



# **THE RAP ON WRAP**

CONCEPTS AND PRACTICE

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- FORMISM
- MECHANISM
- CONTEXTUALISM
- ORGANICISIM

# **STEVEN PEPPER'S WORLD HYPOTHESIS**

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# The Wraparound Process

- Wraparound is a team-based service planning and coordination process
  - The Wraparound process ensures that there is one coordinated plan of care and one care coordinator
  - Wraparound is not a service per se, it is a structured approach to service planning and care coordination
  - The ultimate goal is both to improve outcomes and per capita costs of care
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- 1) FAMILY VOICE AND CHOICE
- 2) TEAM BASED
- 3 )NATURAL SUPPORTS
- 4) COLLABORATION
- 5) COMMUNITY BASED
- 6) CULTURALLY COMPETENT
- 7) INDIVIDUALIZED
- 8) STRENGTHS BASED
- 9) PERSISTENCE
- 10) OUTCOME BASED

# **TEN PRINCIPLES OF WRAPAROUND**

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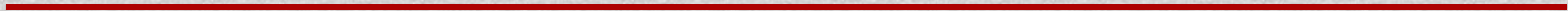
# What's Different in Wraparound?

- High quality Teamwork
    - Collaborative activity
    - Brainstorming options
    - Goal setting and progress monitoring
  - The plan and the team process is driven by and “owned” by the family and youth
  - Taking a strengths based approach
  - A focus on developing optimism and self-efficacy
  - A focus on developing enduring social supports
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# Outcomes of Wraparound

(9 controlled, published studies to date; Bruns & Suter, 2010)

- Better functioning and mental health outcomes
- Reduced recidivism and better juvenile justice outcomes
- Increased rate of case closure for child welfare involved youths
- Reduction in costs associated with residential placements



## Phase 1

- children in the custody of DHS child welfare for more than one year
- and who have had at least 4 placements,
- or children who have behavioral, emotional and/or mental health conditions severe enough to warrant direct entry into the service system at a high level of care.

## Three Sites

- Washington County Wraparound
- Mid-Valley WRAP: Marion, Linn, Polk, Tillamook and Yamhill counties
- Rogue Valley Wraparound Collaborative: Jackson and Josephine counties

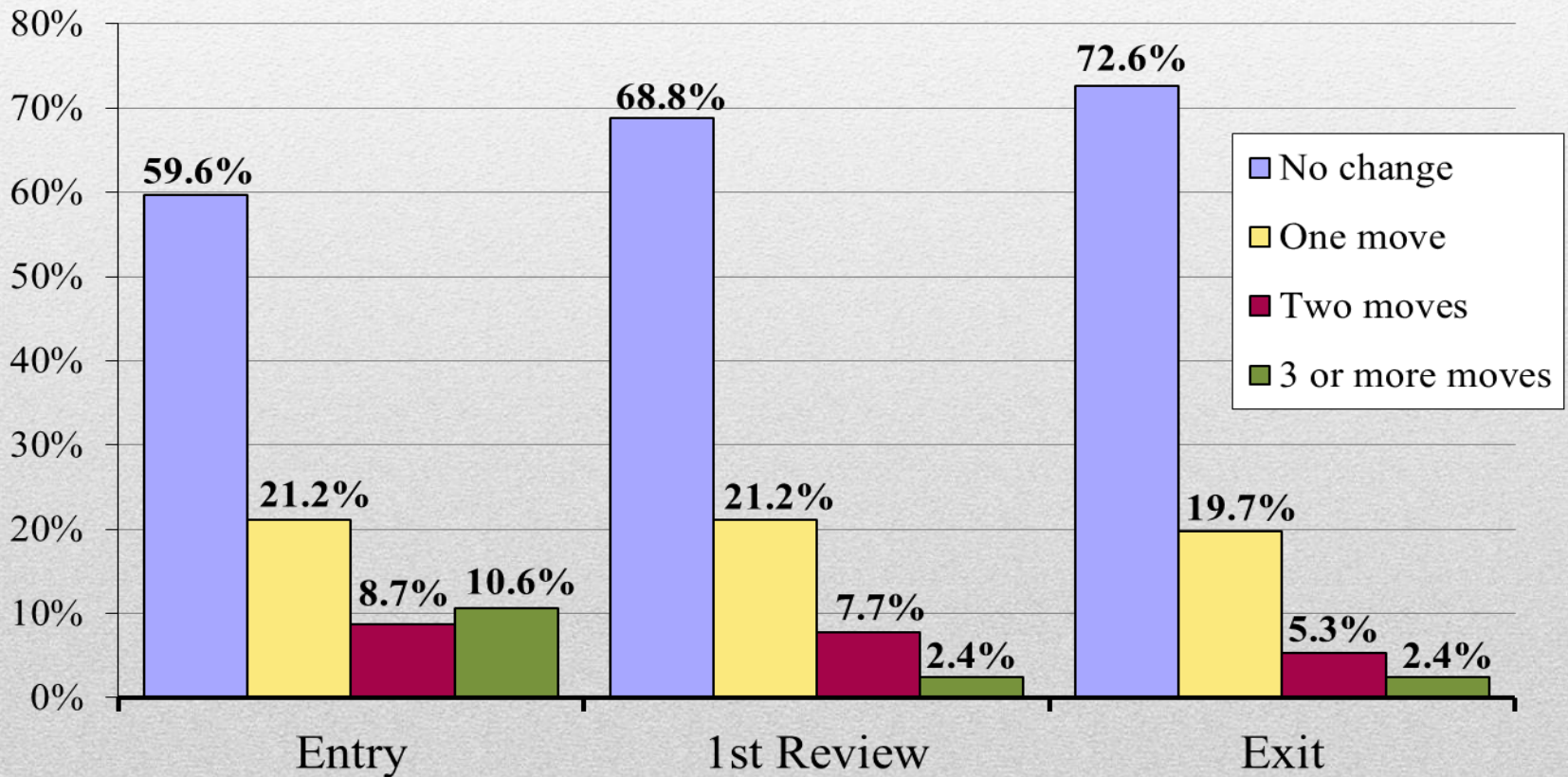
CY 2011-2012 served over 500 children

# Statewide Children's Wraparound Initiative

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# Better Care

Figure 2b: Residence Changes in Prior 90 Days

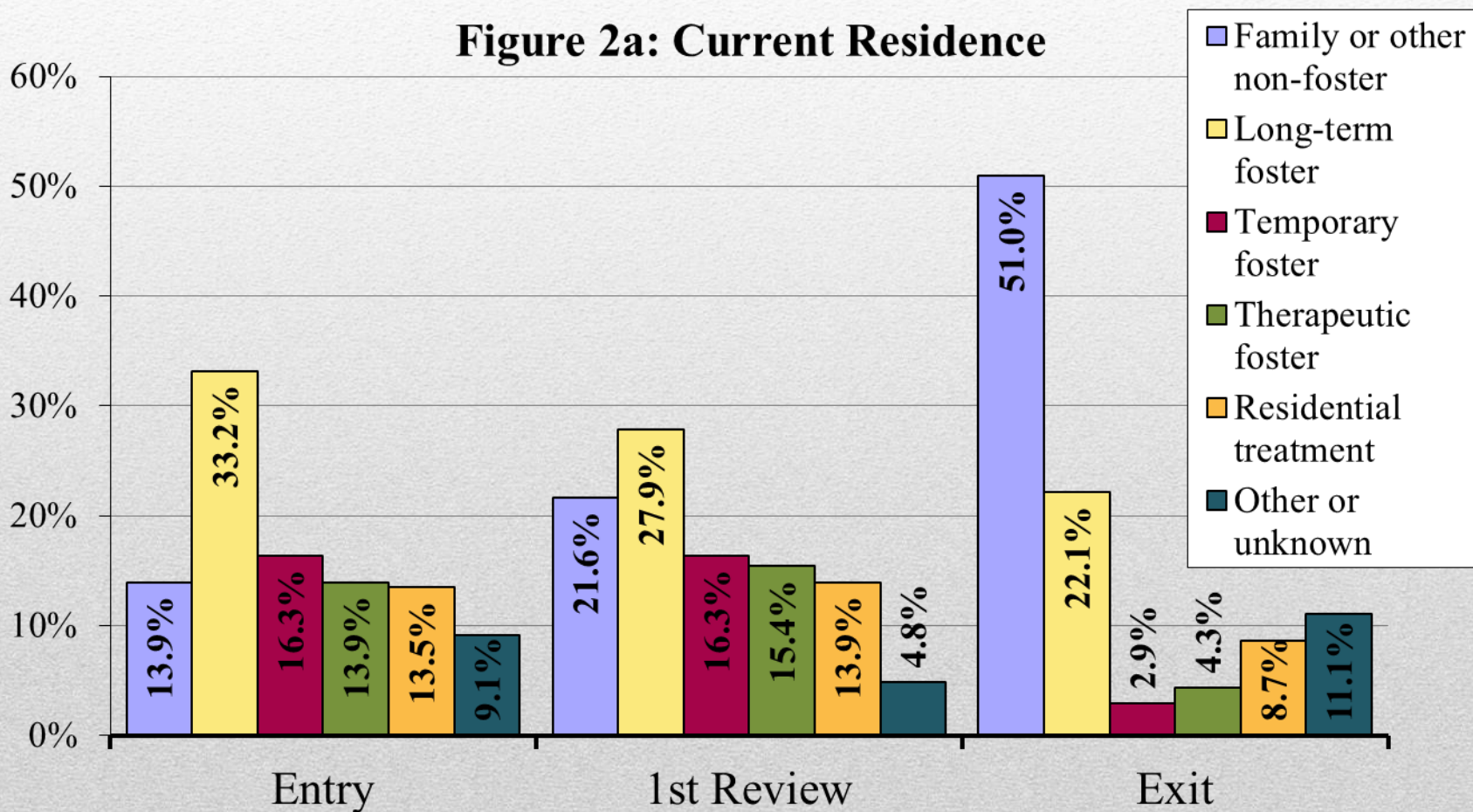


Results for 208 children with assessment at Entry, first Progress Review, and at Exit.



# Better Care

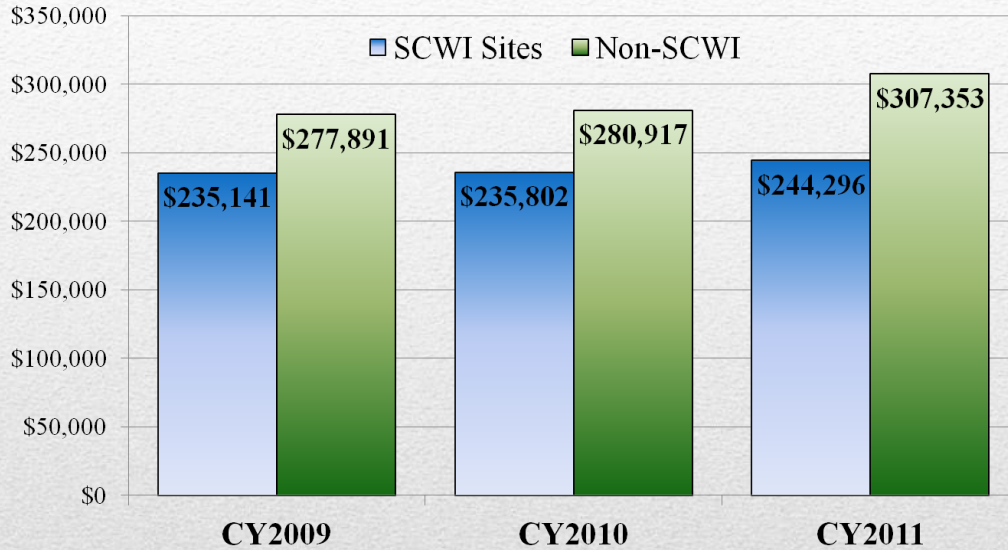
Figure 2a: Current Residence



Results for 208 children with assessment at Entry, first Progress Review, and at Exit.

## All levels of service

Total Billed per 1,000 Members age 0-17  
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

# Lower Cost

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- Implemented the Children's System Change Initiative in 2005
  - Reduced utilization of residential services and increased community based services
  - Cost per client: \$34,000/year
  - We thought we were doing it!

## **Washington County's Experience**

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- In 2010 we became a demonstration site and learned – you don't know what you don't know!
  - Workforce development from PSU
    - A critical upfront investment
  - Reduced caseloads
    - 15 or fewer
  - Philosophical shift in practice
    - Focus on needs, not services

# **Wraparound Demonstration**

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### Since Wraparound implementation:

- Total cost per client served decreased by 33% (this *includes* the cost of care coordination)
- Cost of Psychiatric Residential Treatment decreased by 43% per client served
- Cost of Psychiatric Day Treatment decreased by 71%
- Overall use of acute and subacute care by children and adolescents has declined by 58%
- 38% of Child Welfare involved Wraparound participants had left Child Welfare custody upon discharge
- 6% were living with family at intake, 51% living with family at discharge

# Washington County Results

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- Integrate our existing program with the Wraparound demonstration so it is “the way we do business.”
  - Caseloads of 15 or fewer
  - Sustainable workforce development plan

## **Washington County's Next Steps**

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- 14 year old male.
- Lives with his Paternal Grandmother.
- Attends Cascade Academy on an IEP
- Diagnosis: PTSD, PDD NOS
- Works with a Home Based Stabilization Provider who does therapy, skills training and medication management.

# Case Presentation

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- The family will live together in a stable residence and learn how to function as a family. This youth will participate in family activities and will be able to work toward personal goals.

# **Family Vision**

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- This youth will have healthy boundaries, no self-injury or fire setting, improved self care and his grandmother will feel safe in her own home. This youth will have a successful transition to a community school, and will be able to take classes that work toward career goals, participate in school activities and clubs. This youth will be invested in his family and household and will be able to participate in the regular family routine.

# **Team Mission Statement**

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