

## Designing and Sustaining an Effective System of Care – Wraparound Milwaukee

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## What is a System of Care for Children with Serious Emotional Disorders?

“A comprehensive array of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families” – 1986

### Core Values:

- comprehensive
- individualized
- community-based
- coordinated
- family and youth focused



## What Was Behind the Development of System of Care?

- Too many youth being institutionalized
  - Residential treatment centers
  - Psychiatric hospitals
  - Juvenile correctional facilities, jails, detention centers
- Too few community-based services
- Very little collaboration among child serving systems
- Very little family involvement
- Poor outcomes from existing institutional services or no outcomes at all



### POSITION STATEMENTS BY U.S. SURGEON GENERAL ON USE OF RESIDENTIAL TREATMENT AND PSYCHIATRIC HOSPITALIZATION

“Inpatient [hospital] care is the clinical intervention with the weakest research support.”

- U.S. Surgeon General, David Satcher

“In the past, admission to [residential treatment centers] has been justified on the basis of community protection, child protection, and the benefits of residential treatment per se. However, none of these justifications have stood up to research scrutiny. In particular, youth who display seriously violent and aggressive behavior do not appear to improve in such settings.”

- U.S. Surgeon General, David Satcher

## History of Systems of Care

- 1983 – Child and Adolescent Services System Programs (CASSP) initiated by NIMH
- 1986 – Congress passes State Comprehensive Mental Health Services Plan Act
  - Requires state to develop and implement plans to create community-based service systems for adults and children. Reinforces states needing to redirect funds from institutional to community-based systems of care.
- 1989 – Creation of Federation of Families as family movement gathers momentum



## History of Systems of Care

- 1989 – Robert Wood Johnson Foundation launches Mental Health Services Program for Youth (MHSPY)
  - Introduced managed care technologies along with CASSP principles for 27 States and municipalities
- 1992 – Congress passed legislation creating the Comprehensive Community Mental Health Services for Children and Their Families Program
  - Has funded over 110 states and local communities to build systems of care. Largest national funding source for local system of care development and introduces individualized, strengths-based services planning, care management, family partnership, cultural competence
    - Wraparound Milwaukee is one of those grant sites



## System of Care and Wraparound Milwaukee Approach

Wraparound is an approach to implementing individualized, comprehensive services within a system of care

- Wraparound is not a service or set of services
- It is not a type of treatment like multi-system therapy (MST) or functional family therapy, it is a unique way of organizing services and supports individualized for a child
- Wraparound Milwaukee is a system of care that utilized the Wraparound approach



## Essential Values of Wraparound Milwaukee

- Build on child and family strengths, not their deficits
- One family – one plan
- Children are best served in the community
- Children/families have access to the services not just what is available
- Services should be provided in the context of the family and families fully engaged in the planning and delivery of services
- Services and supports need to be culturally competent
- Care should be unconditional



## Is There Evidence Base for Wraparound Process

- Eight Current Contracted Outcomes and Research Studies
  - Florida Child Welfare – Clark, Lee Prange, McDonald (1996) – reduction in placement changes for wraparound youth (54 cases in wraparound and 78 in standard foster care practice)
  - Nevada – Bruns, Rast, Walker, Bosworth & Peterson (2006) – movement to less restrictive settings for 27 of 33 youth
  - Ohio – Carney & Buttell (2003) – reduction in recidivism rates for 73 adjudicated juvenile offenders
  - Pullman, Kerbs, Koroloff, Veach-White, Gaylor & Sider (2006) – juvenile justice youth in the comparison group (98 youth) were three times more likely to commit a felony offense than a youth in the wraparound group (110 youth)

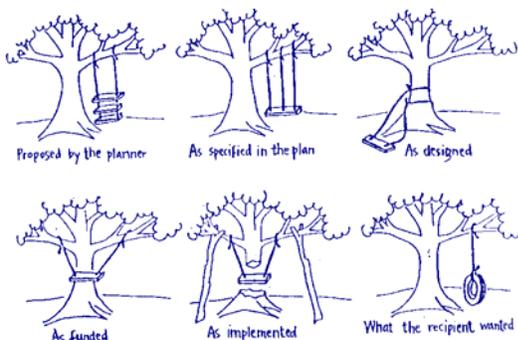


## Is There Evidence Base for Wraparound Process (cont'd)

- New York State – Evans, Armstrong & Kuppinger (1996) – significant group differences were found in favor of the case management wraparound program for behavioral & mood functioning (27 cases in study)
- Baltimore – Hyde, Burchord & Woodworth (1996) – primary outcome was a single rating that combined several indicators of restrictiveness of youth living situation, school attendance, job, serious problem behaviors (45 youth returned to less restrictive setting versus 24 in comparison group)
- Michigan – Mysard, Crawford, Jackson and Alessi (2000) – multiple baseline case study design used to evaluate the impact of wraparound by assessing whether outcome change occurred with introduction of wraparound
- Dept. of Defense – Bickman, Smith, Lambert & Andrade (2003) – findings include higher utilization of wraparound services for the demonstration groups, higher costs and no consistent differences in treatment gains. Limitations: short time span of study with 6 months, whether demonstration really followed wraparound process



## WHY WE NEED TO LISTEN TO FAMILIES

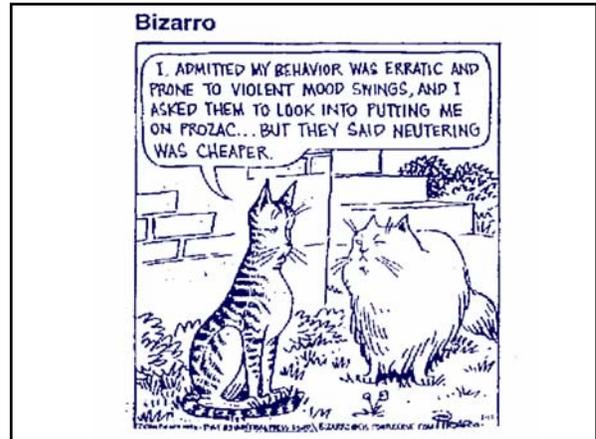
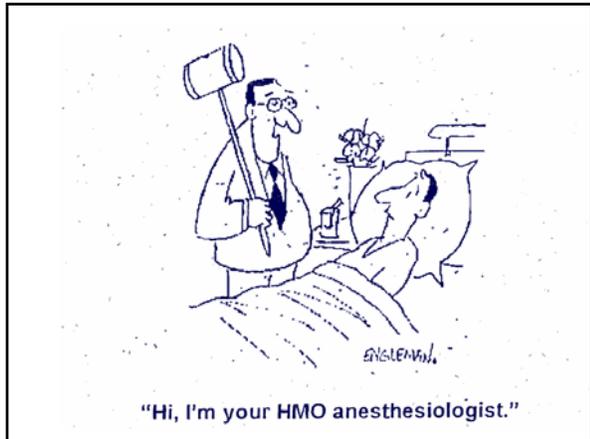


Kelly Hyde  
Accountability Solutions, Inc.

## What is Wraparound Milwaukee

- A unique System of Care for families with children with serious emotional and mental health needs that are referred through the Child Welfare or Juvenile Justice System who are at immediate risk of placement in a :
  - Residential Treatment Center
  - Juvenile Correctional Facility
  - Long-term Psychiatric Inpatient Setting
- Operated by Milwaukee County Behavioral Health Division it functions as it's own managed care entity pooling and administering funding across Child Welfare, Juvenile Justice, Medicaid and Mental Health
- 640 enrolled families





### Key Child Serving Agencies Contracting With Wraparound Milwaukee

- Bureau of Milwaukee Child Welfare State Administered - Privately Operated
- Milwaukee County Children's Court County Operated Probation Services
- Division of Health Care Financing State Agency Operating Medicaid
- Milwaukee County Mental Health Division

### Population of Youth Served

- Children with Serious Emotional and Mental Health Needs (DSM-IV-R Diagnosis) referred by the Child Welfare or Juvenile Justice System who are Served in Two or More Systems and at Immediate Risk of:
  - Residential Treatment Placement
  - Long Term Psychiatric Hospitalization
  - Placement in a State Correctional Facility

### Quote from Maya Angelou

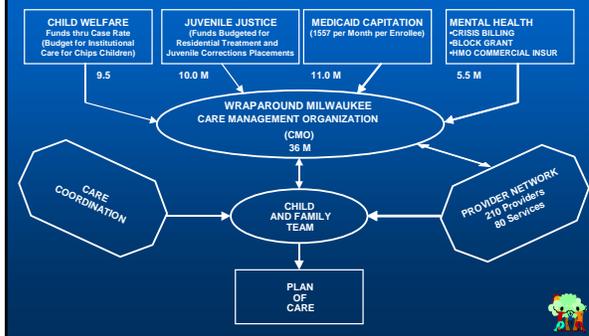
"How is it possible to convince a child of his own worth after removing him/her from a family which is said to be unworthy but with whom he/she identifies."

## Components of Wraparound Milwaukee That Have Made It Successful

- Pooled Funding Across Child Serving Systems - \$34 million
  - Wraparound Milwaukee Acts as Single Payer
- One Care Manager Across Systems
- Mobile Crisis Teams Ensure 24/7 Coverage
- Provider Network – 70 Different Services and 230 Agencies Participating
- Single Internet-Based IT System
- Family Advocacy Organization Supports Family
- Child and Family Teams
- Flexible Court Orders
- Good Evaluation Component



## What are Pooled Funds?



## Milwaukee's Experience Before and After Wraparound Milwaukee

### Before 1995

1. Over utilization of institutional based care
  - Average daily residential treatment census – 375 youth
  - Over 325 correctional commitments per year
  - 5000 medicaid inpatient days
2. Poor outcomes for youth in institutional care – 70% of youth in residential treatment centers returned to juvenile justice or child welfare within one year of discharge
3. Cost of care for court-ordered residential treatment placements made by child welfare and juvenile justice exceeded \$18.5 million per year (\$2 million county tax deficit in 1995)



## Before Wraparound Milwaukee the Behavioral Health Service Array for Children and Adolescents with SED and Their Families Consisted of :

- Psychiatric inpatient hospitalization
- Residential treatment
- Group home care
- Foster care and treatment foster care
- Outpatient therapy
- Limited day treatment programs



## Service Array for Children and Adolescents with SED and Their Families Since the Wraparound Milwaukee System of Care was Implemented

- Assessment/Screening
- Care Management
- Individual and Family Therapy
- Mobile Crisis Services
- In-Home Therapy
- Behavioral Aides
- Housing Assistance
- Transportation
- Medication Management
- Substance Abuse Treatment
- Support Groups
- Treatment Foster Care
- Foster Care
- Respite/
- Group Homes
- Residential Treatment
- Professional Inpatient Care
- Psychiatric Inpatient Care
- Vocational Assessment and Planning
- Psychiatric/Psychological Evaluation
- Mentors
- Tutors
- Parent Aides
- Job Coaches
- Independent Living Program
- After School Program
- Supported Work
- Anger Management Groups
- Group Counseling
- Crisis 1:1 Stabilization
- Household Management
- Special Therapies
- Specialized Academic Support
- Professional Consultation
- Interpreters
- Discretionary Funding
- Day Treatment
- Job Internship

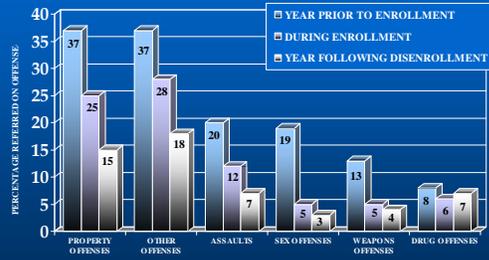


## Since Wraparound Milwaukee

1. Residential treatment placements have decreased from 375 placements to an average daily placement of 75 youth
2. Juvenile correctional placements have decreased from 325 to 175 placements
3. Medicaid inpatient psychiatric care days has decreased for our enrolled SED youth from 5000 days to 175 days
4. Cost of care per child has decreased from over \$7200 to under \$4000 per month per child
5. Overall residential treatment center spending by child welfare and juvenile justice has actually decrease from 1995 to 2006 even though the average population of SED youth served increased from 375 to about 620 per day



### Reductions in Specific Legal Offense Referrals During Enrollment & After Disenrollment for Clients in the Wraparound Milwaukee Program



\*Other offenses consist primarily of disorderly conduct

n = 1236  
Data through 2/28/06



### Lessons Learned From the Wraparound Milwaukee Experience

- Don't underestimate the difficulty in achieving true collaboration among child serving systems
  - Get beyond "turf and control" issues
- Understand each others roll when building your system of care
  - Understand "our language difference"
- Don't put up barriers that limit communication among system partners
- Systems of care need to be date driven – information is powerful
- Conflict is natural – build in conflict resolution processes
- Tear down the funding "silos" so funding is flexible, accessible and follows needs
- Don't fear family involvement – embrace it
- It's all about leadership and relationship building

