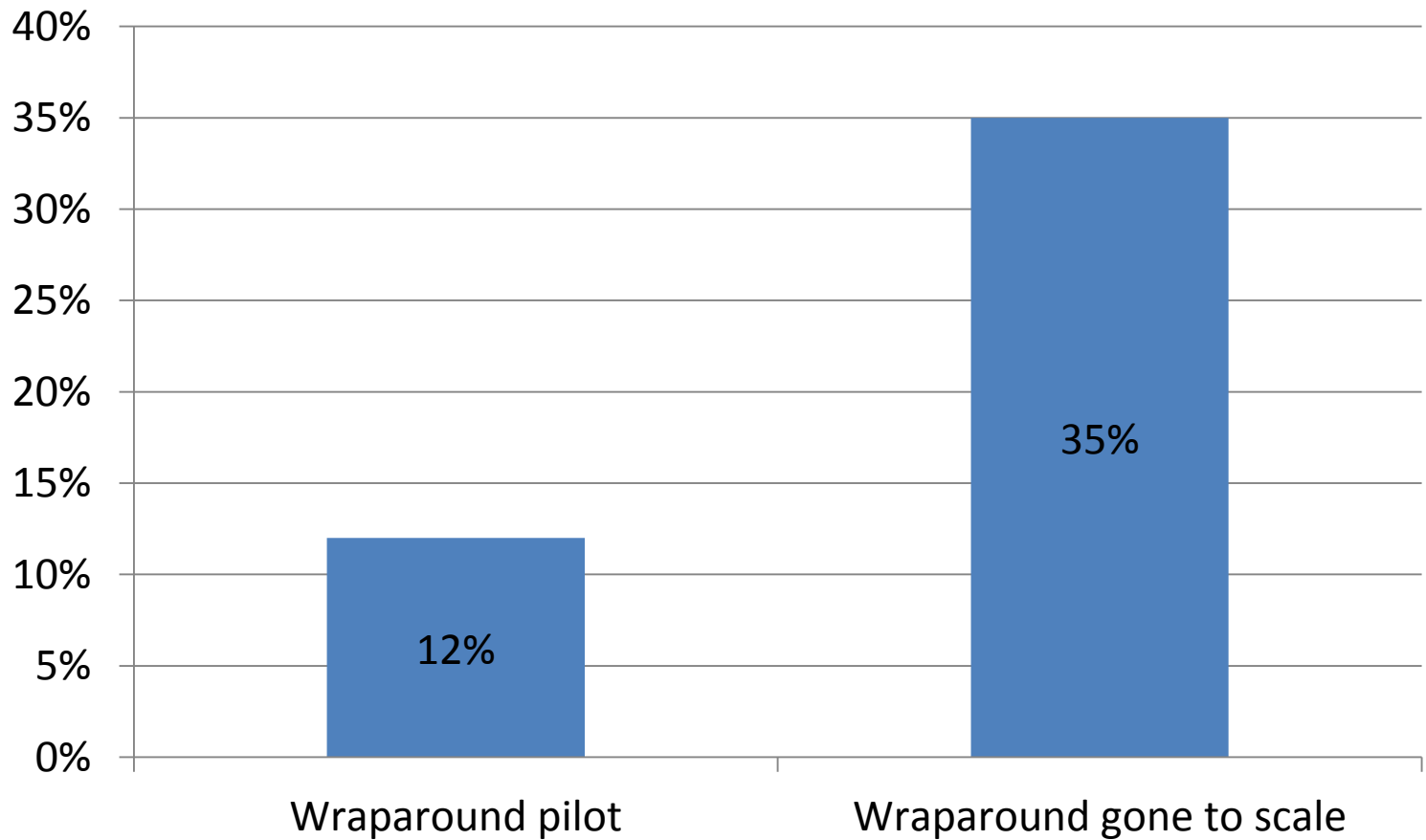
Poorer outcomes as system conditions changed

Average functional impairment score from the CAFAS

	Baseline	6 mos
Wrap gone to scale (2008)	118	105
Wrap pilot (2005)	109	75
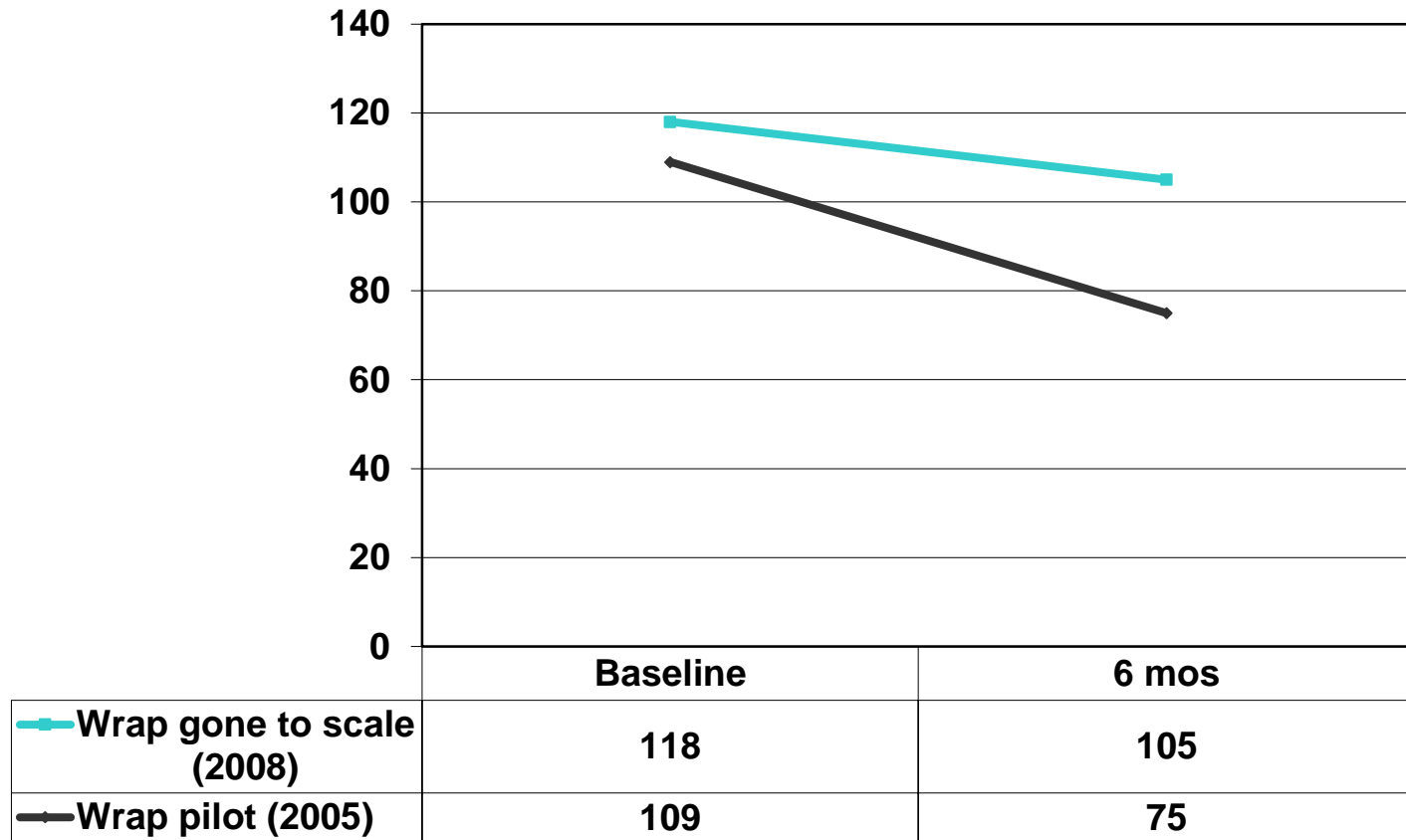
Bruns, Pullmann, Sather, Brinson, & Ramey, 2014

Poorer outcomes as system conditions changed
Percent of youth placed in institutions


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

Care Management Entities:
Ensuring Accountability for Resources and Families

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 Commerl. Insurance

$11.0M $11.5M $16.0M $8.5M

SCHOOLS
Youth at risk for alternative placements

Wraparound Milwaukee
Care Management Organization
$47M

Families United
$440,000

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

Intensive Care Coordination

Child and Family Team

Provider Network
210 Providers
70 Services

Plan of Care

Wraparound staff skill development varies as function of system features

Total COMET Scores - All States
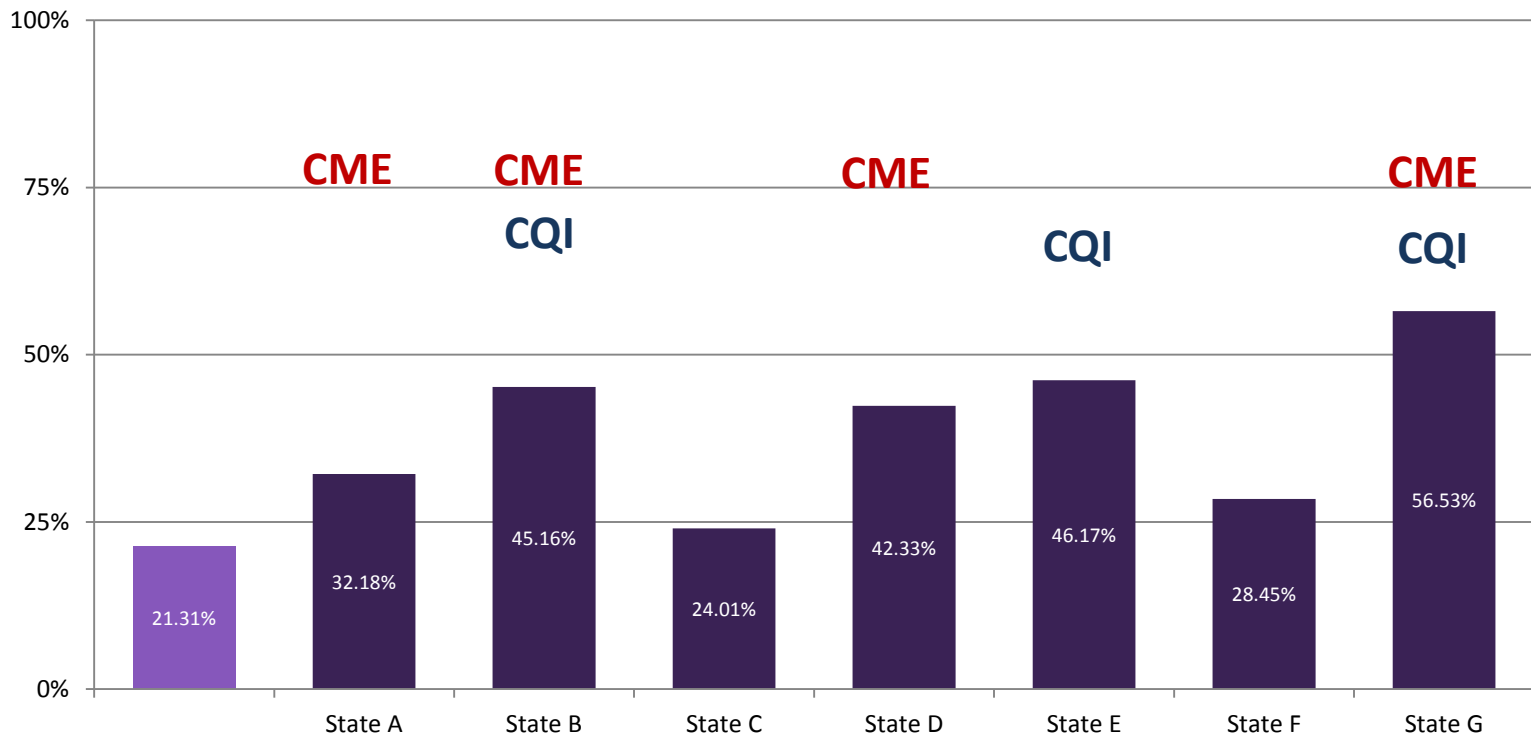
Hensley, Bruns, et al., 2016; in prep

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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 – leads to greater diversity of services needed by families
  - Respite
  - Flex funds
  - EBPs

Wraparound Development and Research Timeline
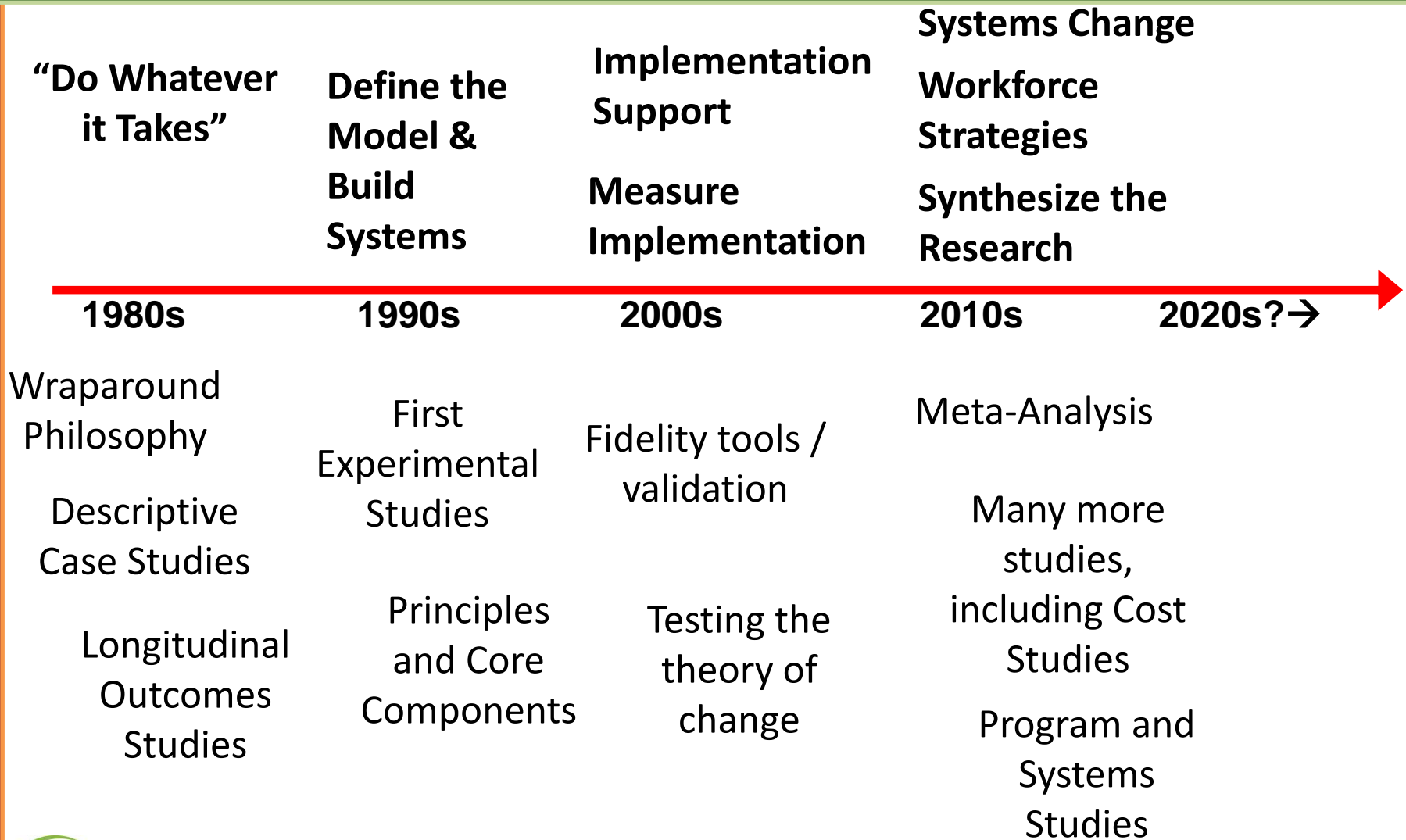
"Do Whatever it Takes"	Define the Model & Build Systems	Implementation Support Measure Implementation	Systems Change Workforce Strategies Synthesize the Research	
1980s	**1990s**	**2000s**	**2010s**	**2020s?→**
Wraparound Philosophy	First Experimental Studies	Fidelity tools / validation	Meta-Analysis	
Descriptive Case Studies			Many more studies, including Cost Studies	
Longitudinal Outcomes Studies	Principles and Core Components	Testing the theory of change	Program and Systems Studies	

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Where do we go from here?
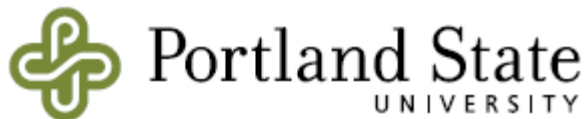
Controlled research continues
Wraparound RCT: Arrest Survival analysis
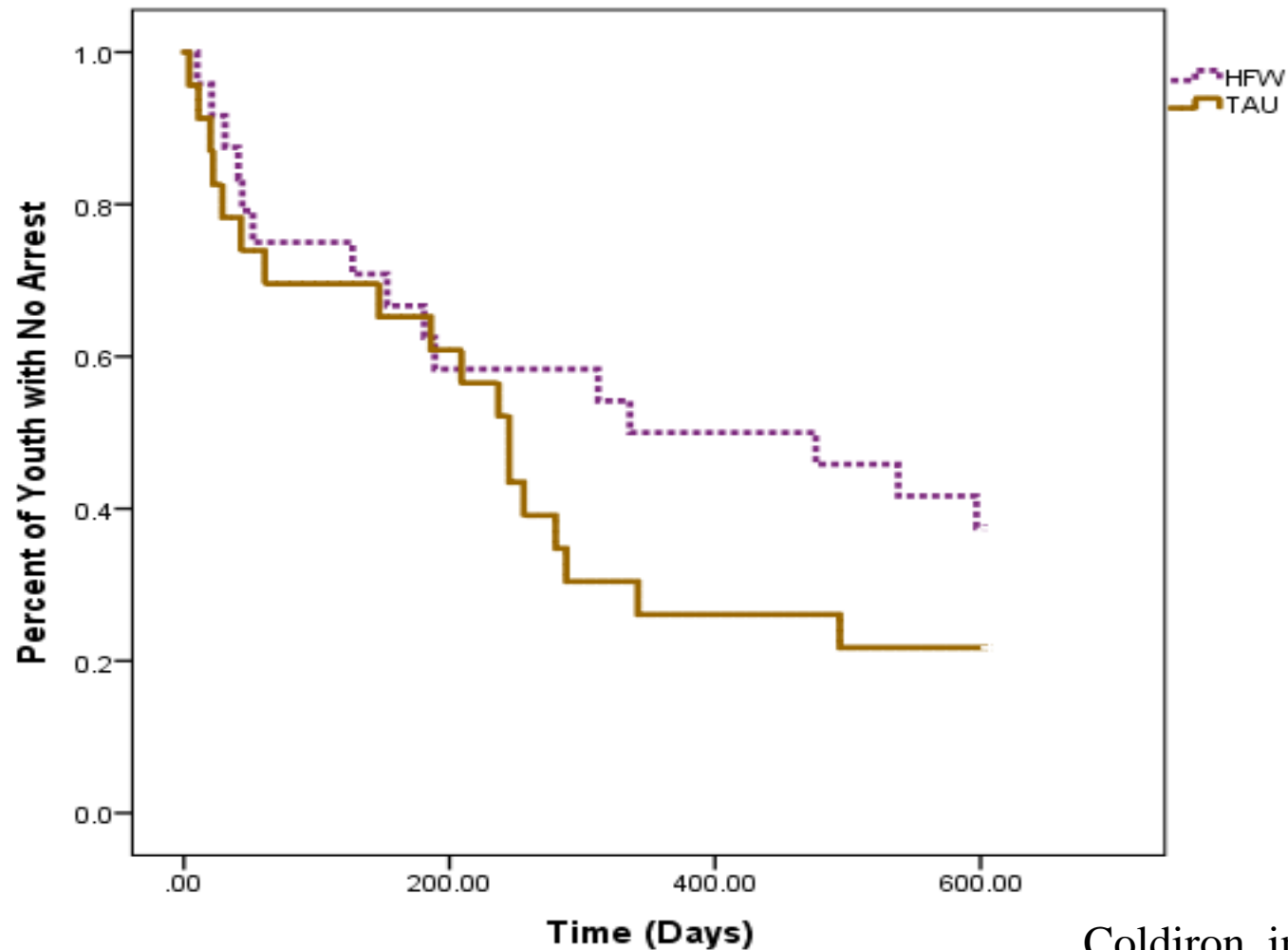
Coldiron, in prep

Controlled research continues
Wraparound RCT: Education outcomes

Educational Achievement at end of 2015-2016 School Year
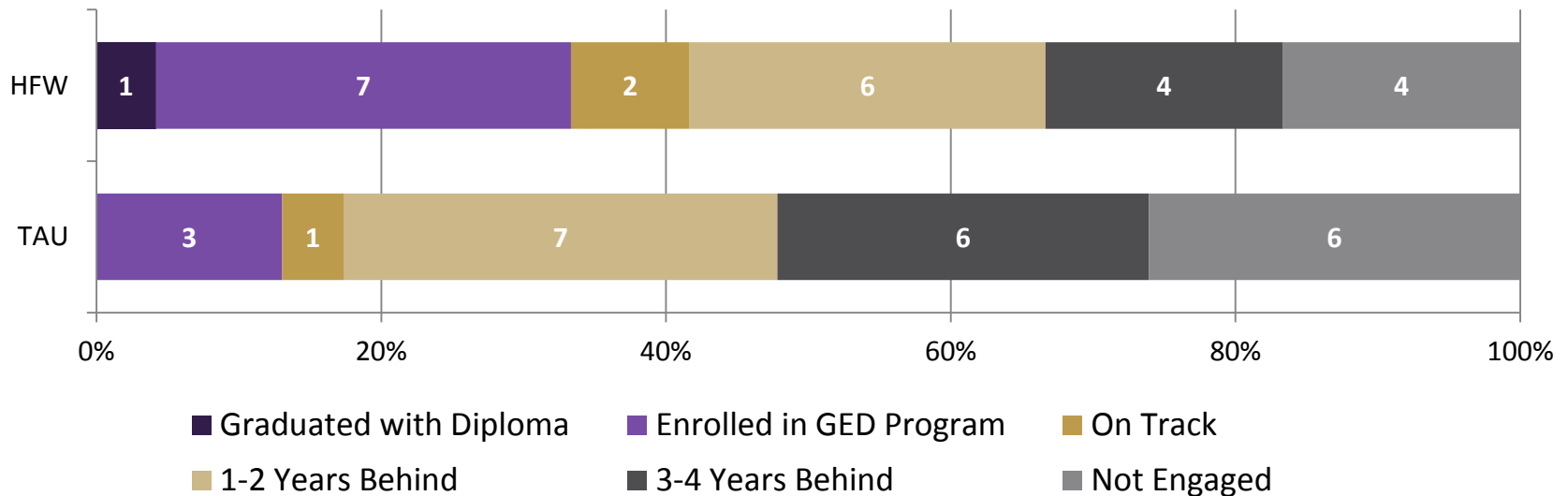
Wraparound: 42% graduated or on track
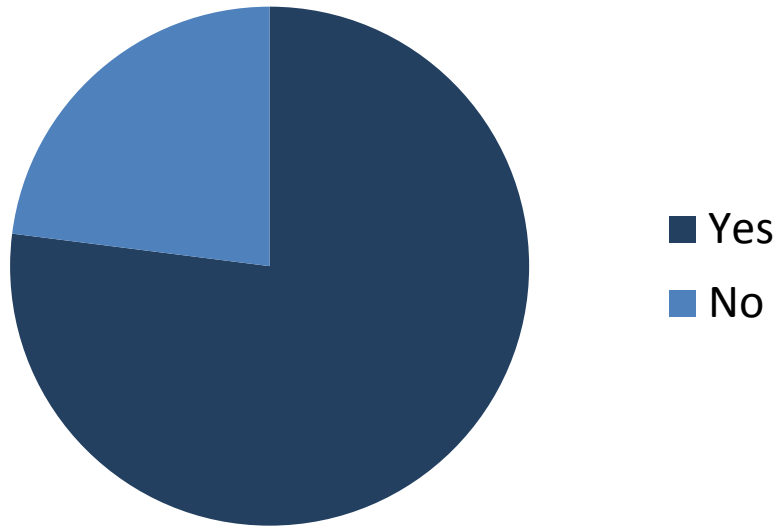Comparison: 18% graduated or on track

Coldiron, in prep

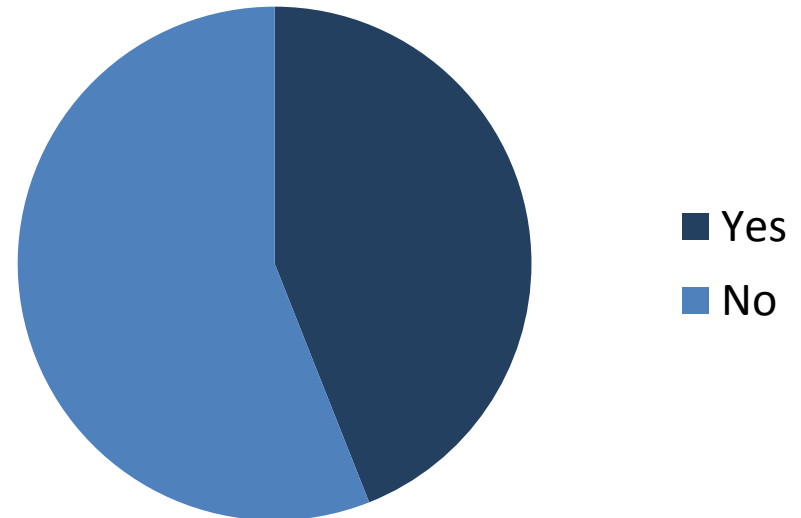# Q-E study of Effects of Wrap+CME on Psychotropic Polypharmacy
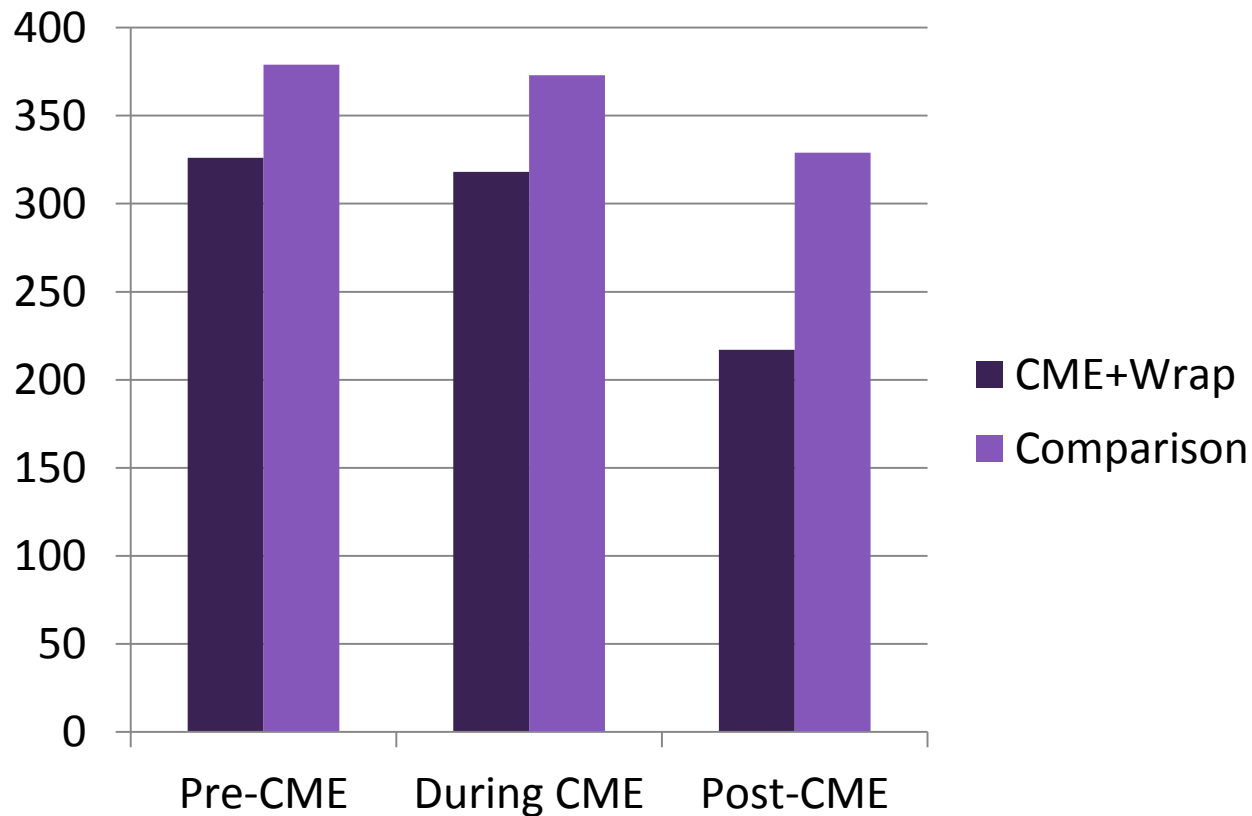
Use of Parent and Youth Peer Supports in Wraparound is Increasing

Parent Peer Support

- ■ Yes
- ■ No

Youth Peer Support

- ■ Yes
- ■ No

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Models of Youth Engagement are being Tested

"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.
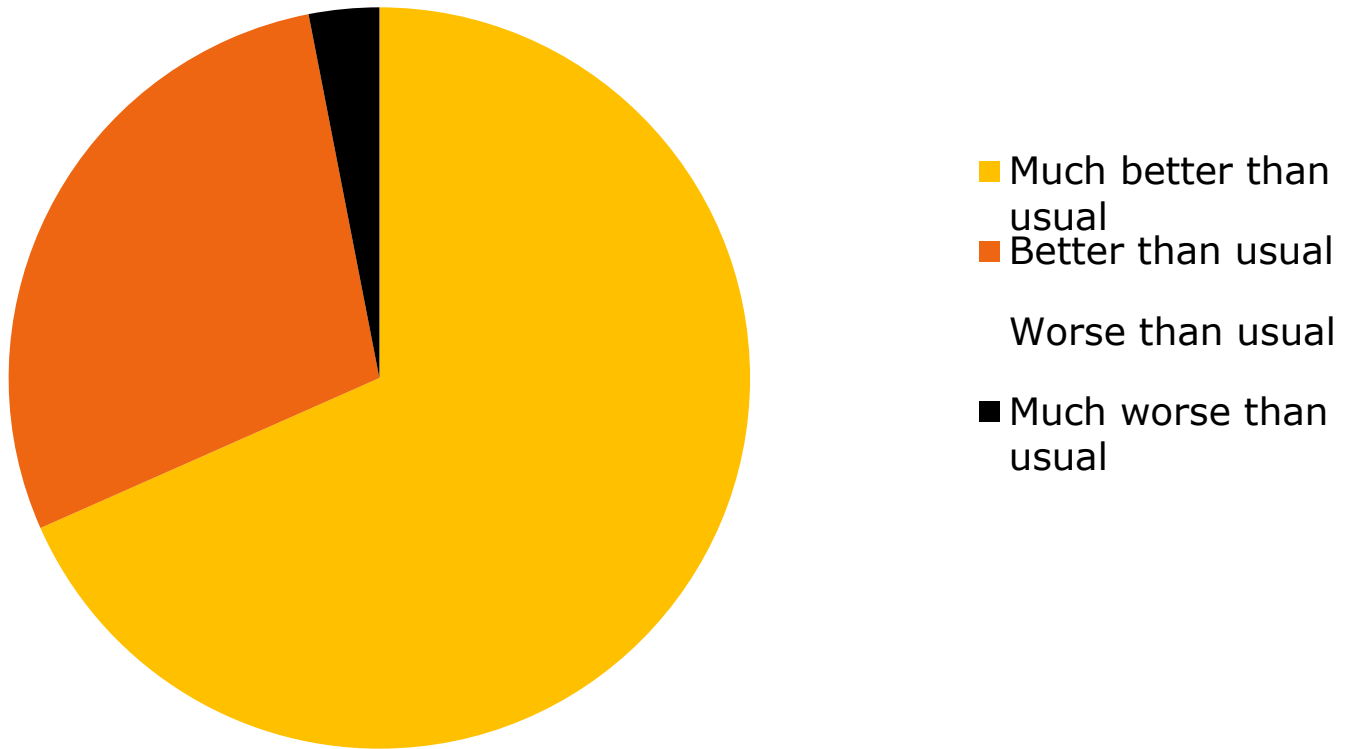
When a youth says...

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.

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AMP: Satisfaction Data

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

Legend:
- Much better than usual
- Better than usual
- Worse than usual
- Much worse than usual

FidelityEHR – an electronic behavioral health IT system for wraparound

Widespread use of CANS in Wraparound sites – what can we learn?

These 41 items ALL appear on the Praed foundation's recent "CANS Core 50" list

Chart: *Number of Items on Site's CANS, including Module Items*

- Site A: 90
- Site B: 80
- Site C: 200
- Site D: 159
- SiteE: 151
- Site F: 283
- Site G: 116

41 Items included on **all** sites' CANS, and which **no** site included in a module
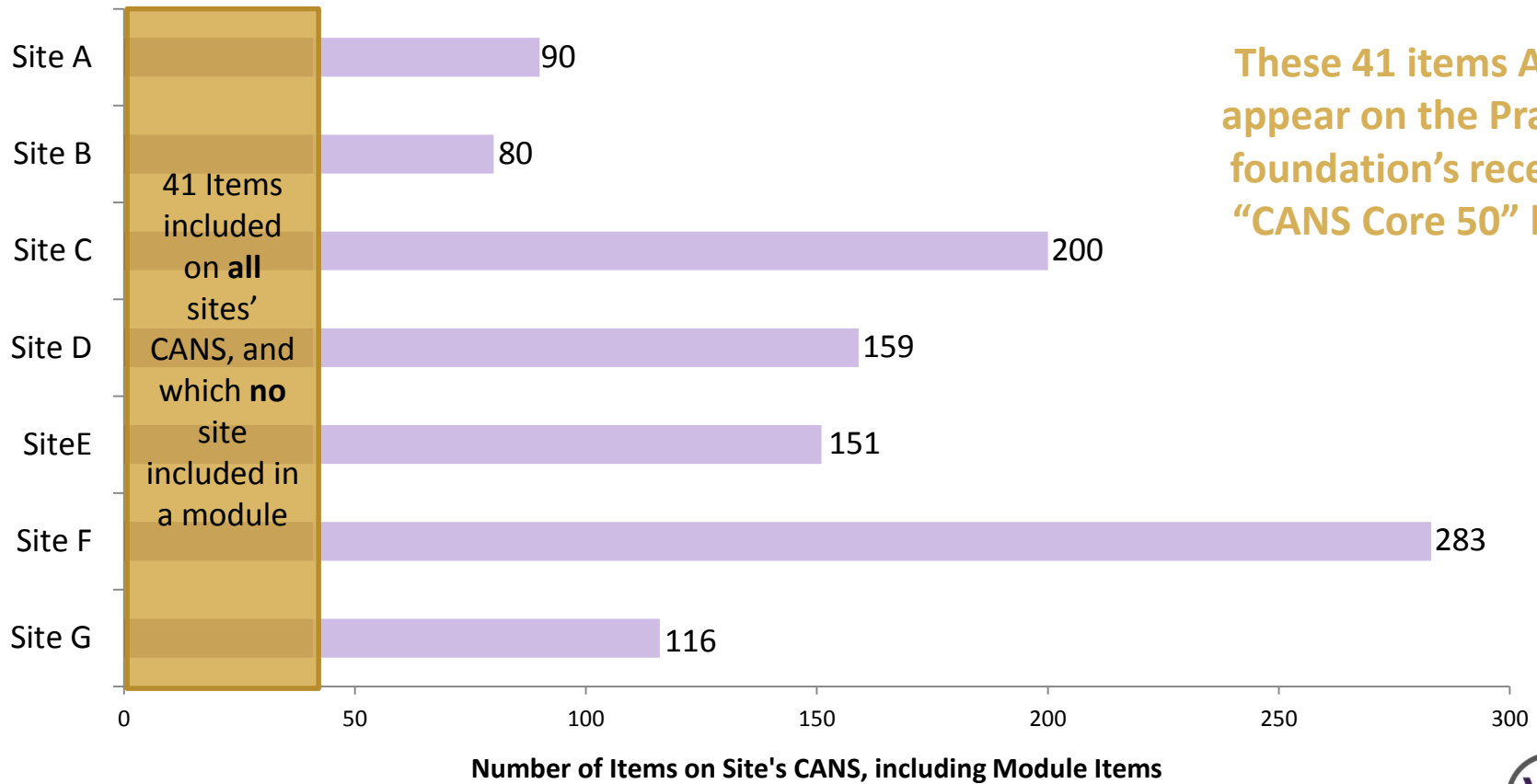
Youth begin Wraparound with a wide range of actionable needs; median of 8

Median Number of Needs: 8
(out of 33 "core" need items)

Percent of Youth

Number of Needs at Baseline

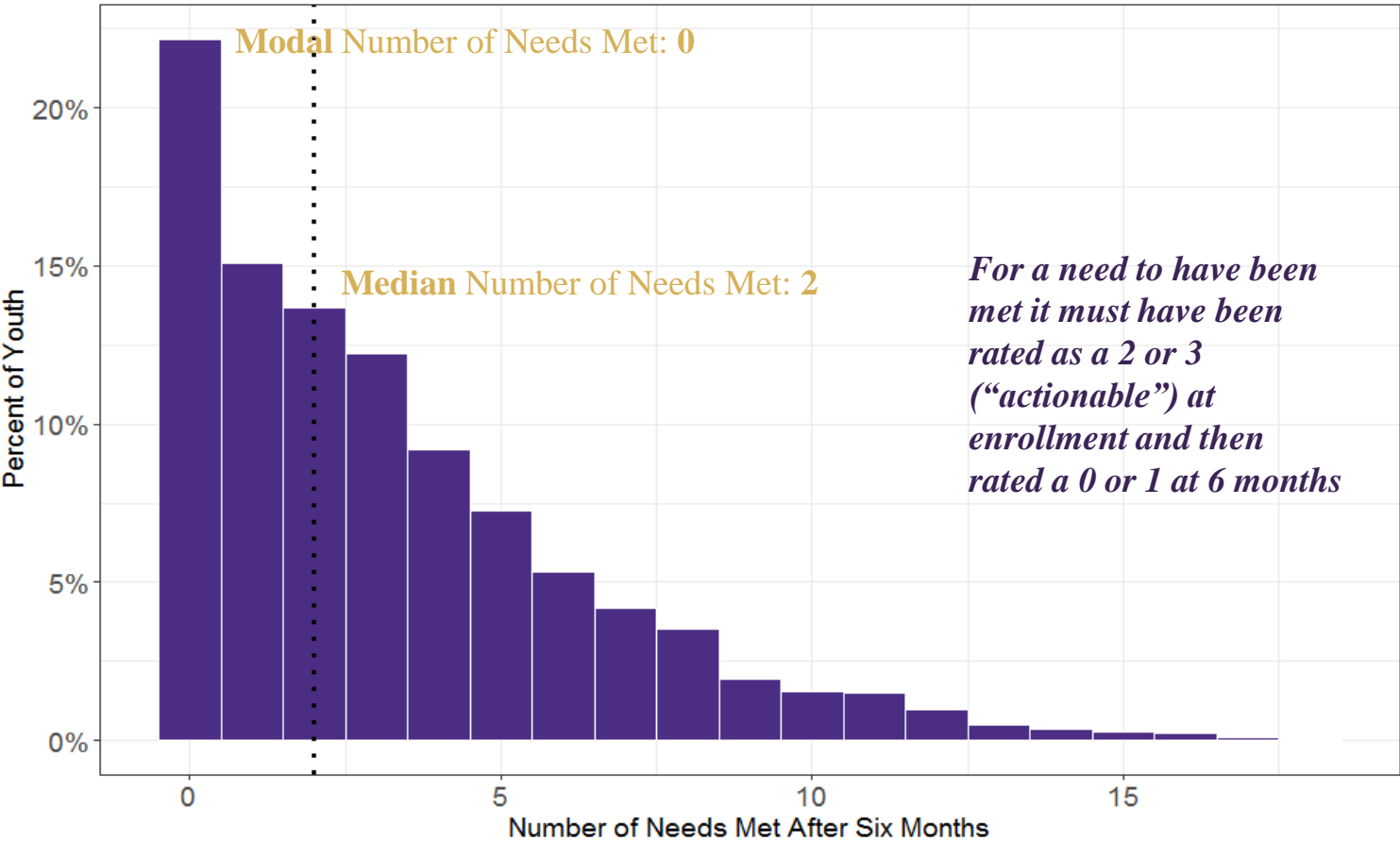NWIC | National Wraparound Implementation Center
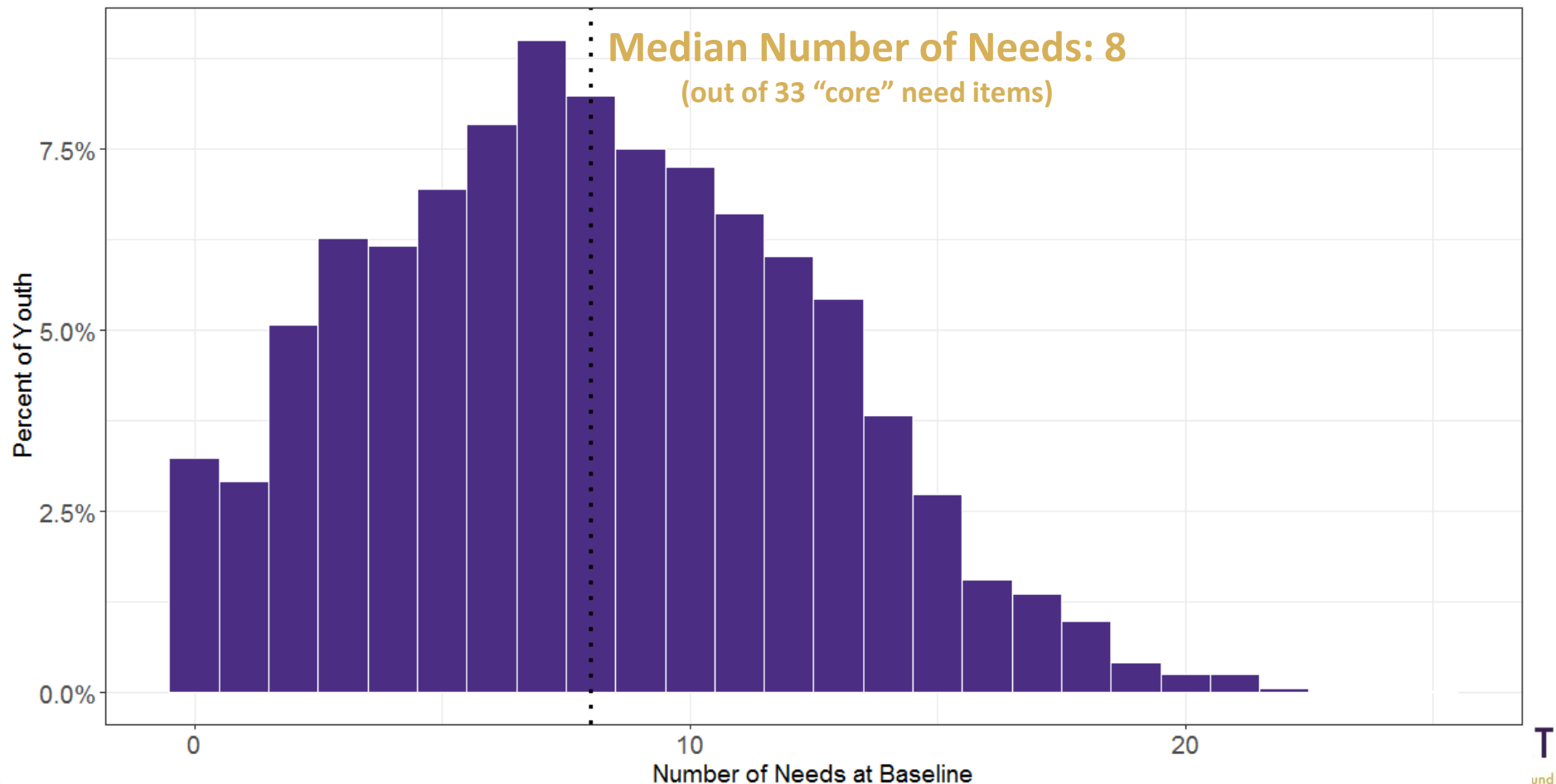
Some needs are more prevalent than others

Most prevalent needs (rated 2 or 3) at Baseline and 6 Months (n=~4000)

% of Youth with Need

	Anger Control	Family Functioning	Oppositional	Impulsivity	Judgment
Baseline	65.1%	62.6%	61.8%	56.2%	50.2%
6 Months	53.3%	54.2%	52.8%	52.2%	45.0%

■ Baseline ■ 6 Months

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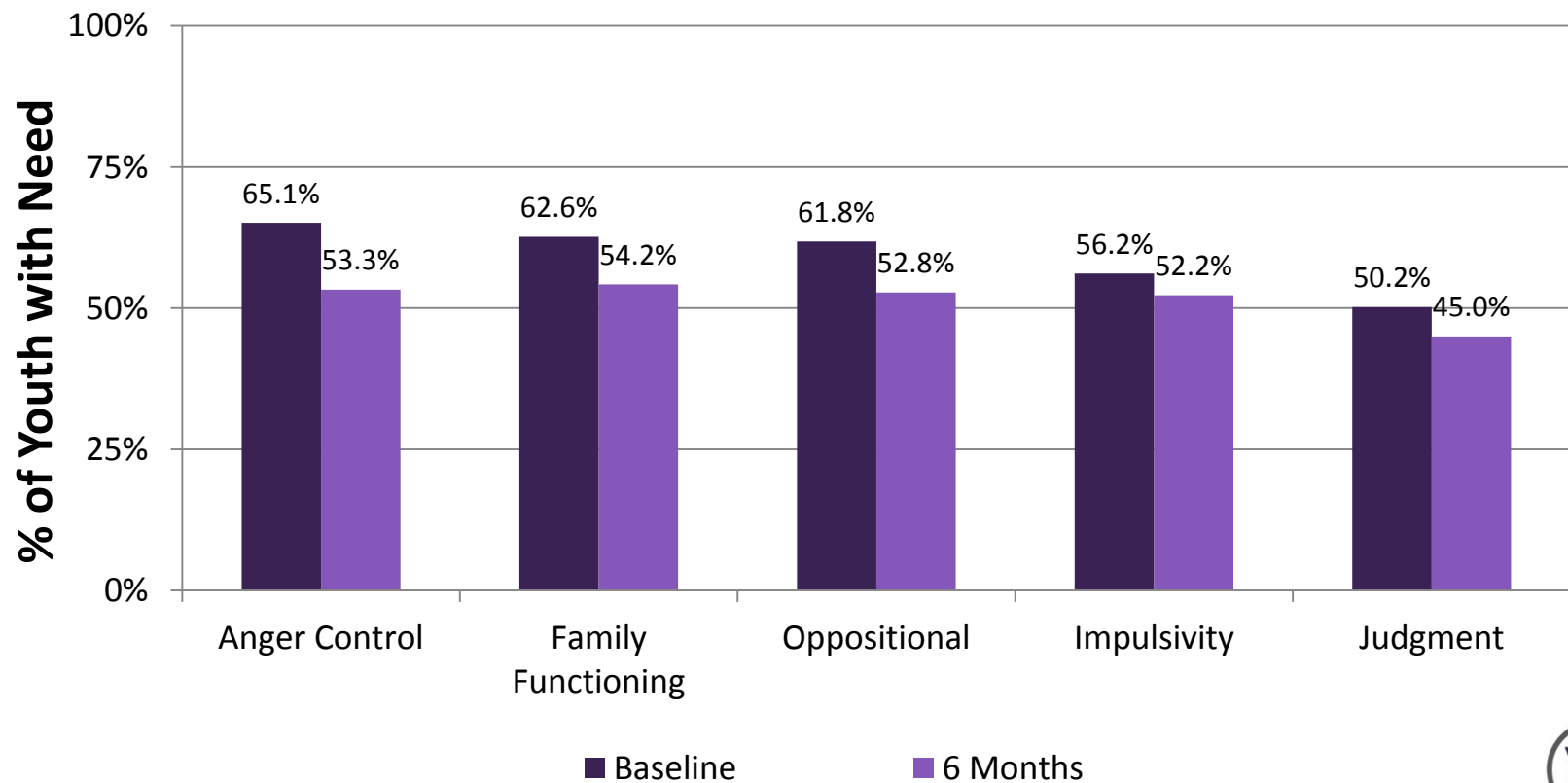
The median number of needs **met** after six months is 2; mode is 0

Distribution of youth by # of Needs Met by 6 Months

Modal Number of Needs Met: **0**

Median Number of Needs Met: **2**

For a need to have been met it must have been rated as a 2 or 3 ("actionable") at enrollment and then rated a 0 or 1 at 6 months

What are the "Common Elements" of Effective Care Coordination/Integrated Care?

Validation of a Parent-Reported Experience Measure of Integrated Care

Sonja I. Ziniel, PhD, MA,[a,b,c,d,e] Hannah N. Rosenberg, MSc,[f,g] Ashley M. Bach, BA,[f]
Sara J. Singer, MBA, PhD,[h,i,j] Richard C. Antonelli, MD, MS[a,f,g]

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WERT
Wraparound
Evaluation &
Research
Team

What are the "Common Elements" of Effective Care Coordination/Integrated Care?
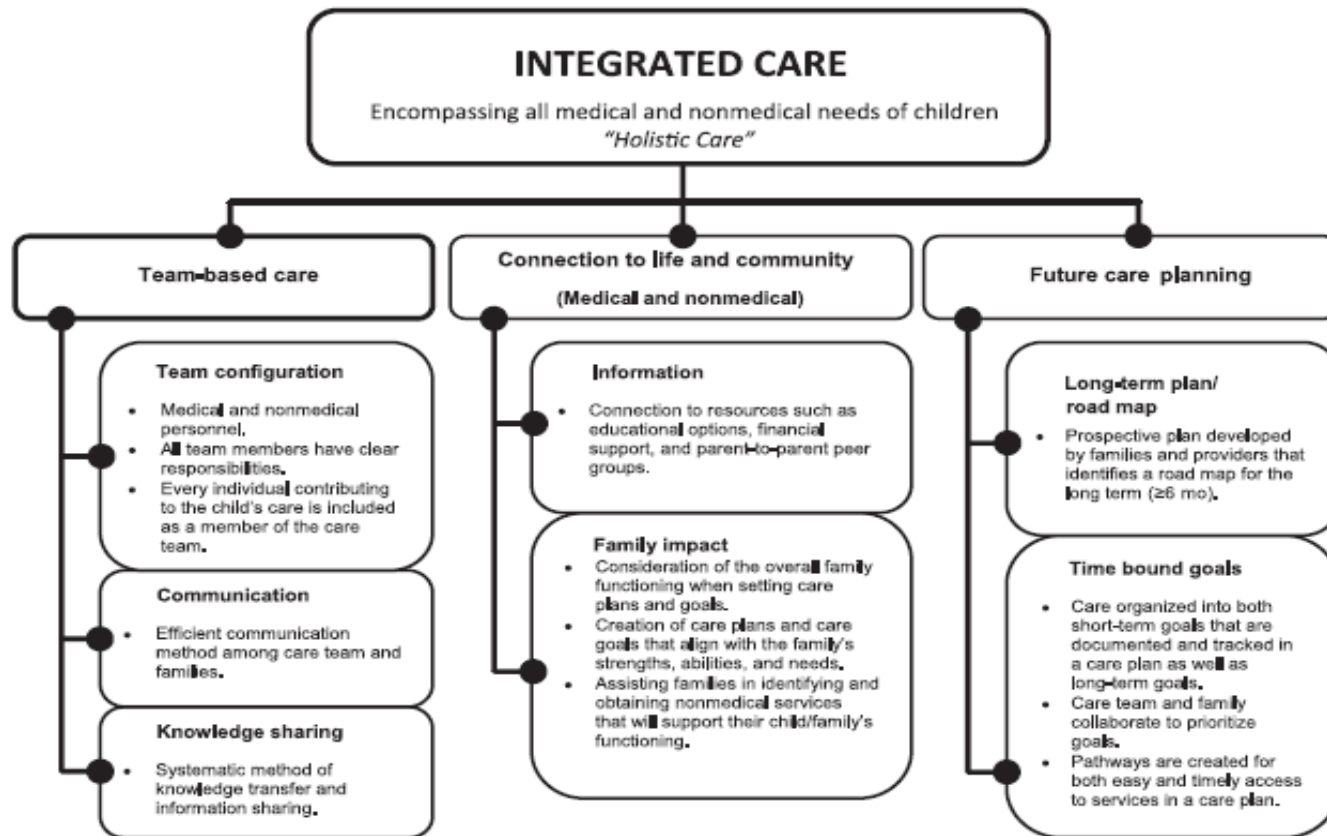
FIGURE 1
Framework demonstrating domains and elements of family-centered, integrated care.[6]

From Ziniel et al., 2016

"Common Elements" of Coordinated Care?

Principles	Practice	System
Individualized	• Family story to include multiple perspectives • Develop and periodic revision of a POC • Includes informal supports and creative solutions • Monitor progress	• Identifying populations served at each tier • Establishing Clinical Criteria for tiers • Staffing ratios that adequately support the work the CCs are asked to perform • Ensure quality supervision
Family Anchored	• POC Includes activities such as working with the individual and others to establish goals (family and youth driven) • Track family satisfaction • Modify POC based on family report of progress	• Support the provision of non-traditional strategies • Ensure quality supervision • Data collection and feedback loops for organizations
Coordinated	• Provide referral and scheduling to help link individual to strategies in POC • Coordination of 1 plan • Access multiple informants • CC acts as hub for information dissemination and collection	• EHR/IT system that supports the workforce and families • Creation of org structures that align with expectations around model to create workforce expertise within the levels • Establishing number of tiers • Developing a rate that supports the work • Executive group providing coordination across system partners
Accountable	• Assessment and reassessment tool and process • Monitor POC to make sure it is effectively implemented • Monitor that services are provided in accordance to POC • Adjust POC and providers if things aren't working	• Structure at a state level (executive decision making group providing oversight and guidance—including family/youth leadership/org reps) • Assessment and reassessment tool and process • Administrative data review • Fidelity/CQI process

Comprehensive	• Contribute to the development of the service array
	• Address family needs instead of just youth focused
	• Address needs across life domains
	•
		• Comprehensive Provider Network including:
		   o EBPs
		   o Array of Community options
		   o Connection to informal supports
		   o Peer Support
		• Mobile crisis, flex funds

Evidence-informed	• Evidence informed service delivery model to provide care coordination
	   o Communication skills
	   o Common elements of engagement
	   o Psychoeducation
	• Connecting youth and family to EBPs
	• Supervised around connection to possible EBPs based on preferences and needs
	• Ensure clinical needs are met
		• Workforce training and quality supervision
		• Structure to coordinate, administer, and evaluate EBP implementation efforts

What do you think? [open ended]

- What research or information is most needed in wraparound going forward?

What else is needed?
(from Coldiron, Bruns, & Quick, 2017)

- More on mechanisms of change
  - "implications of policy, financing, staffing, administrative, and system conditions"
  - "relationship of the service array to outcomes"
- Workforce Studies
  - "supervision or coaching, staff selection staff training, purveyor selection"
- More on family and youth peer support
  - Only 3 studies out of 206
- Impacts for different types of youth served
  - Studies to date focus on CW, MH, JJ populations

What do you think?

- Is wraparound "evidence-based"?
  - A. Yes, definitely
  - B. Probably
  - C. Probably not
  - D. Definitely not
  - E. I really don't know.

Wraparound: Myths and Realities

- Wraparound's evidence base is not well established
  - Reality: 22 controlled studies
  - 15 showed outcomes in favor of wrap
  - None showed outcomes in favor of comparison
  - Main questions now are:
    - Under what conditions?
    - For whom?

Wraparound: Myths and Realities

- Wraparound's evidence base is not well established

- Wraparound is just about practice

- Wraparound is the same as systems of care

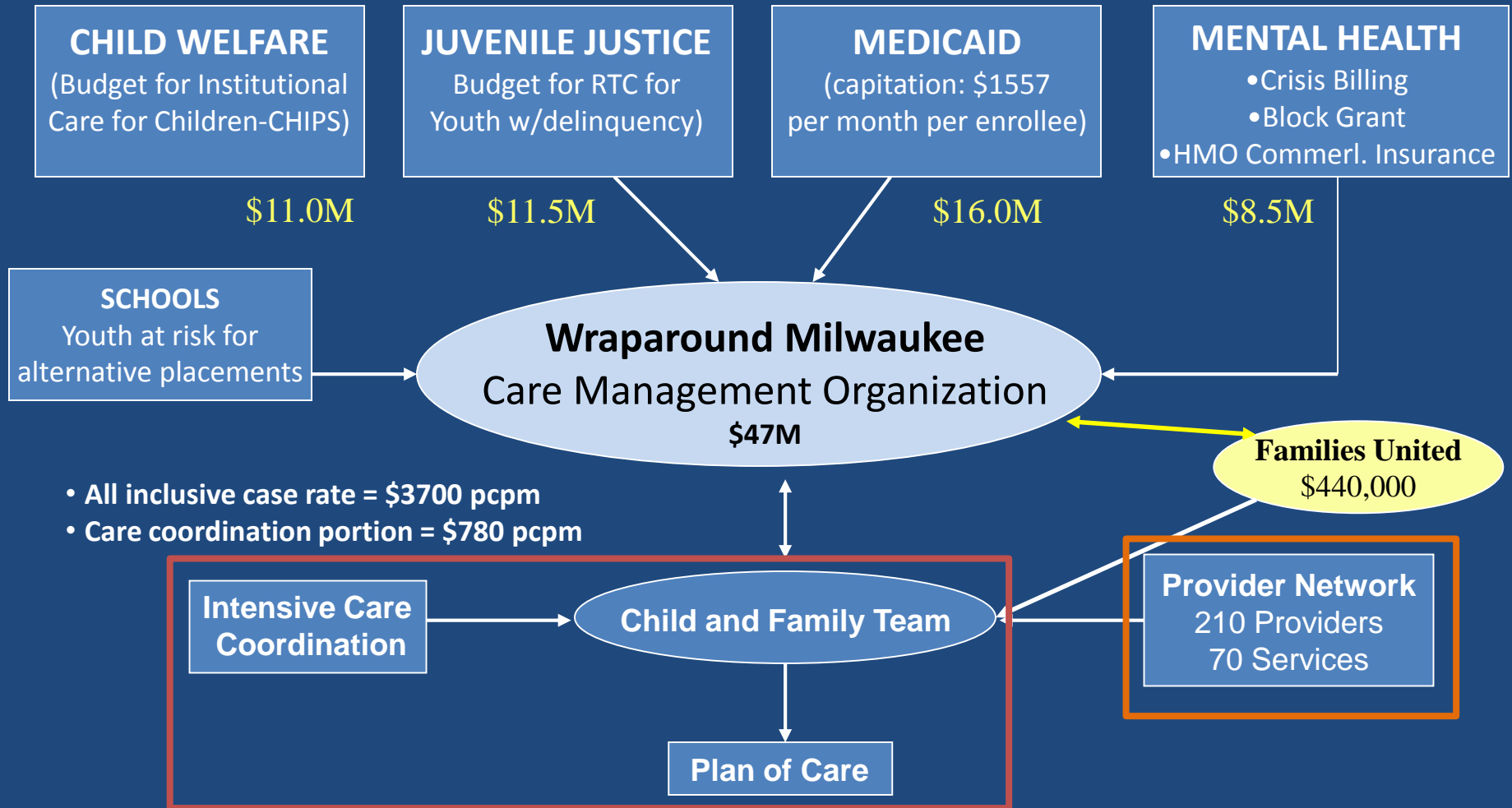# Training and workforce support, from orientation to innovation

	PHASE 1 →	PHASE 2 →	PHASE 3 →
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Ends when…	• Training completed	• Observations completed • Score exceeds threshold • Apprentice passes knowledge test	• Ongoing

Throughout, training, coaching and supervision is provided in a way that is consistent with wraparound →

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(Budget for Institutional Care for Children-CHIPS)	Budget for RTC for Youth w/delinquency)	(capitation: $1557 per month per enrollee)	•Crisis Billing •Block Grant •HMO Commerl. Insurance

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Intensive Care Coordination

Child and Family Team

Provider Network
210 Providers
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Plan of Care

Wraparound: Myths and Realities

- Wraparound's evidence base is not well established
- Wraparound is a practice model
- Wraparound is the same as systems of care
- EBPs and Wraparound cannot co-exist
  - Build an evidence based service array
  - Train wrap staff on EBP, how to access, and when
  - Use intensive EBTs instead of wrap where appropriate

Wraparound: Myths and Realities

- Wraparound's evidence base is not well established

- Wraparound is a practice model

- Wraparound is the same as systems of care

- EBPs and Wraparound cannot co-exist

- Implementing "High fidelity wraparound" will get you to desired outcomes

- Wraparound is for everyone!

THANK YOU!!
Please complete the evaluation

For more, contact us at:

- Eric Bruns: **ebruns@uw.edu**

- Jennifer Schurer Coldiron: **jscold@uw.edu**

Find us at:

- www.wrapeval.org

- www.wrapinfo.org