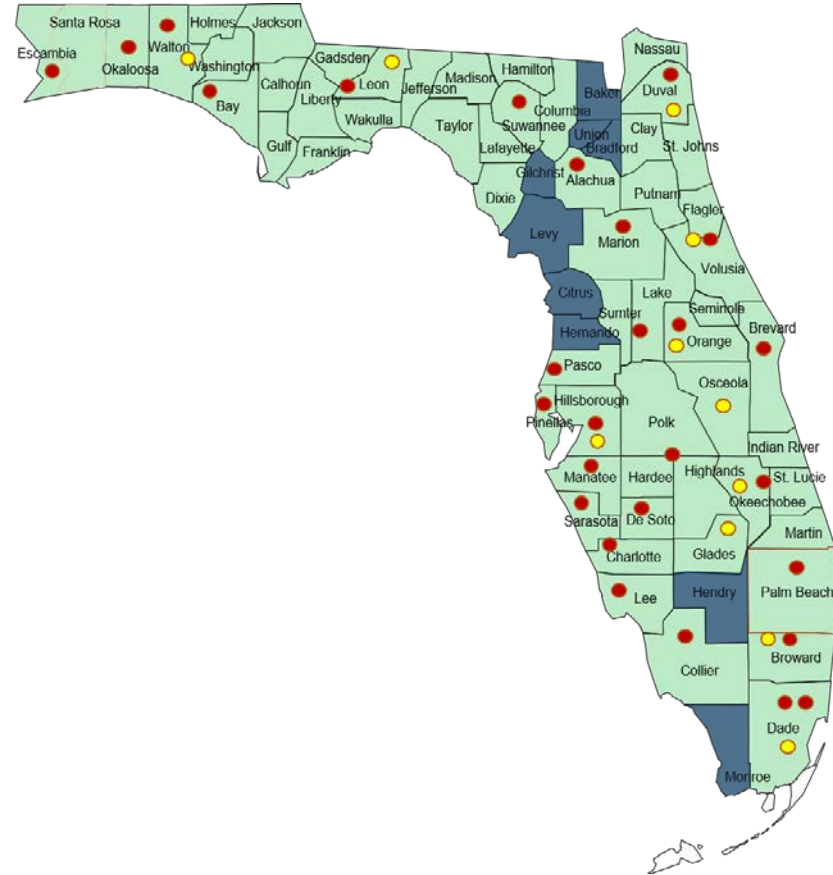


The Transformation from Case Management to Wraparound



Presented by:
Julie Radlauer-Doerfler



Training Objectives


- **Increase knowledge of the Wraparound Process**
- **Increase knowledge of the research base and outcomes achieved through Wraparound**
- **Increase understanding of the training, coaching and certification requirements to implement Wraparound within an organization**

Florida's Mental Health Transformation

“Florida is transforming its publicly funded mental health system to a consumer and family-driven system that embraces prevention, recovery and resiliency.”

-Florida's Department of Children and Families Website



A stack of four books with green, blue, grey, and red covers, resting on a wooden surface. The books are slightly out of focus, with the top one being the most prominent.

Recovery Oriented System of Care

“Recovery-oriented systems of care (ROSC) are networks of formal and informal services developed and mobilized to sustain long-term recovery for individuals and families impacted by severe substance use disorders. The *system* in ROSC is not a treatment agency but a macro level organization of a community, a state or a nation.”

-William White

Elements of ROSC



1. Promotes community integration and mobilizes the community as a resource for healing
2. Facilitates family inclusion
3. Facilitates a culture of peer support and leadership
4. Values partnership and transparency
5. Provides holistic, individualized, person directed treatment which supports multiple pathways to recovery
6. Creates mechanisms for sustained support
7. Is informed by data and the experiences of persons served and families
8. Promotes hope
9. Provides services in a strengths-based manner

Traditional System

- Focused on symptom reduction/stabilization
- Other life domains are not addressed

VS

ROSC Approach

- Symptom reduction with a purpose—a means to an end
- Other domains are a priority
 - Employment, housing, recreation, spirituality, etc.

Case Management

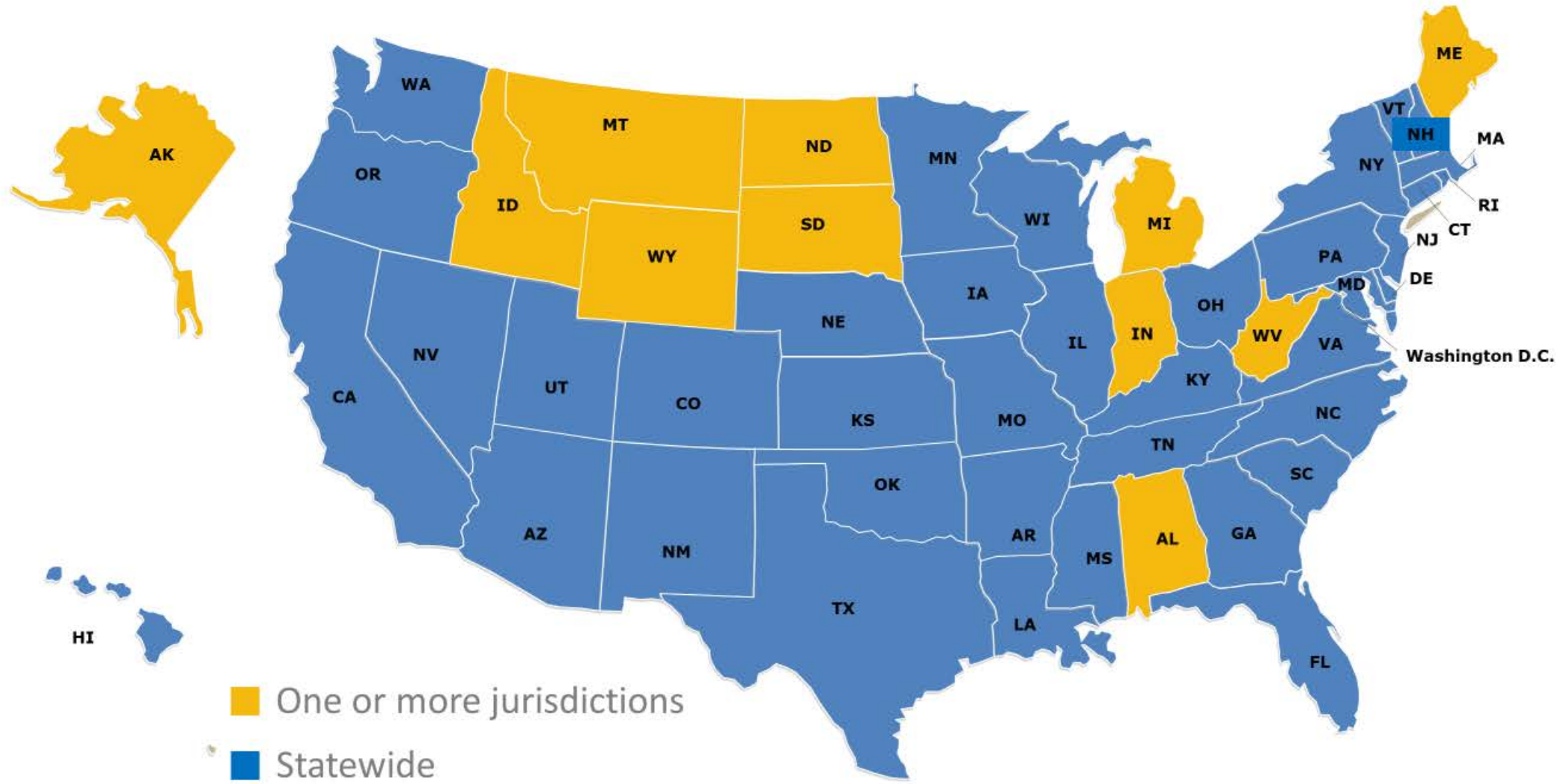


- **Case Management** is a service provided to an individual or a family in need of support to improve their lives. It is meant to be transitional and to help people learn skills so they can function without formal support.
- **The purpose** is to assist individuals in gaining access to needed services.
- **The goal** is to optimize the functioning of recipients with complex needs by coordinating treatment and support services in the most efficient and effective manner. Services should reflect the needs, goals, and abilities of each recipient.
- **Review of the Medicaid Manual** talks about Case Management standards. The functions of Case Management include: assessment, planning, linkage, monitoring and advocacy.
- **There are several models** of Case Management: Broker, Strengths, ACT, Intensive and Wraparound.

System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program



Wraparound Across the USA 2018



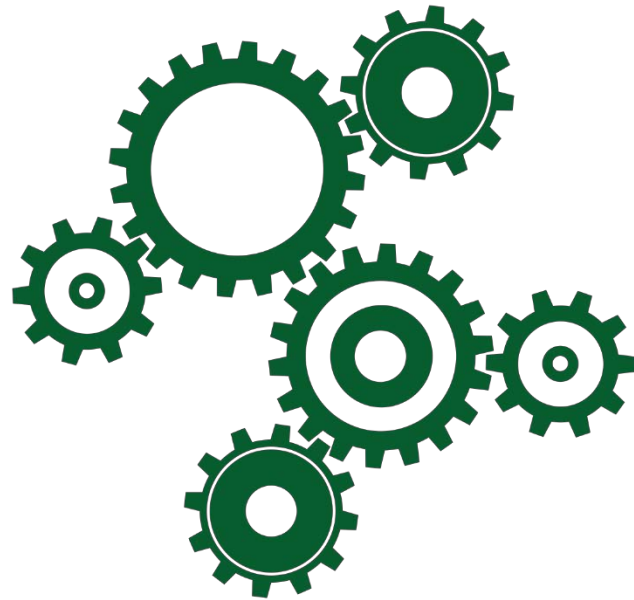
“The Department of Children and Families’ mission is to advance personal and family recovery and resiliency. To that end, we are committed to Improving the lives of youth and their families experiencing behavioral health conditions through the implementation of High Fidelity Wraparound across the state of Florida”

Ute Gazioch

Director of Substance Abuse and Mental Health

Florida Department of Children and Families

A System of Care



An organized
network of
formal and
natural support
providers who
come together to
move to an
integrated system

Core Values of System of Care



Family Driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided.

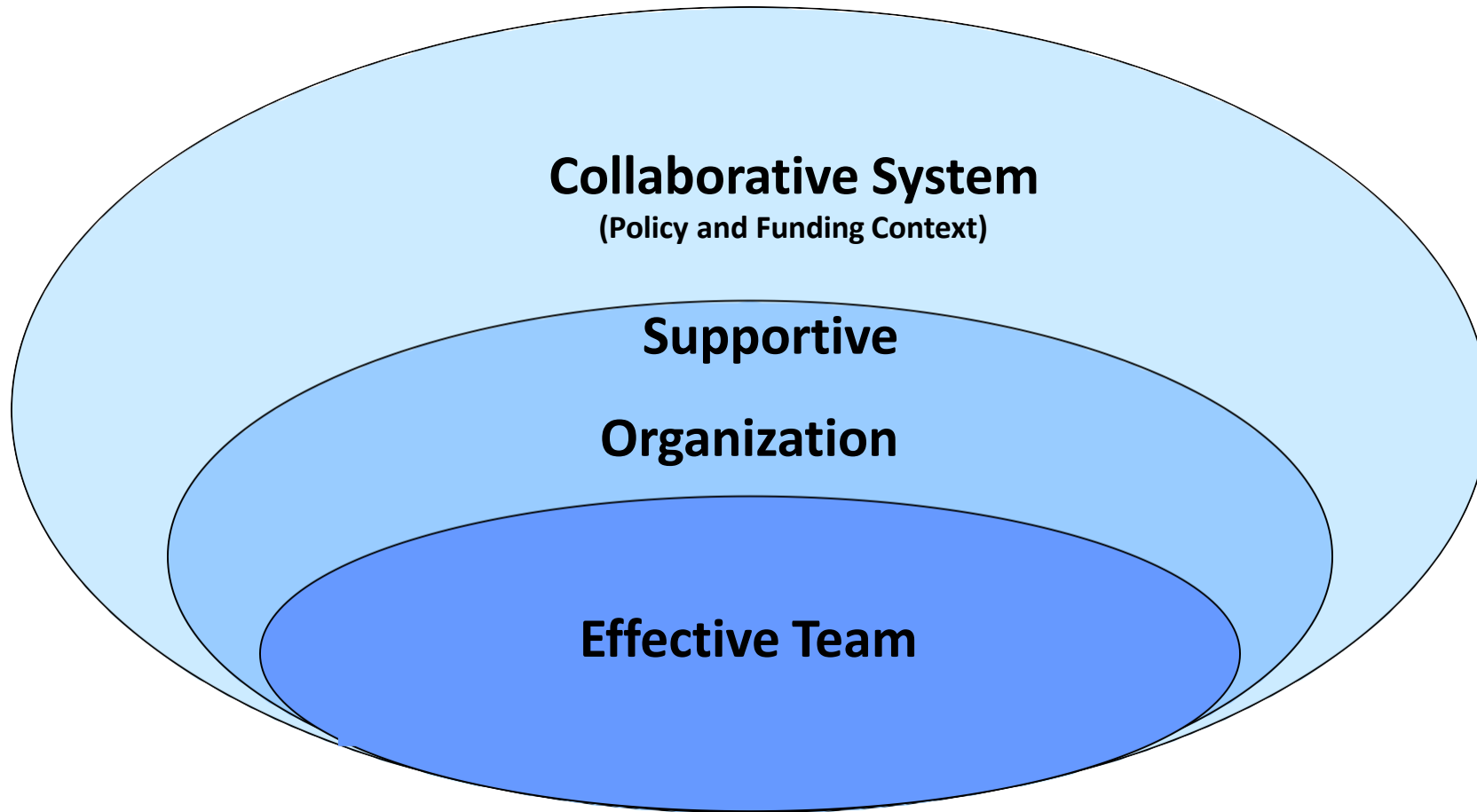


Community based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure, processes, and relationships at the community level.



Culturally and linguistically competent agencies, programs, and services that reflect the cultural, racial, ethnic and linguistic differences of the populations they serve, facilitating access and utilization of appropriate services and supports to eliminate disparities in care.

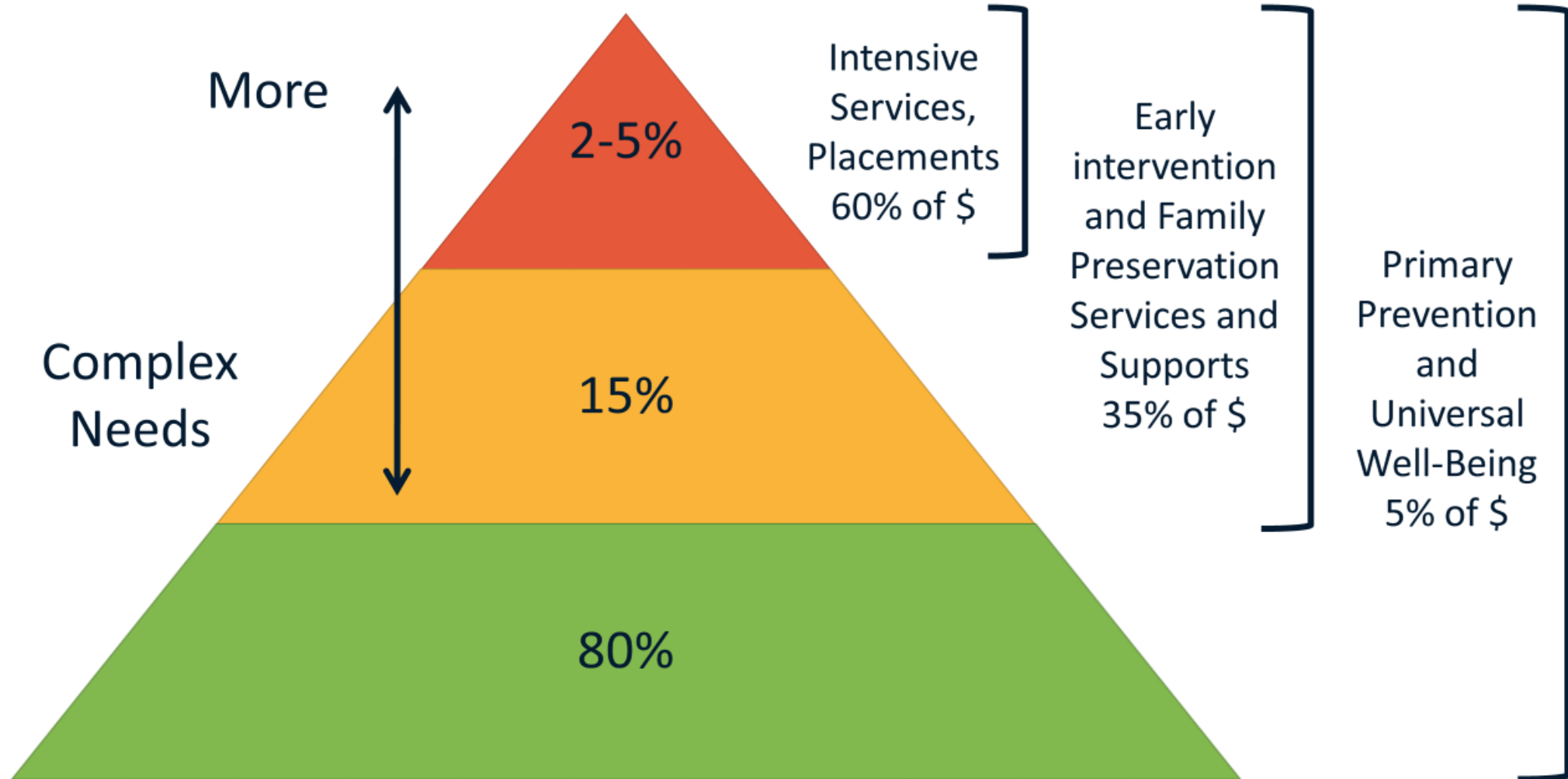
Three Levels Of **Necessary Conditions** For Wraparound



Prevalence and Utilization



Building Systems of Care: A Primer (Sheila Pires)



What is Wraparound?



A process that focuses on strengths, needs and culture.



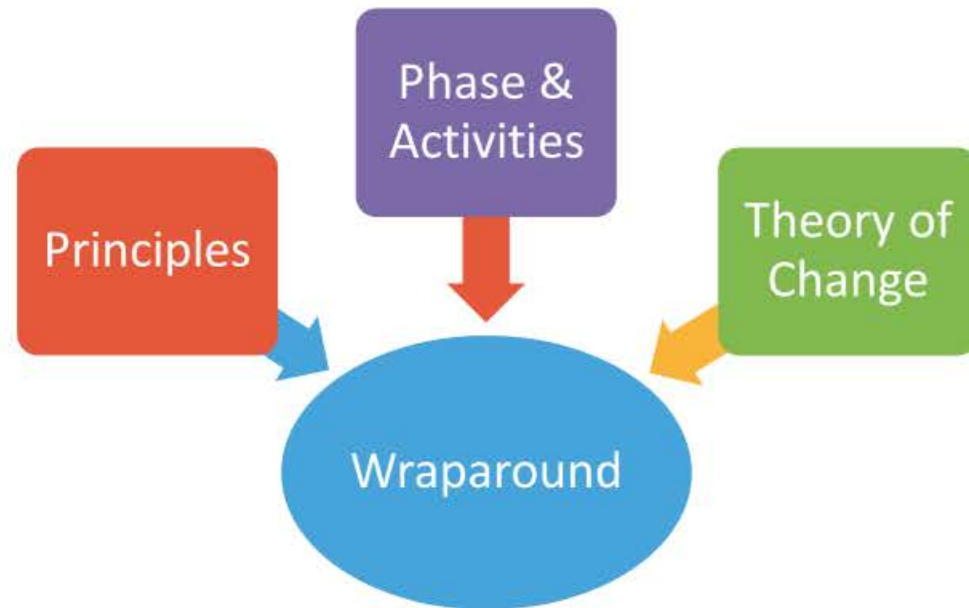
A process that supports the individual through an integrated plan.



The plan is designed by the individual and their team to help them achieve their vision.



Wraparound is designed by the individual and their team to help them achieve their vision.



Principles of Wraparound



VOICE & CHOICE



CULTURALLY COMPETENT



INDIVIDUALIZED



STRENGTHS-BASED



UNCONDITIONAL CARE/PERSISTENCE



NATURAL SUPPORTS



COMMUNITY BASED



TEAM BASED



COLLABORATION & INTEGRATION



OUTCOME-BASED & RESPONSIBLE

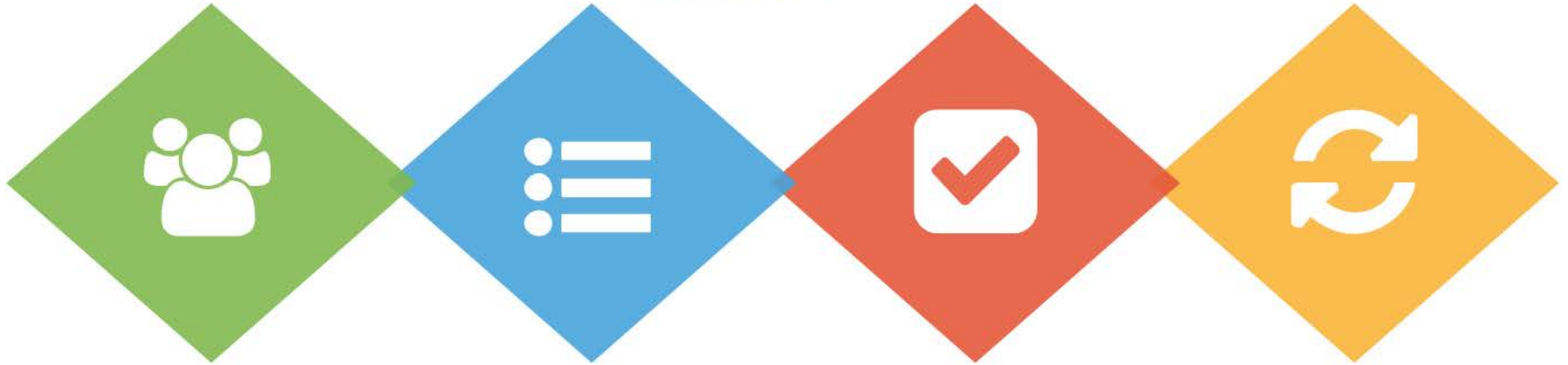
Activity


Natural Supports



Think of the biggest crisis in your life...

Phases of Wraparound



Engagement & Team Preparation

- Establish trust & shared vision
- Orient client to Wraparound
- Facilitate conversations about strengths, needs, culture, and vision
- Engage other potential team members
- Make needed meeting arrangements

Planning

- Develop a plan of care
- Develop a detailed crisis/safety plan

Implementation

- Implement the plan
- Revisit & update plan
- Maintain team cohesiveness & trust
- Complete documentation & handle logistics

Transition

- Plan for cessation of wrap
- Conduct commencement ceremonies
- Follow-up with the client after graduation

Why is Coaching important for Wraparound Fidelity?

	OUTCOMES--- % of participants who demonstrate knowledge, demonstrate new skills in a training setting, and use new skills in the field		
TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the field
Theory and Discussion	10%	5%	0%
Demonstration in Training	30%	20%	0%
Practice & Feedback in Training	60%	60%	5%
Coaching in Clinical Setting	95%	95%	95%

The Wraparound Research Base



A Comprehensive Review of Published Wraparound Literature, 1988-2014
found on the National Wraparound Initiative Website

Contains 217 research articles regarding outcomes and the
implementation of Wraparound

Compiled by the Wraparound Evaluation and Research Team (WERT), University of Washington

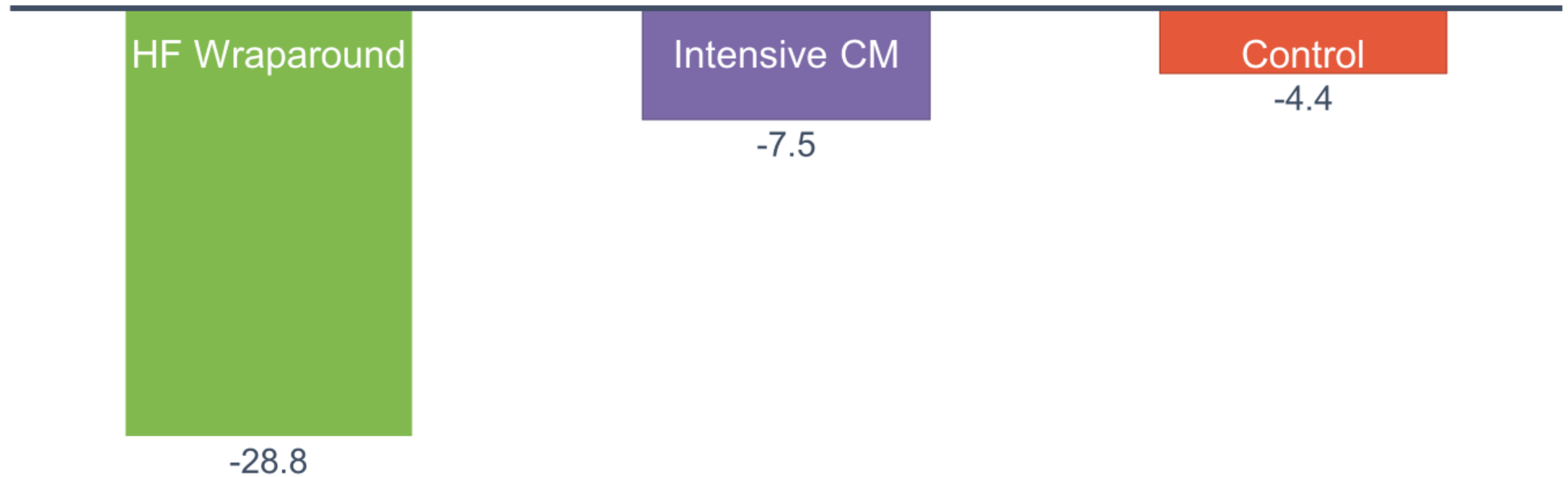
<https://nwi.pdx.edu/>

What Does the Research Say?

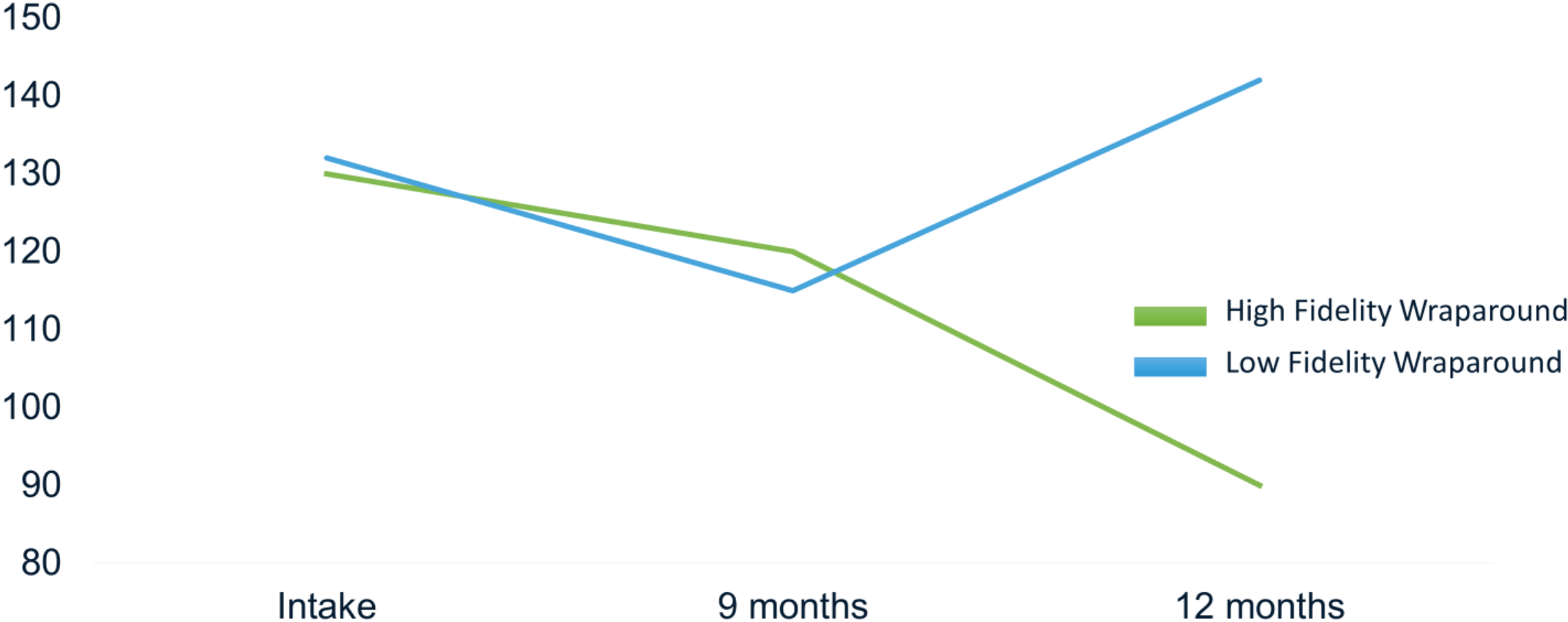
High Fidelity Wraparound can produce significantly better outcomes for children and families with significant needs than traditional approaches.

- Increased permanency and stability for children
- Decreased restrictiveness of residential environments
- Improved behavior and mental health symptoms
- Improved school and early care outcomes
- Decreased family and child safety issues and risk factors
- Increased family and child protective factors
- Increased family engagement and satisfaction with services
- Increased family resources to support their own children
- Increased family awareness and empowerment

Compared to Intensive Case Management and Control groups, individuals who received **High Fidelity Wraparound** demonstrated **improved functioning** on the CAFAS

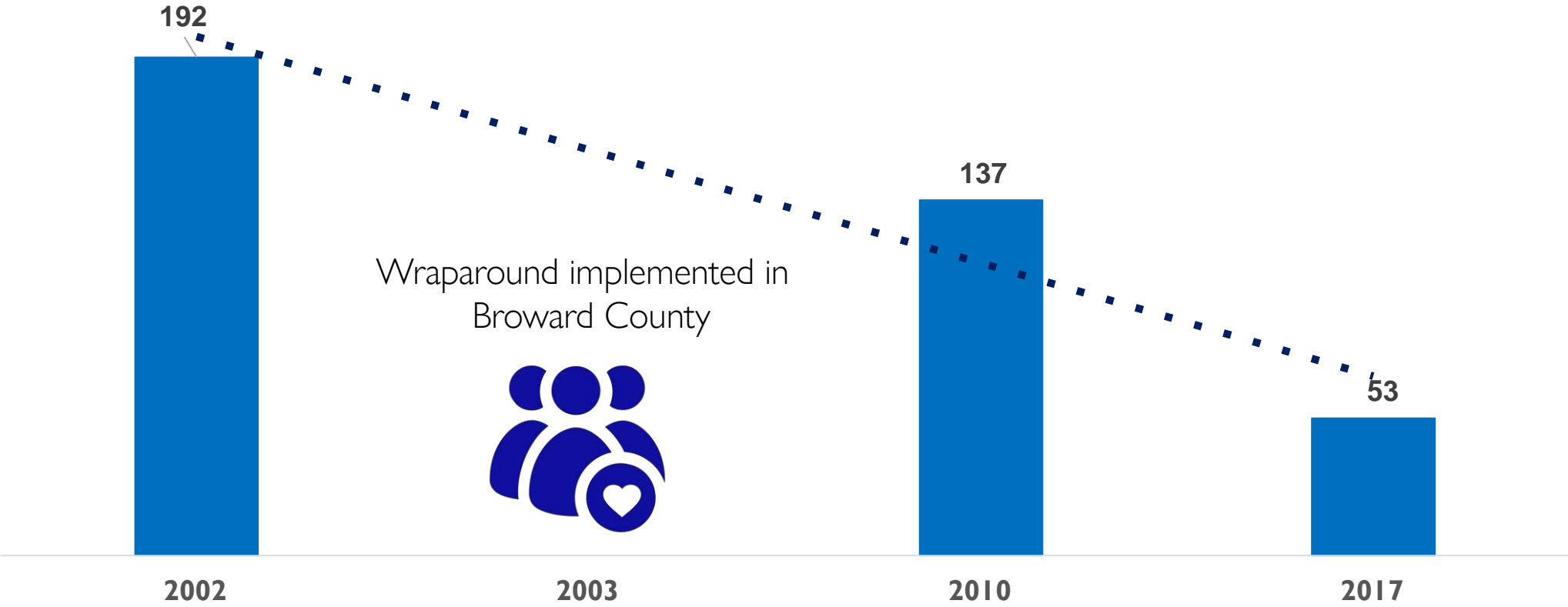


Individuals who received **High Fidelity Wraparound** had lower CAFAS scores at 12 months post-intake than those who received Low Fidelity Wraparound



CAFAS: Child and Adolescent Functional Assessment Scale Source: Arizona Pilot Study

The number of children placed in
Out of Home Residential Treatment has **decreased** following
Wraparound Implementation in Broward County in 2003



Johnson Family

Maggie, 38

Bob, 39

Bill, 14

Sam, 12

Sally, 5

Major Strengths, Family Culture:

- Parents married 15 years
- **Both sets of retired grandparents alive and in the area, care about the family**
- Maggie has entrepreneur skills in area of home cleaning business
- **Family has history of surviving adversity using their wits**
- Bob has over a year of sobriety after a decade of untreated alcoholism
- **Children provide active support to each other**
- Family culture prioritizes educational goals

Major Needs of the Johnson Family

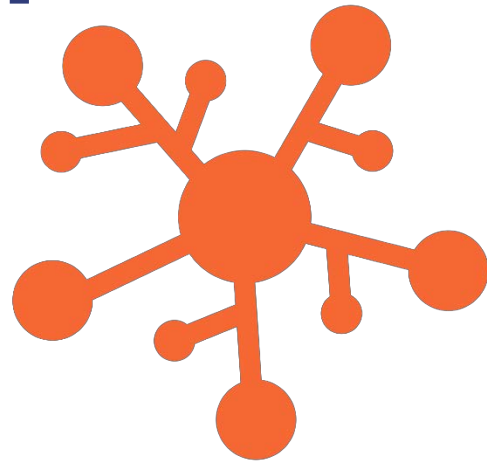
Bill: Serious Juvenile Justice involvement; breaking and entering, shoplifting, thefts of all types, two years behind in school but lots of potential.

Siblings: ADHD; Intellectual developmental disorder; school is unable to slow them down long enough to educate them; all school behavior plans have failed.

Bob: Verbally and physically abusive to children, unemployed, unable to hold job due to self described “Stubborn attitude about authority”

Maggie: Family history of major depression (untreated); Suicidal ideation.

How complex is the Johnson Family?

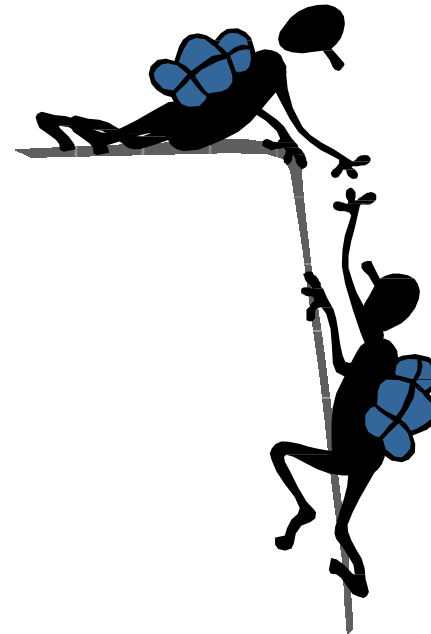


- Based on initial information, rate this family from one to four in terms of complexity. One is the least complex and four the most.
- What don't you see that would make this family rate a higher number?

Who is involved as helpers from their community?

- Schools (2)
- Child Welfare
- Juvenile Justice
- Children's Mental Health
- Adult Mental Health
- Employment Services
- AA
- Housing Department
- Developmental Disabilities

Total of **15 direct helpers**, including supervisors



Current Services to Johnson Family

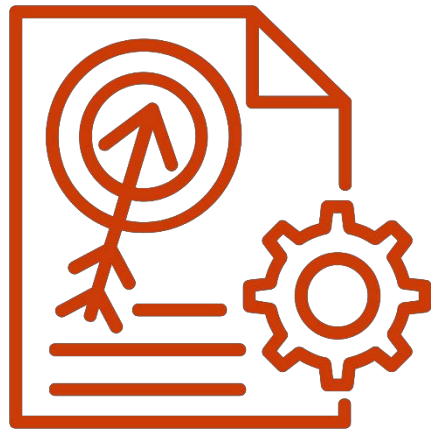
- School has IEP for siblings and extensive behavior support and planning. Bill is in regular education but is rarely in school due to criminal behavior. School calls parents frequently.
- Child Welfare has substantiated Dad's abuse of siblings, has removed them from the home, created a strict reunification that includes family therapy and supervised visits.
- Juvenile Justice has just released Bill from detention and has ordered therapy and restitution.
- Siblings are in therapy – two different therapists.
- Housing is trying to find safer housing.
- Bob goes to four AA meetings a week and sees his sponsor twice a week.
- occasionally in crisis times and has been referred to a psychiatrist; went once but does not want to go back.
- Bob goes to court ordered anger management.
- Bob is working with Vocational Services on pre-employment skills.

Monthly Appointments: Johnson Family

Child Advocate	1x
Maggie's Psychologist	2x
Maggie's Psychiatrist	1x
Bill's therapist	4x
Bill's restitution services	4x
Appointments with Probation and School	2x
Sibling's therapy appointments	8x
Bob's anger management	4x
Other meetings: Vocational, Housing, Medical	<u>5x</u>
Total:	31

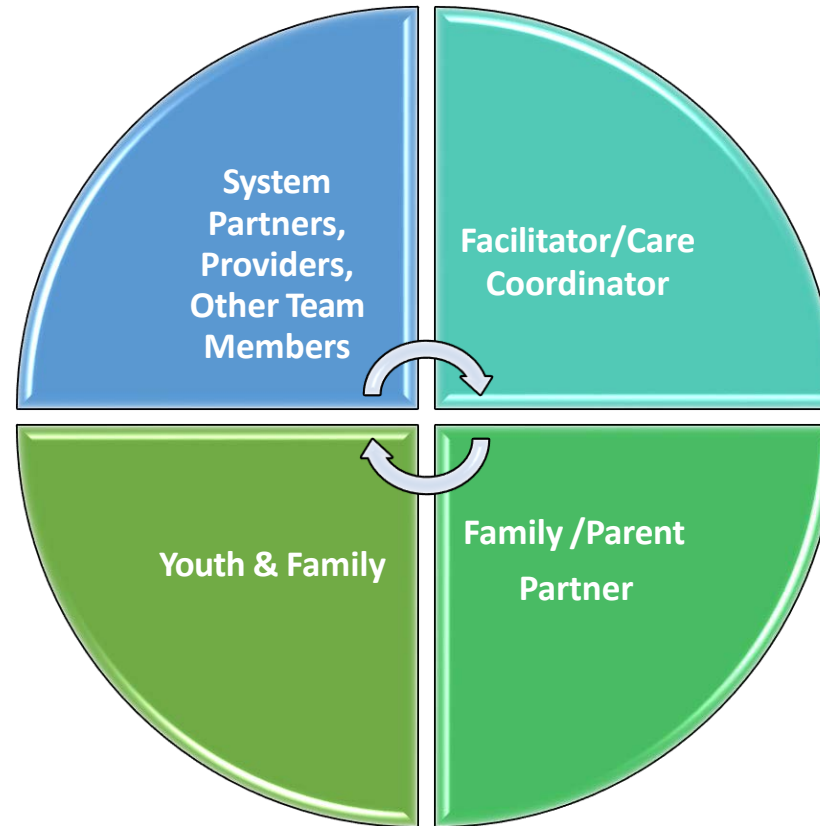
Also, consider Bob's AA meetings and the dozen or more calls from the schools each month.

Rate your Community...



- On **collaboration**, rate your community from 1-10, with 10 being most collaborative?

Key Roles in the Wraparound Process



The youth and family for whom the wraparound team has come together to work for.



**Youth &
Family**



Youth /Parent Partner

- **Helps systems better understand the family's perspective**
- **Helps families navigate systems**
- **May have experience with systems and/or raising a child with exceptional needs**
- **Helps carry out significant aspects of plan**



Facilitator/Care
Coordinator

- **Organize/leads the Child & Family Team meetings**
- **Facilitates communication between team members**
- **Helps guide the team to identify appropriate strengths and needs in order to design a single plan of care for the family**
- **Carry out limited tasks on the plan**

- **Child Welfare**
- **Juvenile Justice**
- **Education**
- **Mental Health**
- **Neighbors**
- **Family**
- **Friends**
- **Clergy/Spiritual
Advisors/Healers**
- **Elders/Community Members**
- **Others...**



Role of all System Partners on teams

- Understand societal mandates of all system partners
- Relinquish the expert role to the family
- Actively support the youth and family through engagement
- Recognize child and family team meetings as an opportunity to plan as a team and attends meetings
- Actively brainstorm and prioritize at meetings
- Help the team actualize system of care values
- Be strength based
- Be open to less traditional options (karate instead of therapy)

What system partners should expect from facilitators

- Inclusion in the determination of team meeting dates and times
- A copy of the plan should be provided to all participants
- The facilitator will follow up with all partners regarding assigned tasks
- A written agenda should be provided at every meeting

How Organizations Can Support the Process

- **Champion the philosophy and values**
- **Model the System of Care Values**
- **Provide staff time for training (3 Day Wraparound 101)**
- **Support changes to organizational structure to support the model (documentation)**
- **Provide staff time for coaching to certification (approximately 10 hours per staff)- make a commitment to Fidelity**
- **Participate in system meetings to support system transformation**

Financing Wraparound Case Management

- Wraparound is an approved Medicaid curriculum for Targeted Case Management
- Industry standard for Case Management productivity is 70% or 30/40 hour per week.
- Medicaid funded Targeted Case Management \$48/hour
- Across the state, Wraparound service code is being negotiated through Managed Care Organization
- EPSDT
- ME funded Case Management

Financing Wraparound Case Management

- Build a relationship with Managed Care Organizations
- Inform the plan that High Fidelity Wraparound is being used and justify the need for increased units
- Authorization requests must be individualized and not cookie cutter

Children Must Live With Families



Ted Talk by:

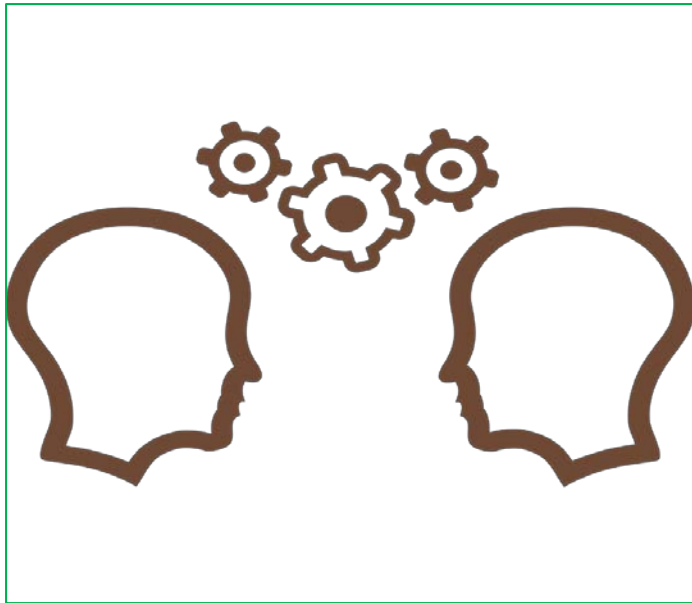
John VanDenBerg

<https://www.youtube.com/watch?v=BFAvwZ0arDk>

Parting Thoughts...

Support and Treatment...

not just Treatment



The person without support looks a lot more like a person in need of treatment than a person with support.

References

Mental Health Transformation (slide 3)

<http://centerforchildwelfare.fmhi.usf.edu/Training/2016cpsummit/SOC%20Wraparound.pdf>

Recovery Oriented System of Care: (slide 4,5,6)

Achara, Ijeoma. Atlanta Symposium. [Overview of a Recovery Oriented System of Care: Characteristics, Structure and Development \[PPT\].](#)

System of Care: (slide 8)

<https://www.facebook.com/ronikradlauer/photos/pcb.2002724913081834/2002724256415233/?type=3&theater>

United States Map: (slide 9)

<https://www.facebook.com/ronikradlauer/photos/pcb.2002724913081834/2002723679748624/?type=3&theater>

Florida Data: (slide 11)

<https://www.facebook.com/ronikradlauer/photos/rpp.803012213053116/2002726379748354/?type=3&theater>

Prevalence and Utilization: (slide 15)

https://gucchd.georgetown.edu/products/PRIMER_CompleteBook.pdf

National Wraparound Initiative: (principles, phases, activities, research) (slide 17,19,21,22)

<http://www.nwi.pdx.edu>

Wraparound Data: (slide 23,24)

<https://www.vroonvdb.com/>

Broward Data: (slide 25)

<https://www.facebook.com/ronikradlauer/photos/a.805947329426271.1073741827.803012213053116/2002721336415525/?type=3&theater>

John Vandenberg Ted Talk (slide 43)

<https://www.youtube.com/watch?v=BFAvwZ0arDk>

CAFAS

<https://www.mhs.com/MHS-Assessment?prodname=cafes>

Any Questions?

**For Wraparound training, coaching and technical assistance
please contact:**

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