The Transformation from Case Management to Wraparound

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This training is supported by Florida Department of Children and Families Office of Substance Abuse and Mental Health
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
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

ROSC Approach

• Symptom reduction with a purpose—a means to an end

• Other domains are a priority
  o 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.
“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
The “state” of Wraparound

As of January 2018
57 of 67 counties have some type of Wraparound
426 trained
187 certified
78 Family and Youth Support Partners

Florida 2018

There are 27 CAT (Community Action Team) teams and 19 System of Care sites.

Ronik-Radlauer Group- Comprehensive Needs Assessment DCF
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)

- **80%**
  - Complex Needs
  - 15%
  - Intensive Services, Placements 60% of $
  - 2-5%
  - Early intervention and Family Preservation Services and Supports 35% of $
  - Primary Prevention and Universal Well-Being 5% of $

More
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
- NATURAL SUPPORTS
- CULTURALLY COMPETENT
- COMMUNITY BASED
- INDIVIDUALIZED
- TEAM BASED
- STRENGTHS-BASED
- COLLABORATION & INTEGRATION
- UNCONDITIONAL CARE/PERSISTENCE
- OUTCOME-BASED & RESPONSIBLE

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?

<table>
<thead>
<tr>
<th>TRAINING COMPONENTS</th>
<th>Knowledge</th>
<th>Skill Demonstration</th>
<th>Use in the field</th>
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<tbody>
<tr>
<td>Theory and Discussion</td>
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<td>5%</td>
<td>0%</td>
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<tr>
<td>Demonstration in Training</td>
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<td>0%</td>
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<td>Practice &amp; Feedback in Training</td>
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<td>5%</td>
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<tr>
<td>Coaching in Clinical Setting</td>
<td>95%</td>
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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**.

**Chart:**
- **High Fidelity Wraparound**
- **Low Fidelity Wraparound**

**Source:** Arizona Pilot Study

**CAFAS:** Child and Adolescent Functional Assessment Scale
The number of children placed in Out of Home Residential Treatment has **decreased** following Wraparound Implementation in Broward County in 2003.
Johnson Family

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 5x
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

- System Partners, Providers, Other Team Members
- Facilitator/Care Coordinator
- Youth & Family
- Family/Parent Partner
The youth and family for whom the wraparound team has come together to work for.
• 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
• 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...

System Partners, Providers, Other Team Members
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)

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

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=cafas
Any Questions?

For Wraparound training, coaching and technical assistance please contact:

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