

SUPPORTING OUR CHILDREN AND YOUTH: WRAPAROUND

BETTER CARE, COORDINATED SERVICES, AND LOWER COSTS ARE PROVEN OUTCOMES WITH WRAPAROUND

The New Hampshire Children's Behavioral Health Collaborative has established that the Wraparound approach to behavioral health for children and youth is fundamental to supporting children and youth with complex behavioral health challenges and their families. Our FAST Forward (Families and Systems Together) program of the NH Department of Health and Human Services uses this approach. The program is free, and families choose whether they want to participate or not.

WHAT IS WRAPAROUND?

Wraparound is an approach with demonstrated effectiveness for children and youth with complex behavioral health challenges. It is a planning and support process where a team develops and implements an individualized plan of care. A team is chosen by the family and includes individuals who are relevant to the well-being of the child or youth, such as family members, service providers, teachers, a FAST Forward coordinator, and representatives from school, church, or community agencies, such as mental health providers.¹

The National Wraparound Initiative describes the Wraparound process as aiming to reach positive outcomes by providing a structured and creative team planning process, resulting in plans that are more effective for and more relevant to the child or youth and family than traditional treatment planning.² The Wraparound process reflects a core value of the NH Children's Behavioral Health Collaborative: care is centered on the child or youth and his or her family. Each family identifies their unique strengths and needs, and the plan and the process respect each family's culture. Care is located in the youth's home community and relies on the family's social and community support network. The Wraparound team continuously follows up to make sure that the supports are effective.

WHY IS WRAPAROUND A PREFERRED APPROACH?

Traditional services for children and youth with complex needs can be cumbersome, irrelevant to the family's needs, overly restrictive, and costly, relying on separate systems for specific services with little or no coordination. For example, a child with developmental challenges, school difficulty, mental health problems, and involvement with the court system may have multiple care plans, home visitors, case workers, and other involvement. It's time-consuming and frustrating for families to arrange multiple appointments and transportation to distant services. This often means redundant services and more costly, less effective care. Families have voiced that involvement in multiple systems with numerous communication channels drowns out their voices and those of their children.

With Wraparound, the family and child or youth describe the services or supports that they anticipate would help them reach their goals. The Wraparound team helps to shape a plan of care. The plan may include services from treatment providers, school staff, community organizations, and churches, as well as support from friends, relatives, and informal mentors. The team reassesses the care plan at each meeting to assure that benchmarks are reached and outcomes are positive for the family.

HOW DOES WRAPAROUND WORK?

Key elements distinguish Wraparound from traditional approaches for children and youth with complex behavioral health needs:

-  **Comprehensive Assessments** gather information about strengths and challenges, looking at everything from school achievement, hobbies, and career interests to housing, past and current health, and experiences of trauma.
-  **Wraparound Team Meetings** include multiple systems and service providers involved or potentially involved with the child or youth and his or her family, beginning with those team members the family identifies as most helpful.
-  **Individualized Care Plans** rely on natural, typically unpaid supports, coordinate multiple services, and reduce duplication of services. Care plans allow for nontraditional supports or supports that have been difficult to access without court involvement, such as respite care for families.

¹ Wraparound Services. (n.d.). Retrieved from <http://www.bazelon.org/Where-We-Stand/Success-for-All-Children/Mental-Health-Services-for-Children/Wraparound-Services-.aspx>

² What is Wraparound?(n.d.). Retrieved from <http://www.nwi.pdx.edu/wraparoundbasics.shtml>

WHAT IS NEEDED TO MAKE WRAPAROUND A REALITY FOR NEW HAMPSHIRE CHILDREN AND YOUTH WITH SERIOUS BEHAVIORAL HEALTH CHALLENGES?

Transforming our current system to use a Wraparound approach does not happen overnight, and building a strong foundation for the approach involves several key ingredients:

A Sustainable Training Infrastructure that develops a workforce that is fluent in Wraparound and that has the capacity to serve all children and youth with complex behavioral needs. Training must include training for families and youth to be leaders in policy and planning efforts for a transformed behavioral health system.

Medicaid Financing Mechanisms that support the Wraparound process including staffing, supervision, and individualized services and non-traditional supports.

Mechanisms for Blended Funding that is contributed from multiple systems, such as education, child and family welfare, juvenile justice, private insurance, and behavioral health. Blended funding allows for coordinated care that reduces costs and improves outcomes.

Advocacy and Support for Children, Youth, and Families that fully incorporates their expert voices of experience in care planning, service delivery, and state level decision-making.

WHAT IMPROVED OUTCOMES WILL BE REALIZED THROUGH WRAPAROUND?

Research shows that youth who receive Wraparound have significantly better outcomes, including improved living situations, fewer out-of-home placements, improved functioning and behavior, and better functioning in the community.³

Specifically, Wraparound results in fewer days out of school and away from home in costly placements, improved academic performance, decreased suspensions, and greater stability in residence.⁴

WHAT ARE THE FINANCIAL IMPLICATIONS OF IMPLEMENTING WRAPAROUND?

States, counties, and other service areas that replaced traditional service delivery for children and youth with complex behavioral health needs with Wraparound experienced improved behavioral health outcomes and reduced costs.

- *New Jersey estimates that the state saved over \$40 million in inpatient psychiatric expenditures over the last three years due to its Wraparound approach for children with serious emotional disorders.*
- *Wraparound Milwaukee reduced the use of psychiatric hospitalization for children from an average of 5,000 bed days per year to less than 200 and reduced the average number of youth in residential treatment each day from 375 to 50.⁵*
- *A recent study of Maine's statewide Wraparound initiative showed a 28% decrease in Medicaid mental health expenditures for children and youth, compared to the previous year, when a traditional approach was used.⁶*

WHAT PROGRESS HAS NEW HAMPSHIRE FAST FORWARD MADE WITH WRAPAROUND?

With federal investment New Hampshire has made a strong start on building infrastructure; specifically, the state

Selected a national Wraparound curriculum

Hired three care coordinators to work with children and youth and their families statewide, and trained the coordinators and their supervisors

Expanded family-to-family support, education, and leadership programs

Developed youth-to-youth training and leadership

Developed a wider service array, responding to families

Began serving children and youth with complex behavioral health challenges and their families in July 2014

For more information about Wraparound for children with complex behavioral health needs in New Hampshire, please contact Effie Malley at the Children's Behavioral Health Collaborative at emalley@new-futures.org or 603-225-9540 x119.

³ Suter, J. C., & Bruns, E. J. (2009). Effectiveness of the Wraparound Process for Children with Emotional and Behavioral Disorders: A Meta-Analysis. *Clinical Child and Family Psychology Review*, 12, 336-351.

⁴ Bruns, E. J., & Suter, J. C. (2010). Summary of the wraparound evidence base. In E. J. Bruns & J. S. Walker (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative.

⁵ Simons, D., Hendricks, T., Lipper, J., & Pires, S.A. (2014). *Intensive Care Coordination Using High-Quality Wraparound for Children with Serious Behavioral Health Needs: State and Community Profiles*. CHCS (Center for Health Care Strategies, Inc.).

⁶ Yoe, J.T., Ryan, F.N., & Bruns, E. (2011). Mental health service use and expenditures among youth before and after enrollment into Wraparound Maine. *Emotional & Behavioral Disorders in Youth*, 11 (3), 61-66.