



High Fidelity Wraparound and Residential Treatment: Redesigning the Field

John VanDenBerg Ph.D.

Key Questions

- ☛ What is the role of residential treatment in the service delivery and reunification?
- ☛ Can we further reduce use of residential treatment and still continue to increase functional outcomes?
- ☛ **What are the next steps to individualization in the residential setting?**

Innovations in Residential Treatment

- Old placement model: “Take my kid please”
- A shift from longer term care to brief, individualized stabilization focused services (ISF)
- New model: Any child in out-of-home placement is entitled to an ISF, long term placements become non-existent or very rare

States with huge shifts in residential placements

- ☛ California – from over a year length of stay to less than four months
- ☛ Maine – from 780 beds to less than 50
- ☛ Wisconsin – over 80% reduction
- ☛ Oregon – over 80% reduction
- ☛ Functioning is an issue

Quick Quiz - Placement/Outcomes

- Do reductions in residential placements lead to increased youth/family functioning?

Answer

- ▶ No, in fact residential placements can be reduced by simply ordering broker agencies such as child welfare not to place due to a fiscal crisis and/or by decreasing per diem rates.
- ▶ Functioning must be measured. The States previously mentioned all measure functioning with a variety of standardized measures and are showing reductions of residential placements with increased family functioning for the youth kept in the community.

Quick Quiz – Functioning Severity

Which statement is true?

1. Overall, the youth who are placed in RTS are measurably more complex in needs than those served in the community through intensive community based processes such as wraparound
2. Overall, the youth who are in intensive community based processes such as wraparound are similar in complexity to those in RTS services

Core Issues That Matter

- ☞ Generalization (maintenance of gains)
- ☞ Outreach matters
- ☞ Models matter.
- ☞ Attitudes about families
- ☞ Team based planning
- ☞ Workforce
- ☞ Integration

Treatment Generalization Issues in Placement

- The use of long term (more than three months in care) is decreasing most rapidly in states with greater use of intensive individualized services (e.g, wrap) and fiscal incentives for shorter term care
- **As a result, the definition and scope of generalization is changing.**

It isn't intervention unless...

- ☛ The intervention generalizes from the placement to the home environment
- ☛ The intervention is culturally relevant to the family (or other permanency arrangement)
- ☛ The intervention is driven by the major needs, strengths, culture, vision, and unique situations of the family

Key Generalization Issues Which Matter

- ☛ Length of Stay
- ☛ Outreach Availability
- ☛ Models of Care Used
- ☛ Program Perspective on
Parents/Permanency Arrangement

Length of Stay Matters

- Original definition of transition almost always focused on youth who are coming out of long term placements. Six months of psychiatric placement or years in residential care were common
- The longer the length of stay, the more difficult the transition and complex the generalization of treatment
- **What is an appropriate goal/target for length of stay?**

Outreach Matters

- For youth who have experienced low levels of family or kin participation in their placement, transition must include extensive outreach to the family (bio, kin, adoptive, foster)
Outreach must involve mobile staff who go to the parent, engage the parents, and serve as a bridge between the placement and the family.
- How do we create funding flows for outreach?**

Models of Care Matter

- ☞ The model of care used will have an effect on ease of generalization. If model involved intensive individualization at the placement, generalization of gains is easier for family to buy into.
- ☞ If model of care used was a token economy (e.g., level systems), generalization will be more difficult. Research shows generalization at 6 months, of less than 25% maintenance of treatment gains.
- ☞ **How many placements in your area still have token economy-based programming?**
- ☞ **Why should the State pay for these models?**

Placement Perspective on Parents Matters

- Older models of care saw the parent as the problem. Parents often felt alienated in these situations, which sets up a problematic transfer of treatment stability
- Newer models of care see the parent as a knowledgeable expert on their youth who will be the primary determiner of the individualized program that the youth will be in
- What is the ideal method of ensuring that placements have are family centered?**

Example: Family Centered

- ☛ Whenever possible, staff meetings or treatment meetings about the youth should be done in the home of the youth.
- ☛ Goal: Increase the number of meetings done in the home of the youth

Example: Family Centered

- ☛ No significant decisions are ever made without a consult with the parent (s).
- ☛ These include: medical/dental appointments; school issues; clothing; diet; observations/interventions about youth's behavior; etc.

Multiple Choice: Family Voice

Find the option which does not build family voice:

1. Ask Mrs. Jones about how she handles Mike when he threatens her.
2. Ask Mrs. Jones about how much verbal anger is tolerated in her home, what the "norm" is.
3. Ask Mrs. Jones to attend the treatment team meeting at the unit on Tuesday at 8:30 am.

Discharge Planning

- Old: Youth reaches discharge criteria based on their behavior in the program (Level 4).
- New: Youth and family gain competence in skills which relate to a challenge in the home environment, such as success in reducing aggression in the home...

Workforce Needed

- ▶ Skilled and motivated staff assigned to implement highly individualized, stabilization focused care
- ▶ Staff may work outside of the residential center. Specific staff responsible for one-on-one and small group activities in the community to extend teaching and treatment to community settings
- ▶ All therapy is treatment focused, NOT program focused, and often uses pre-placement local therapists or recruit local therapist convenient to the youth after discharge
- ▶ Recruit volunteers for specific tasks on youth's plans

Multiple Choice Bob

Bob has worked for your group home for 10 years. He is upset about all of this outreach and the shift in practice model. What is the best way to get Bob to buy in to the changes and get him to embrace the changes?

- A. Train Bob through 6 days of Wraparound training.
- B. Fire Bob
- C. Bring Bob to the family home and involve him in finding out the pre-placement strengths and needs of the family, then have him coach the unit on delivery of the intervention designed by he and the family.

Integration, Again!

- A key part of modern, effective residential treatment is integration
- A stay in residential, even if brief, will not help functioning unless agencies and schools who are involved are part of team-based planning.

Quick System Count

Activity: As a large group, we will list common agencies which are involved with youth and families who we are serving in RTS.

Team Planning Process in Placement

- Upon entry youth is admitted as part of residential/wraparound or other team based planning process, transition is easier because a team exists and ideally is instrumental in the individualization of program for the youth
- If admitted youth does not have a team, the RTC should be involved with getting them one, having mobile case managers or linking with local case managers
- We should require use of HFW or Family Group for every child placed in RTC...