

Wraparound Care: *System and Practice Considerations*

Wraparound is designed to coordinate care among youth at risk for out-of-home placement. Parent and youth experiences of Wraparound, practices reported by therapists and care coordinators, care outcomes, and provider-reported continuum of care available were assessed. Wraparound strengths include providing a more collaborative experience of assessment, and connecting persons to caring therapists. Intensive community services are insufficiently available, as reflected in provider, therapist and parent reports, limiting family engagement and Wraparound effectiveness.

In the Fall of 2020 and Spring of 2021, staff at the Idaho Department of Health and Welfare's Quality Assurance (IDHW QA) Department conducted a Quality Review (QR) of outpatient care provided within the Idaho Youth Empowerment Services (YES) program. Staff conducted quality reviews using an Idaho-specific version of a validated file review protocol provided under contract by Union Point Group, LLC.

“If your child is struggling, and you don't know what to do, ask for help... you are not alone.”

-Parent of Youth in Wraparound

Sample. Five Wraparound participants, ages 14 to 18 years of age, were sampled from Idaho Service Regions 4, 5, and 7. Youth and caregivers were interviewed about the care experience. One younger youth was also included in this sample; this youth was not interviewed due to age restrictions. Youth all had an Initial CANS Assessment and at least one follow-up CANS Assessment completed at the same agency between 1/1/2020 and 6/30/2020. Youths' service records were coded for the type, dose, and content of care provided. Twenty-eight agency providers completed a survey about the service array available at their agency. Providers were also asked about new services which they anticipated providing within the next 6 months.

Wraparound Context. Wraparound was developed to help individuals with complex care needs, particularly youth at risk for out-of-home placement. In Idaho, Wraparound has recently been offered by staff in the six Regional Clinics operated by the IDHW. Treatment services for these youth are typically provided by contracted providers, not by the Regional Clinics. In order to understand the continuum of treatment services available, we surveyed providers statewide regarding the continuum of services each offers. We reference these system-level results for context, as having intensive services is critical to addressing high-risk behavior and serious functional impairment.

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Figure 1. Helpfulness of Outpatient and Wraparound Practices

	Outpatient	Wraparound	Refers to...
Access	66%	57%	...the process of initially getting access to needed services.
Assessment	79%	83%	...the initial assessment process.
Goal-Setting	84%	40%	...the process of setting self-directed goals.
Selecting Care	65%	33%	...how care was described and chosen to meet the youth's goals.
Therapist Alliance	93%	86%	...the experience of working with the therapist.
Progress Review	86%	67%	...formally checking in and adjusting care based on progress.
Crisis Care	78%	33%	...crisis care received by youth who experienced a mental health crisis.
Transition	78%		...transition process of youth who had an experience of leaving care. ¹
Average	78%	57%	...helpfulness across all practices.

Experience Summary. Interviews with youth and their caregivers were coded for the helpfulness of practices used during each care process. These experiences reflect both the efforts of Wraparound coordinators and treatment providers for these youth. On the whole, youth participating in Wraparound and their caregivers experienced care as less helpful than those in other Outpatient care.

Persons involved in Wraparound were less likely to have had helpful experiences across most care processes. In order to better understand the practices driving these experiences, we have provided descriptions of specific practices identified by youth and their caregivers as helpful or unhelpful (Tables 1 and 2). Prompt, participatory, individualized practices were experienced as helpful.

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Table 1. Youth and Caregiver Descriptions of Helpful Practices

	Helpful Practices
Access	"Not too long, it felt like a short time to wait."
Assessment	"The questions were digging deeper than I thought which was a pleasant surprise."
Goal-Setting	"Like the fact that she [youth] was a part of that (goal setting). They included her a lot."
Selecting Care	"We were give a lot of choice. Not pressured into anything. They are amazing."
Therapist Alliance	"She has a real connection with [youth]. She is her 'go to' person. She's caring, understanding, has a lot patience."
Progress Review	"We usually talk about success and what isn't [working]. She checks in on me, texts, calling."
Crisis Care	"Gave me ideas about how to handle the situation."
Transition	"They have talked about it. They are preparing me. I'm nervous."

Table 2. Youth and Caregiver Descriptions of Unhelpful Practices

	Unhelpful Practices
Access	"It had been impossible to access services, I couldn't find anything that helped. His needs were big."
Assessment	"They didn't involve his dad, even though I asked them to. That could have given them a better picture."
Goal-Setting	"I just felt like I was there and watching [the goal-setting process]."
Selecting Care	"I think she might need something more in depth. I think she needs more help."
Therapist Alliance	"It doesn't seem to be thorough, he [youth] is in and out in ten minutes."
Progress Review	"I don't remember doing reviews. We never see the CANS."
Crisis Care	"We had [a] crisis there, the therapist walked us to the car with his hand on a button to call the police."
Transition	"[We are] still in Wraparound, though they haven't met for awhile, and still receiving counseling in [the] community, though not for awhile."

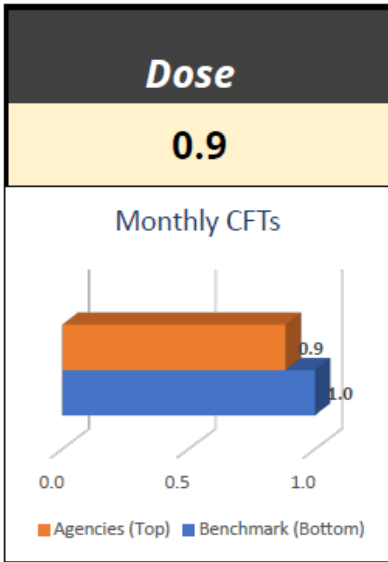
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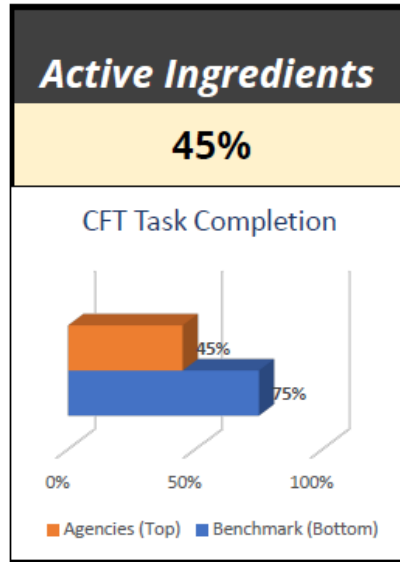
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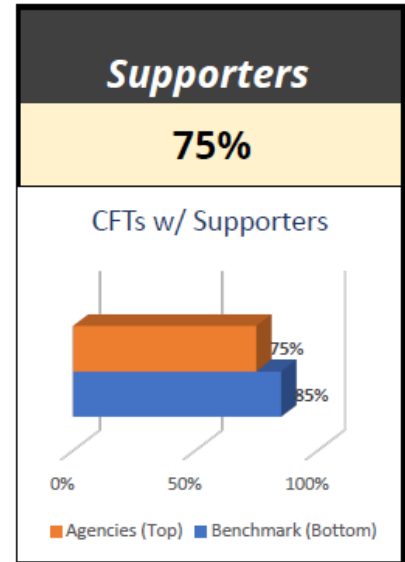
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Dose refers to the number of formal CFT meetings held with the family, coordinator, and at least one other stakeholder present.



This captures the percent of tasks assigned in each CFT which are subsequently completed before the next CFT.



This is the percent of CFTs in which a supporter actively participates.

Care Coordination Practices Summary. Care coordination practice data were provided for all six of the youth. On average, CFTs occurred on a monthly basis for these youth. Both caregivers and youth were almost always present at these meetings. However, persons from other public systems (child welfare, juvenile justice) or environments (the community, school) were almost never present at these CFT meetings. Furthermore, parent or youth supports (also called peer partners) were rarely offered or provided. Tasks identified for completion in these meetings were completed by the next CFT meeting less than half of the time, indicating that the tasks were not brief in time or that the supports to complete them were insufficient.

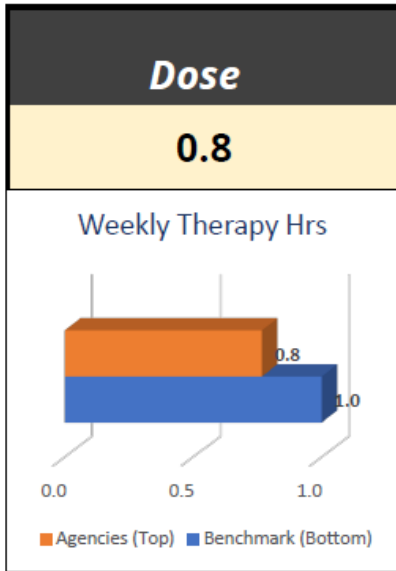
“It’s a broken system... More communication, more help with finding services is needed.”

-Parent of Youth in Wraparound

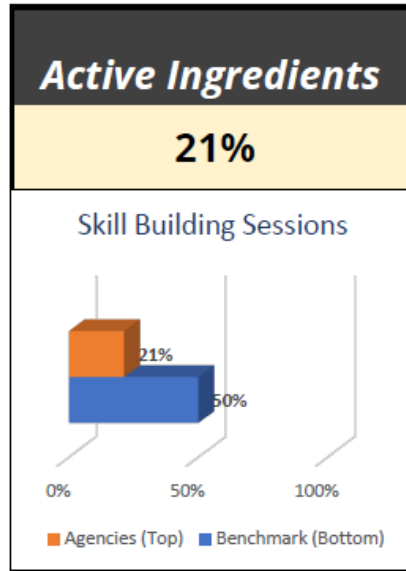
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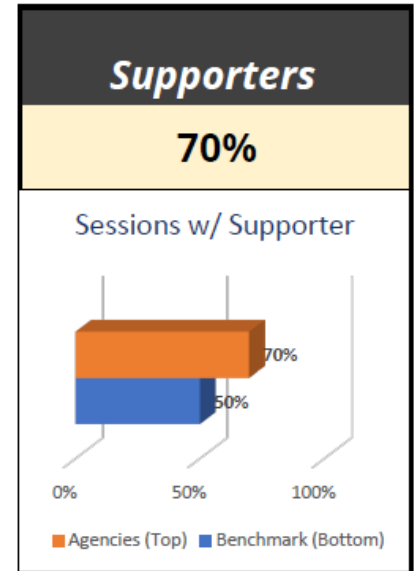
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Dose refers to the average hours per week spent between a client and therapist in treatment activities.



This captures the percent of sessions in which new ways of addressing concerns are taught.



This is the percent of sessions in which a supporter is present or actively recruited to help with a concern or skill.

“I think she might need something more in depth. I think she needs more help.”

-Parent of Youth in Wraparound

Treatment Practices Summary. Two providers did not provide treatment information and are excluded from the analyses. The remaining four individuals showed consistent engagement of caregivers in treatment and nearly weekly treatment sessions. The data indicate that routine use of Intensive Outpatient Program services did not occur for these youth. Consistent with the goals of Wraparound, Intensive Outpatient Program services are designed to “prevent or minimize the need for a more intensive level of treatment” and include at least six hours of treatment per week (Optum Provider Manual 2020, p. 59). However, the small and incomplete sample size prevent drawing further conclusions from these data.

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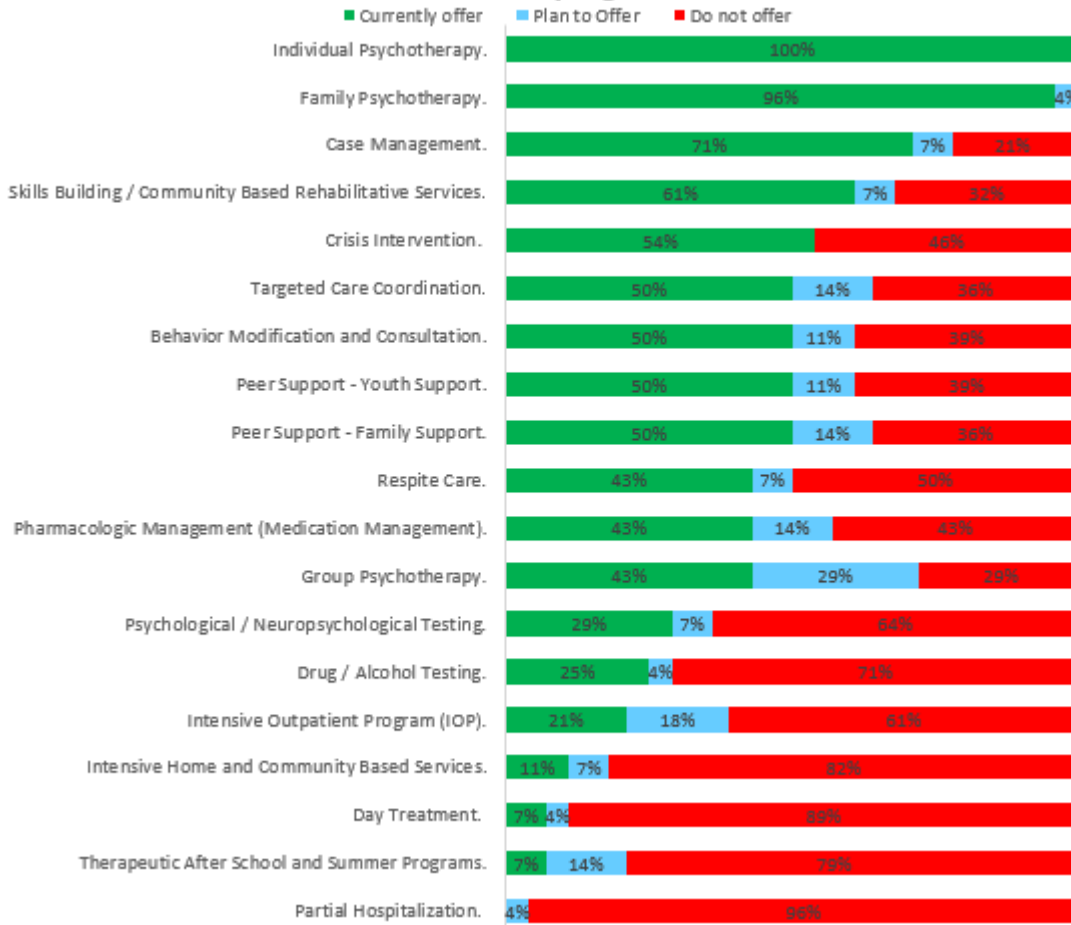
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Service Array: Agencies



“[I’m] resigned to thinking there are not a lot of services available.”
 -Parent of Youth in Wraparound

Continuum of Care and Care Needs. In the statewide sample from which the QR participants were drawn, 60% of youth qualified for Level 1 (Typical Outpatient) care, and 40% of youth qualified for Level 2 or Level 3 care. Of note, somewhat more youth qualified for Level 3 (23%) than Level 2 care (17%). This indicates that there is a need for intensive community-based treatment services for approximately 40% of youth served in this public behavioral health care system. The figure above indicates that less than one quarter of agencies currently provide Intensive Outpatient Program (IOP) services. Even fewer agencies provide Intensive Home and Community Based Services (11%), Day Treatment (7%), or Therapeutic After School and Summer Programs (7%). The lack of availability and choice for intensive community based treatment services highlights the challenge faced by parents seeking these services for their youth, and by Wraparound coordinators working to connect youth to appropriately matched care.

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Wraparound Summary. Practices, experiences and outcomes of Wraparound, as sampled in this Quality Review, reflect a program and system just beginning to learn how to effectively support youth with intensive needs.

Three findings stand out in this review:

- 1) Intensive community services for youth need to be dramatically expanded in scope, in order to effectively treat youth who qualify for Wraparound.
- 2) We saw little evidence of persons from other systems or community supporters consistently participating in Wraparound. Wraparound facilitators need aid and reinforcement to consistently bring together formal and natural helpers to support the youth in reaching their goals.
- 3) Tasks identified and assigned in CFTs need to be explicitly time-limited, and a focus of the facilitator's follow-up efforts. Completing assigned CFT tasks helps build engagement and trust in the Wraparound process. Failure to do so undermines the faith of families and youth.

Recommendations. Recommendations are listed in order of their anticipated impact on Wraparound outcomes. Each recommendation should be monitored for completion

1. **Increase the availability of intensive outpatient treatment services. This includes evidence based services such as Multi Systemic Therapy, Functional Family Therapy, and Brief Strategic Family Therapy. Track and publicly report on wait times for such services.**
2. **Formalize state and regional agreements with other child serving systems to routinely engage in care coordination efforts, including CFTs. Track and publicly report on multi-system participation in CFTs.**
3. **Provide training and ongoing supervision on setting and completing time-limited tasks across CFTs. Track and report internally on task completion rates.**

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