

Using Wraparound to reduce reliance on group home care.

An LA story...



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National Wraparound Conference

Melbourne, Florida

June 7, 2016



Learning Objectives

We will cover:

- How Wraparound can impact the Child Welfare System, particularly for younger children
- Development of a shared commitment with community providers to achieve positive outcomes
- Unique Wrap interventions with younger children.



What we were facing...

- Over 40,000 children in care (2003)
- Over 2,000 children in group homes (2003)
- Katie A. Lawsuit



A Parade of Perspectives

- Youth advocates:
 - Replace group care with community care
 - Keep youth in their communities
- Family advocates
 - A growing voice to be involved
 - Use group care for a clear purpose
 - Keep it close to home
- System advocates
 - Emphasize collaborative responses
 - Integrate group care in the continuum and use less (AB 403)

Poor Reviews in the Literature



- Costly with no reliable demonstrated outcomes
- Weak evidence in support of effectiveness
- Some evidence of negative impact...yet the demand remains...
 - Richard P. Barth, *Is Residential Care a Cost Effective Service? Counterpoint*, Residential Group Care Quarterly



Changing Utilization:

- Los Angeles went from over 2,400 youth in group homes (2003) to today...under 1,200.
- **115 children (0-12) in group homes; 570 in August 2003**
- **Two offices achieved zero children under the age of 13.**



The Core Challenge

- California spends nearly 50% of all of foster care maintenance funding on the 11% of children placed in group homes
 - Yet there is no clear sense of:
 - Why children are placed in group homes
 - What services are provided
 - And what outcomes are achieved.
- Strong culture of placing youth...



Key Developmental Markers

- More youth started getting Wraparound
- Strong push to reduce the number of children in group homes.
- Clear communication from leadership
 - 2012 new approval process for any youth under the age of 13 going to a group home.
- Core Practice Model
- Innovation of practice (Child and Family Team meetings)
- OUTCOMES

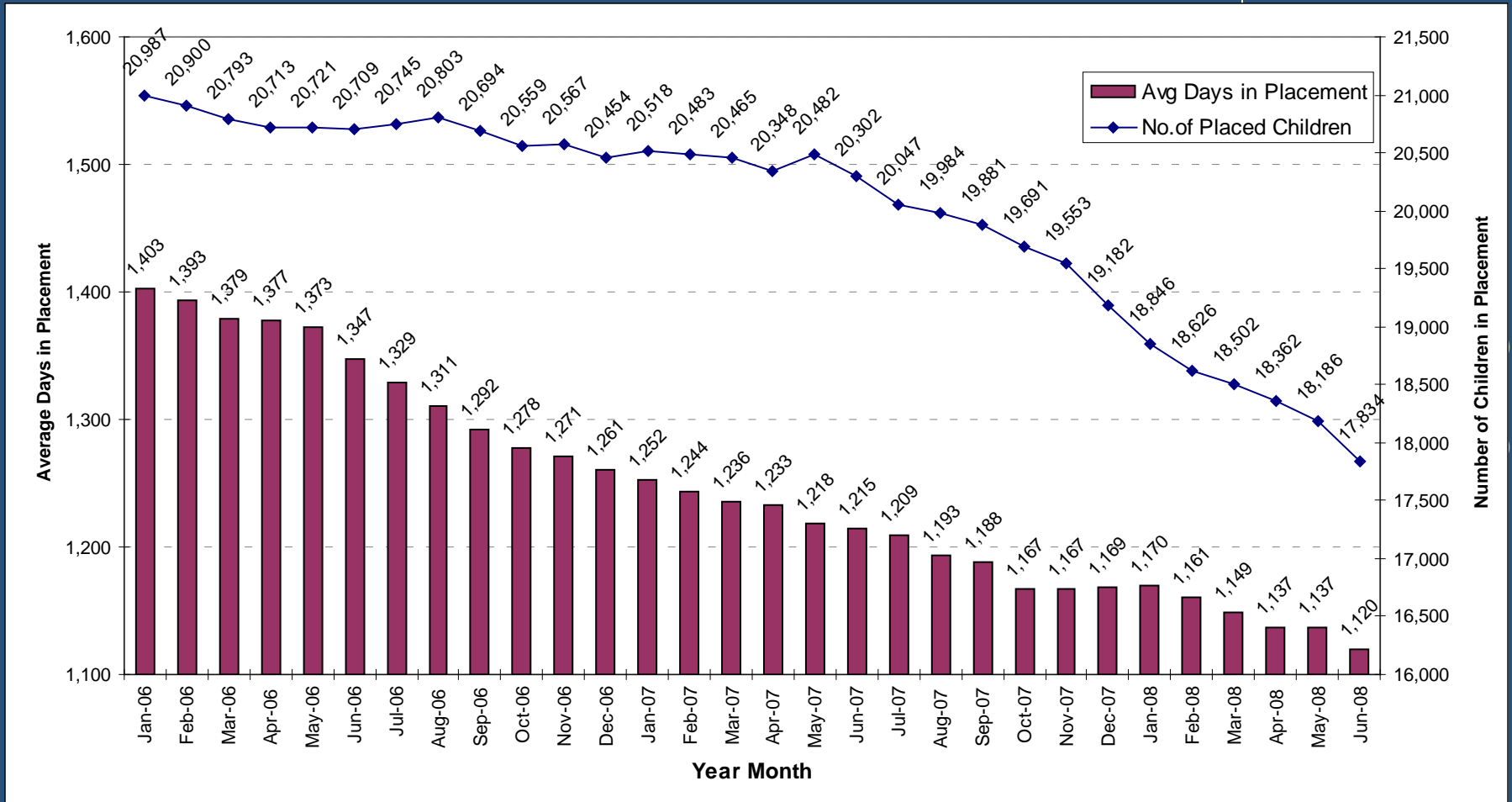


How we did it

- Get out to the offices and tell stories with the families that benefited.
- Find champions in each office and help them lead the charge
- Share outcomes whenever we can
- Union buy-in
- Community support
- Team meetings to ensure a group home is not a placement.

Key Results of These Efforts

Monthly Children in Out-of-Home Placement
with Average Days in Placement
from Jan 2006 to June 2008

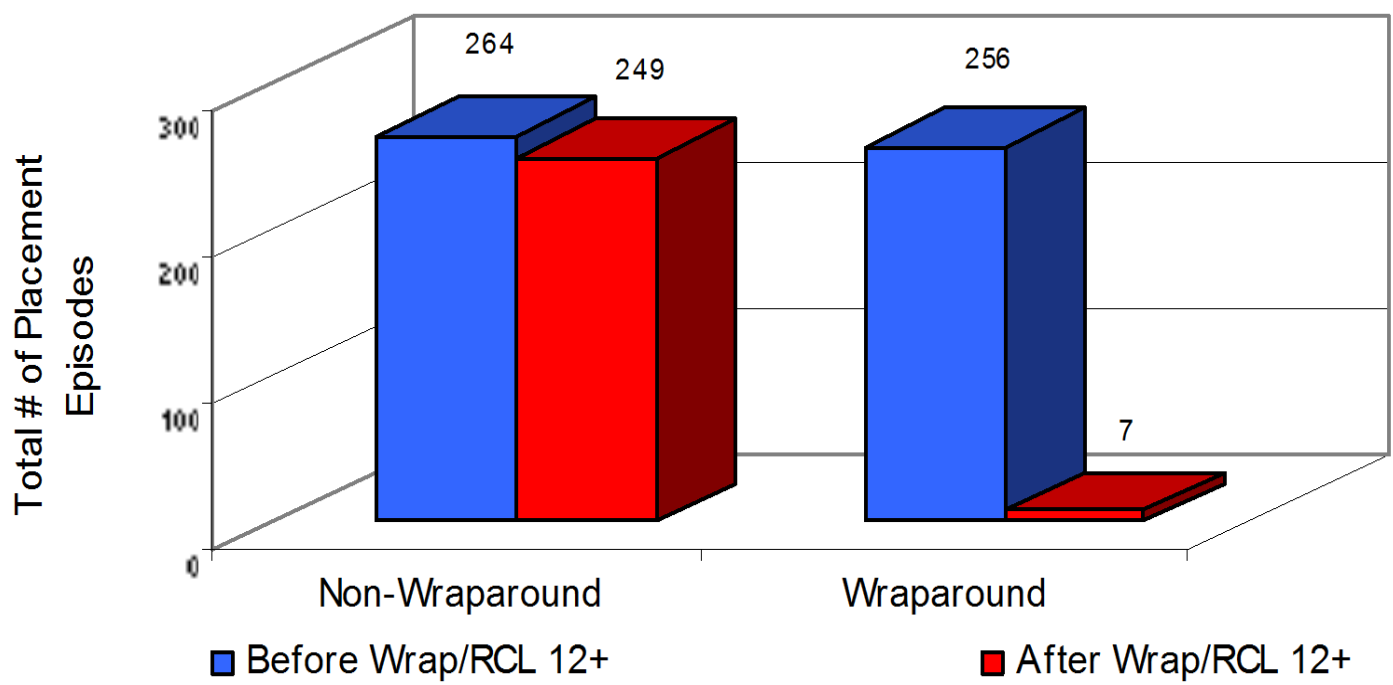


NOTE: Excludes Children in Guardian Homes, Adoptive Homes and Non-Foster Care Placements

Data Source: DCFS CWS/CMS Datamart and History database.



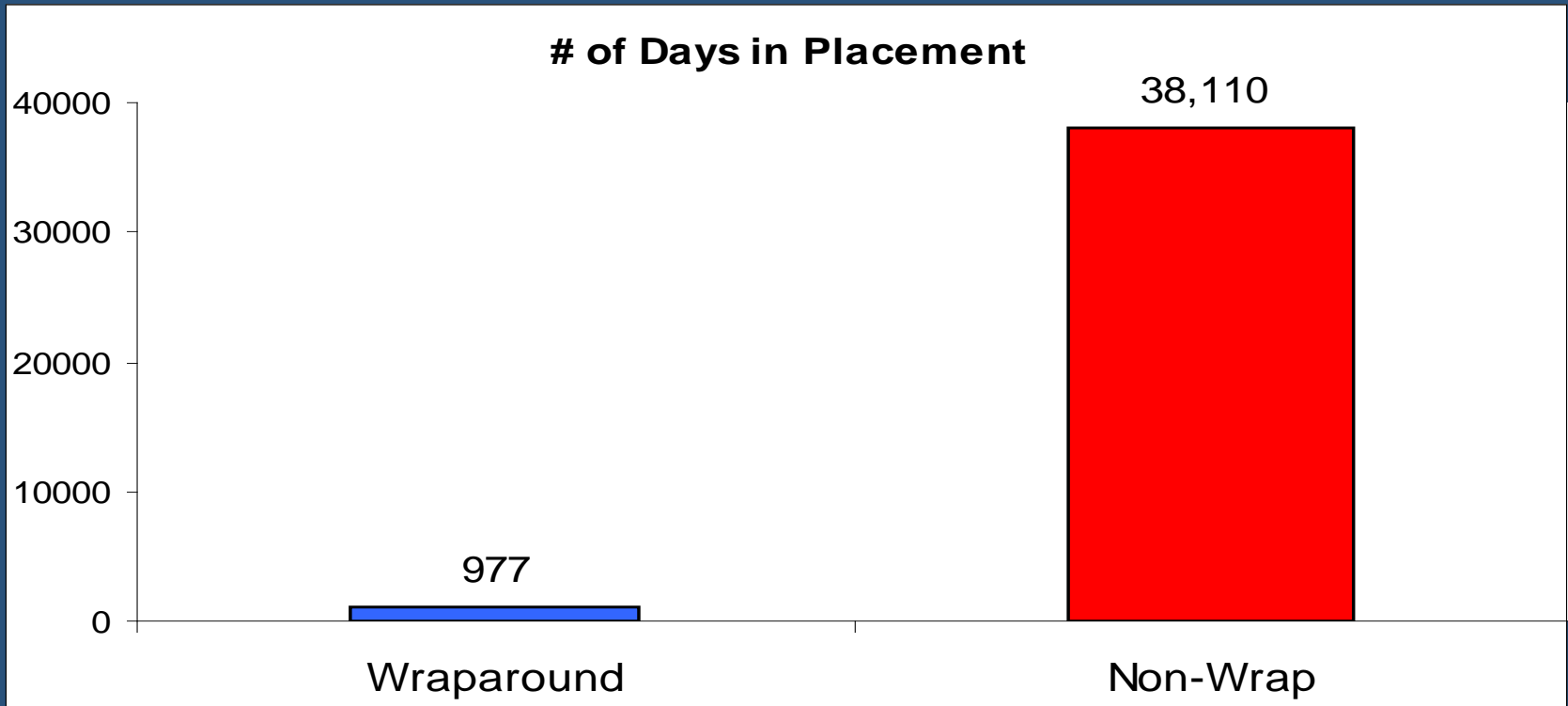
Out-of Home Placements (Wraparound Graduates vs. RCL 12+ Non-Wraparound Youth)



Wraparound Study

days in placement

43 RCL 12+ children versus 3 Wraparound children



Reframing the System of Care



- Residential must be viewed as a needs driven intervention to support youth and their families to maintain permanency, not as a last resort or a failure.
- Residential' mission is to serve youth and families and support and sustain loving, and permanent family relations.
- Residential must support family reunification to include flexible utilization, driven by need in the context of permanency.
- Residential must be integrated rather than sequential. The current “fail up” system deters from permanency and leads to multiple unnecessary severed attachments for youth and families.
- Some youth need to move in and out of high intensity services over time. The decision must be driven by youth and family needs not driven by funding.
- A truly effective full continuum of services that adheres to a needs driven philosophy is flexible, accessible and responsive with individualized care.

Reducing Lengths of Stay in Residential

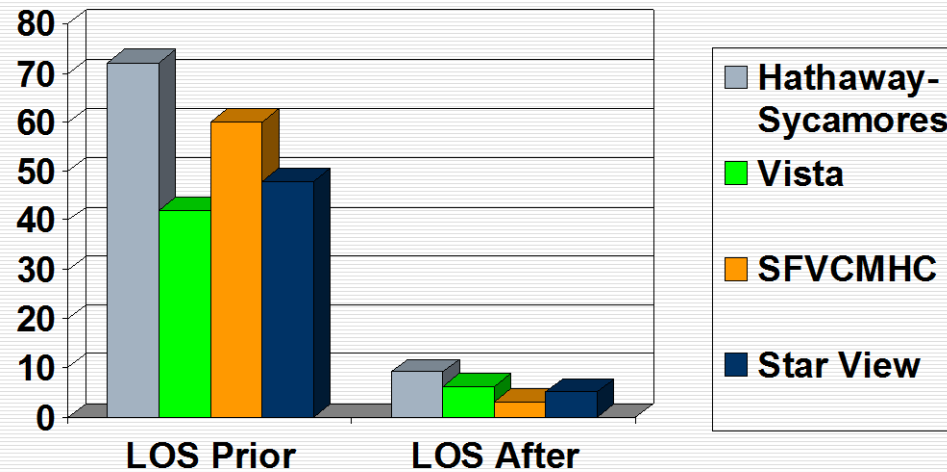
□ Average Length of Stay (LOS) in Residential Prior to Reswrap

- Hathaway-Sycamores – 72 months
- Vista – 42 months
- SFVCMHC – 60 months
- Star View – 48 months

□ Average Length of Stay (LOS) After Reswrap

- Hathaway-Sycamores – 9 months
- Vista – 6 months
- SFVCMHC – 3 months
- Star View – 5 months

Months in Residential





Key questions

- Under what circumstances is group home placement appropriate for children and youth?
- What services should be provided while there and after?
- What types of specialized programs are needed to meet the needs?
- How to build the community supports to meet the needs of these youth?



Changing Mental Model

- From a place to be
 - To a place where specific things happen
- From a placement ...
 - To an intervention
- From an end point ...
 - To a means to an end
- Therefore the change in language
 - From Group Home
 - To Residentially-Based Services

A Vision for the Future



- RBS:
 - A short term intervention within a larger case plan to ensure safety, permanency and well-being.
 - Addressing and managing needs of children and families who present highest level of service challenge
 - A valued component of comprehensive array of family-centered, strength-based community services
 - Demonstrating clear record of positive outcomes and collaborative involvement

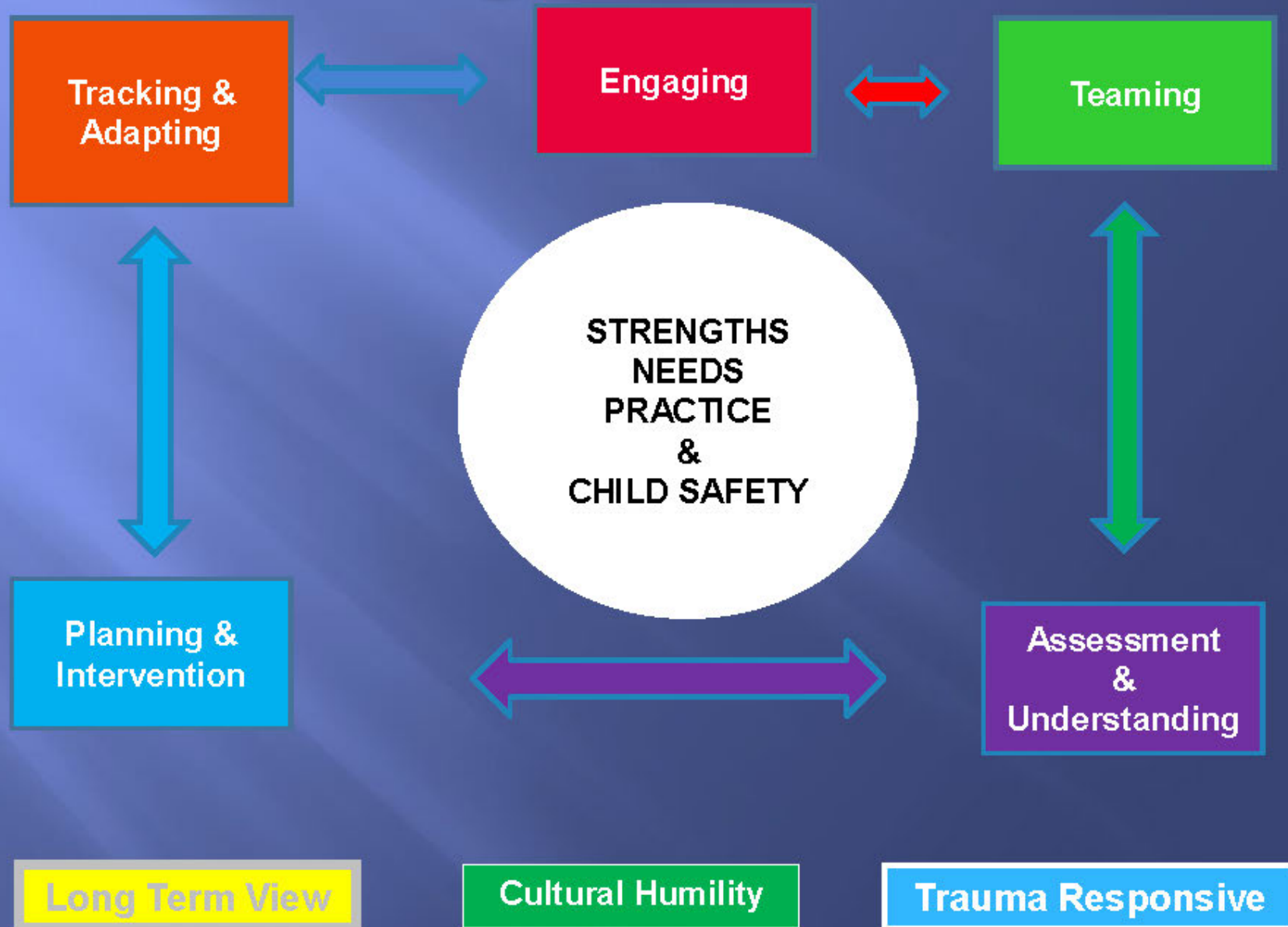


Utilization

- Decision to utilize RBS should be made in context of other intervention options



Moving Forward: SCPM



Core Practice Model Elements



- ▶ Assessment & Understanding – collaborating with a family’s team/natural circle of support to gather information about strengths and underlying needs
- ▶ Engaging – creating trustful working relationships with the child and their family
- ▶ Teaming – building and strengthening the child and family’s support system
- ▶ Planning & Intervention – tailors plans to build on strengths to meet individual needs for each child and family
- ▶ Tracking & Adapting – evaluating the effectiveness of plans – adapting to challenges, celebrating success and organizing aftercare support

Paradigm Shift – Critical Elements



- Experts to team players
- Use of natural supports
- Culturally relevant
- Family focused
- Strength-based
- Needs-driven

Transformation



- Planning & Implementation Elements
 - Training of all County Staff in Mental Health, Probation and Children & Family Services
 - Training of all contracted provider agencies
 - Coaching to Public Agency staff
 - Coaching to Provider staff
 - Agreement and development of a Child and Family Team Meeting (CFT) model
 - Training and coaching to the CFT model
 - Adaptation of Wrap CFT in the team engagement

Using Wraparound to Transform System of Care



- Wrap values
 - Family Voice and Choice
 - Collaboration
 - Team based
 - Strength based
- Intersection with SCPM
 - Parent facilitated CFT's
 - Assessment & Understanding/Collaboration
 - Engaging/Strength-based/Family Voice & Choice
 - Team Based

SCPM – Element – Assessment & Understanding



- Collaborating with a family's team/natural circle of support to gather information about strengths and underlying needs
- Review of developmental challenges of latency aged children
- Review of behaviors noticed and documented by adults in child's life
- Assessment and underlying needs picture

System Transformation

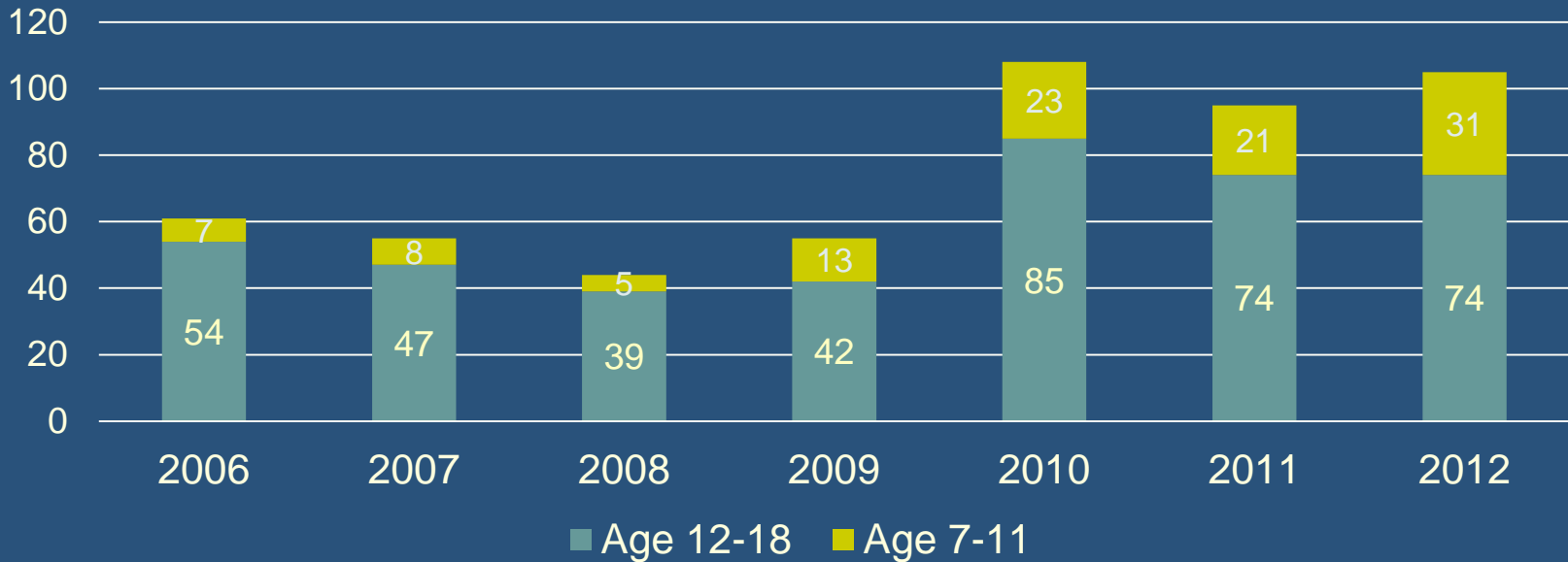


- Reducing/eliminating children under 12 from the residential population
- Review and address the needs of latency aged children (7 – 11).

Vista Del Mar Wraparound Enrollment 2006-2011



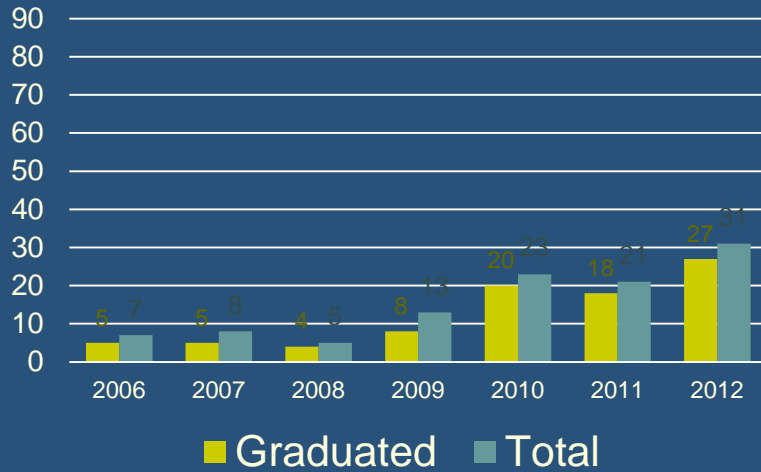
Total Enrollment Between Age Groups



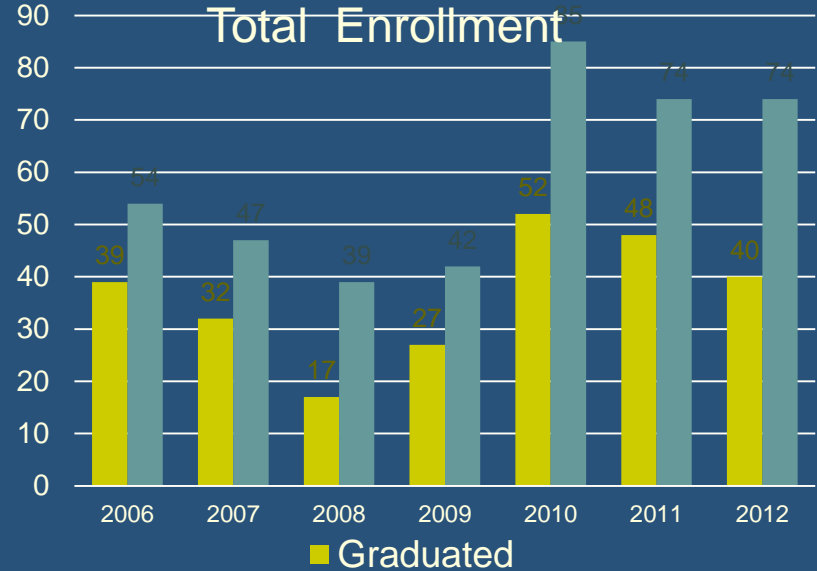
Vista Del Mar Wraparound Graduation 2006-2011



Age 7-11 Graduation and Total Enrollment



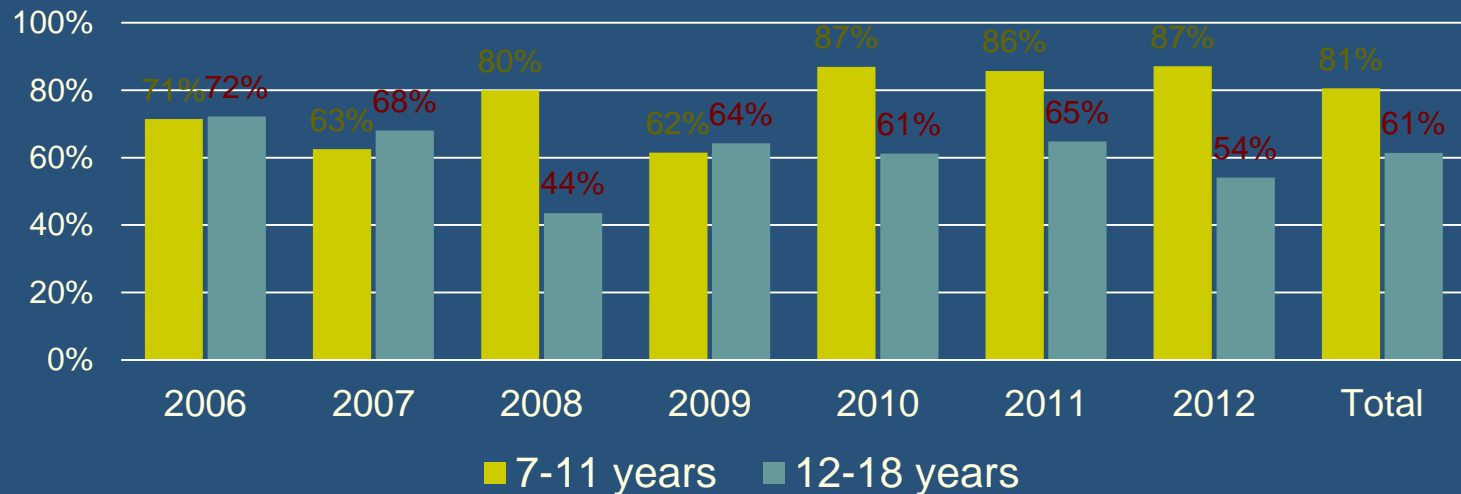
Age 12-18 Graduation and Total Enrollment



Vista Del Mar Wraparound Graduation Comparison 2006-2011



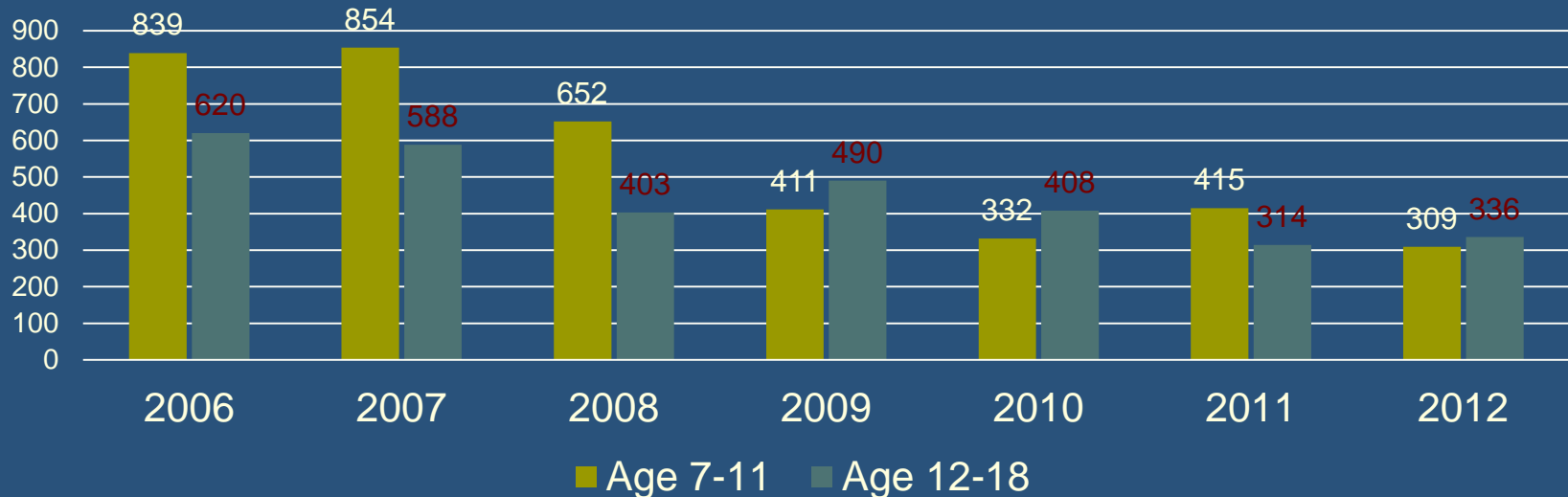
Comparison of Graduation Rates between Age Groups



Vista Del Mar Wraparound Comparison Length of Stay 2006-2011



Comparison of Average Length of Stay Between Age Groups by Days



Focus Population – Latency Aged Children 7 - 11



- Erikson – Developmental Stage – Industry versus Inferiority
 - Competence
 - Confidence
- Piaget – Intellectual Stages of Development – Concrete Operations
 - Understanding of relationships: parts of the whole, reciprocity and reversibility
 - Pre Abstract thinking – beginning consolidation

Behavioral Challenges of Latency Aged Children



- Aggressive behaviors – hitting, kicking, throwing, tantrumming, impulsive running, breaking and verbal outbursts
- Scaling of behaviors – Using YOQ and CANS scores were very high on the YOQ attaining the clinical threshold of 11 or greater on the Behavioral Dysfunction subscale. Overall score well above 40
- CANS – Scores of 3 or higher in areas of school, psychotic symptoms, impulse control, depression, antisocial behavior, attachment and so on

Planning for Industry and Accomplishment



Planning for industry and consolidation

- Strength based – assuring success no matter what
- Planning activities that reflect the need for latency aged children to use their hands and be busy in activities with concrete noticeable results and outputs (building things, making things, group activities with observable outputs)
- Drumming or other musical hands on activities
- Celebrating all successes so youth gets it (he/she can achieve)



Underlying Needs

- **Youth needs to know that he can trust the adults in his life who can guide him to making positive and safe decisions.**
 - **What worked with Grandmother**
 - **What worked with youth**
- **Youth needs to know that he is capable of constructively expressing his emotions.**

Planning for Consolidation



- Planning discussion and activities about how the parts make up the whole. Using meeting, minutes, agendas, note taking, summary statements and repetition
- Clearly distinguish outcomes of planning and strategies with reflection of how outcome is part of the whole plan (what part of the plan and what is the next step)

What the team did over 12 months



- Began with support and consistency for youth and grandmother
 - There were 26 team meetings
 - There were 55 separate phone calls and meeting with grandmother
 - There were 55 individualized interventions with the youth

Summary

