

Implementing Wraparound in a large Child Welfare System: The LA Story...

Los Angeles County

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conference

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What we were facing...

- Over 40,000 children in care (2003)
- Over 2,000 children in group homes (2003)
- Katie A. lawsuit
- 32% increase in group home rates
- Negative press
- Medical Model “groundhog day”

Our Goals and Strategies to frame all of our efforts

- Safety, Permanency and reduced reliance on OHC
- Core Practice Model
 - Points of Engagement
 - Family to Family (TDM)
 - Concurrent Planning
 - Structured Decision-Making (SDM)
 - Permanency Partnership Program (P3)

A Convergence of Concerns

- County Leadership
 - Want a better way of helping
 - Better outcomes
 - Spend money more responsibly
- Providers
 - Willing to change
 - Better outcomes
 - Need the funding to continue/innovate

**Youth, parents and community
say:**

**Don't get services they need
Are not treated with respect
Have no sense of permanency**

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

Changing Utilization:

- **Decrease** in many counties in California
- In Los Angeles, went from over 2,400 youth in group homes (2003) to today...under 1,000.
- **203 children (0-12) in group homes; 570 in August 2003**

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...

The Foundation for Change

- Everyone – children and youth served, family members, placing agencies, provider agencies, and child advocates – want a better way of meeting the needs of youth, families and their communities.

System Review

1998 – Cole Report on MacLaren Children's
Center

Main recommendation was Wraparound

- Outside review and recommendation is a double edged sword.
- LA responds...

Wraparound History in LA

- 10 Child pilot at MacLaren (1998)
- First Wraparound contract (2000) to three providers
- Second wave of contracts expanded to eight providers (2003)
- Third wave of contracts expanded to 34 providers (2006)

Go slow to go fast

- In 2003, there were 175 youth in Wraparound
 - Not a lot of support (internally and externally)
 - Funding was complicated and confusing.
 - The idea of teaming and engaging with the family was too new and threatening.
- Enter Family to Family
- Department started to embrace Team Decision-Making (TDM). Approx 1,000 TDMs in 2003 to now over 12,000 annually.
- Staff and community started to see the benefit of involving others and decisions were better.

Key Developmental Markers

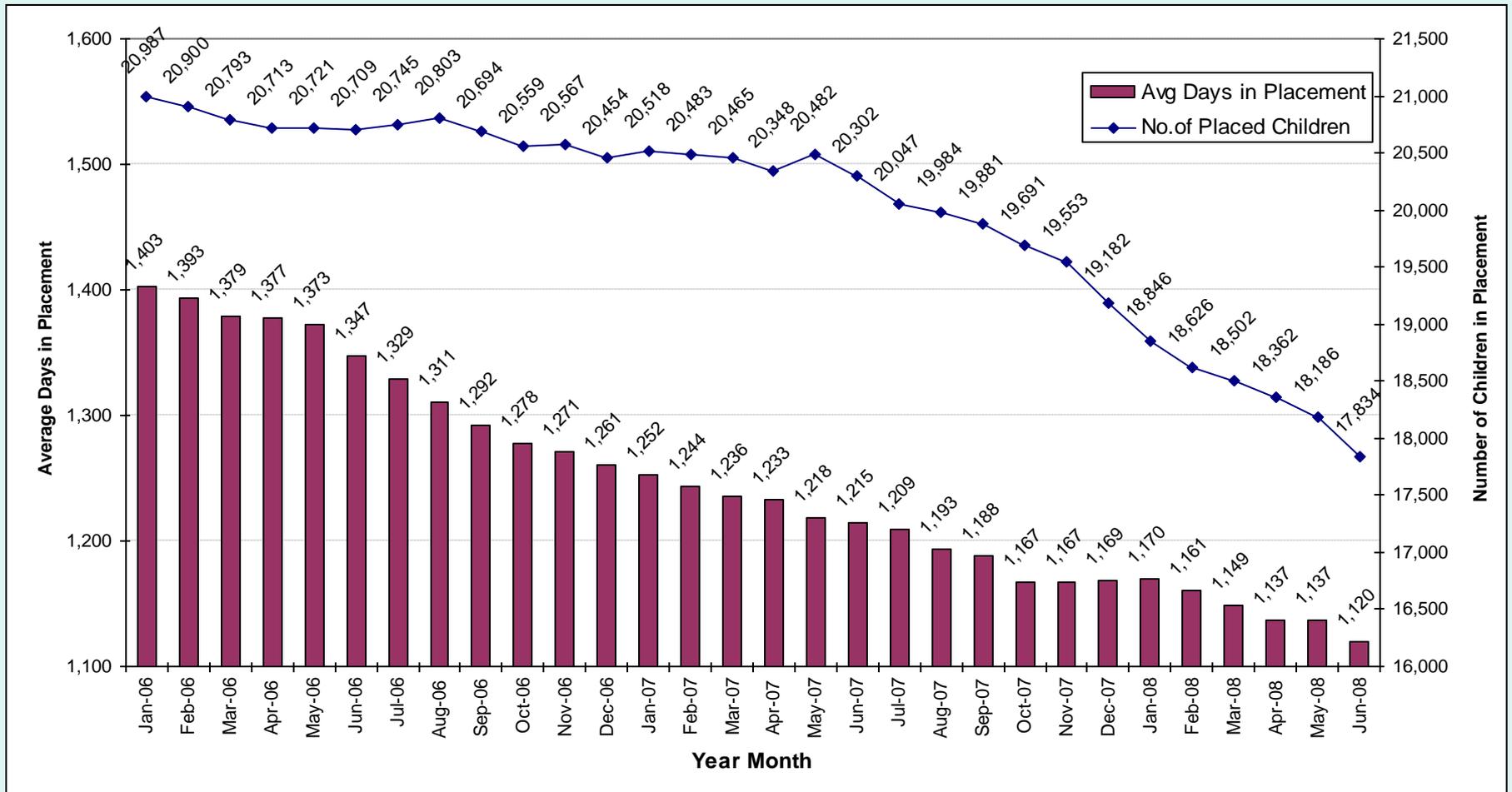
- More youth started getting Wraparound
- Strong push to reduce the number of children in group homes.
- Clear communication from leadership
- Community uproar
- Innovation of practice
- **OUTCOMES**

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
- Family to Family (4 core strategies)

Key Results of These Efforts

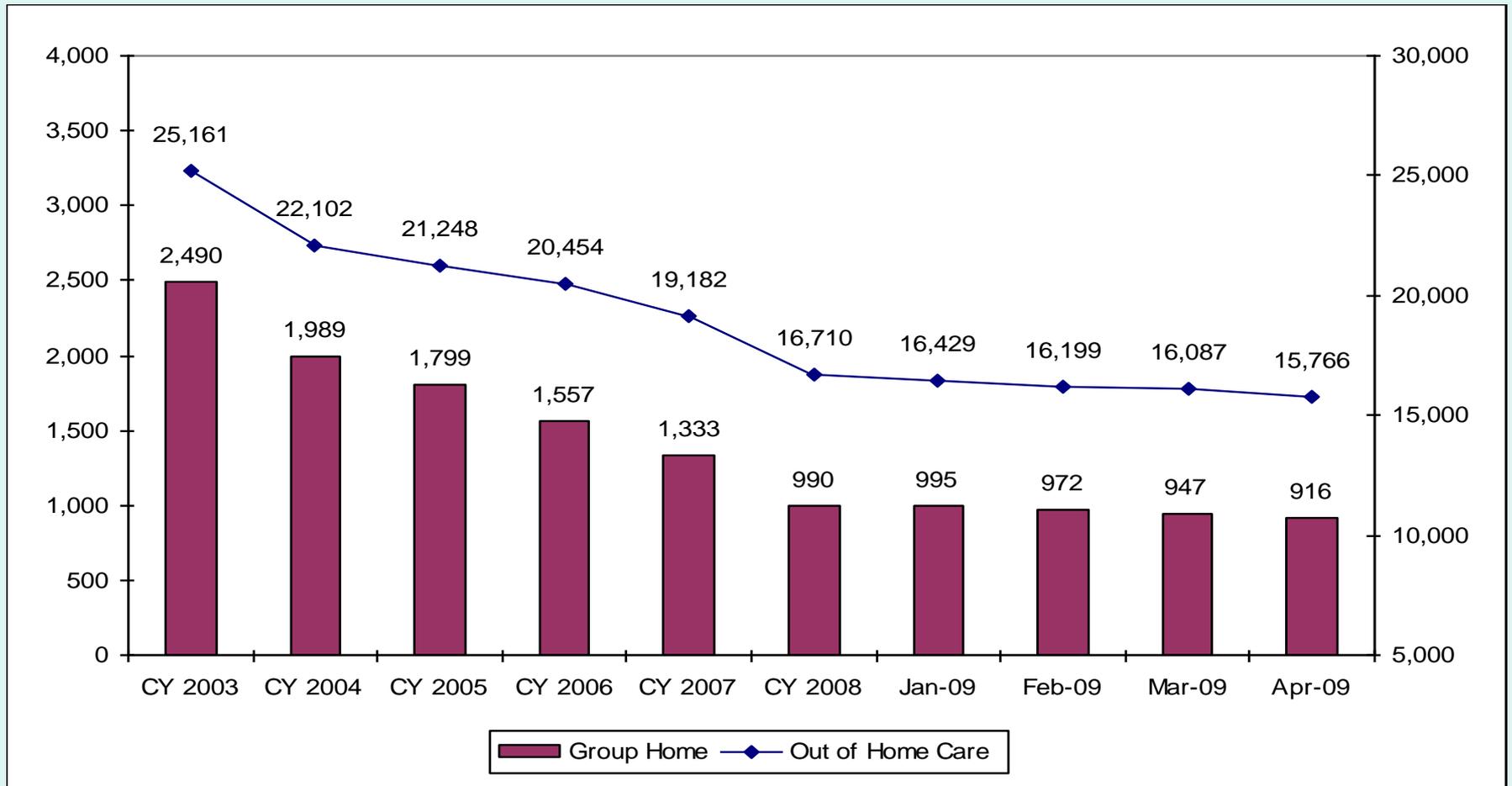
Monthly Children in Out-of-Home Placement with Average Days in Placement from Jan 2006 to June 2008



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

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

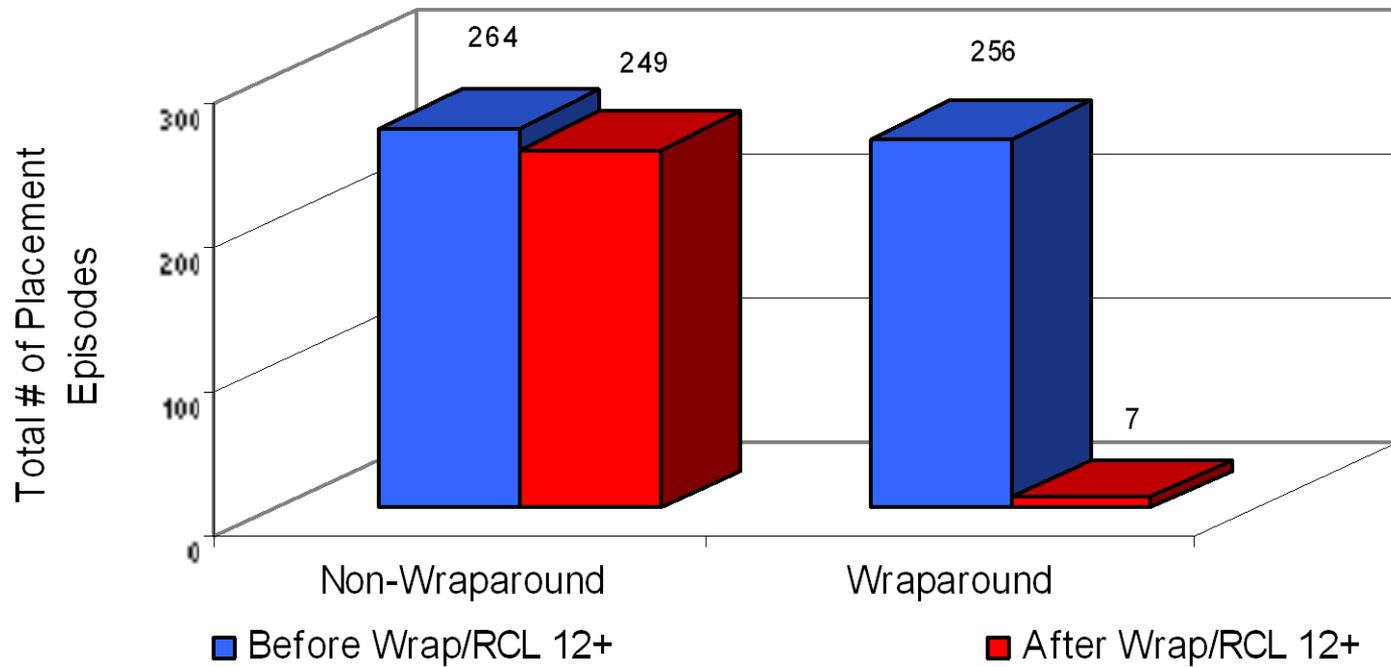
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT OF HOME CARE AND CONGREGATE CARE from CY 2003 to April 2009



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

Data Source: DCFS Fact Sheet

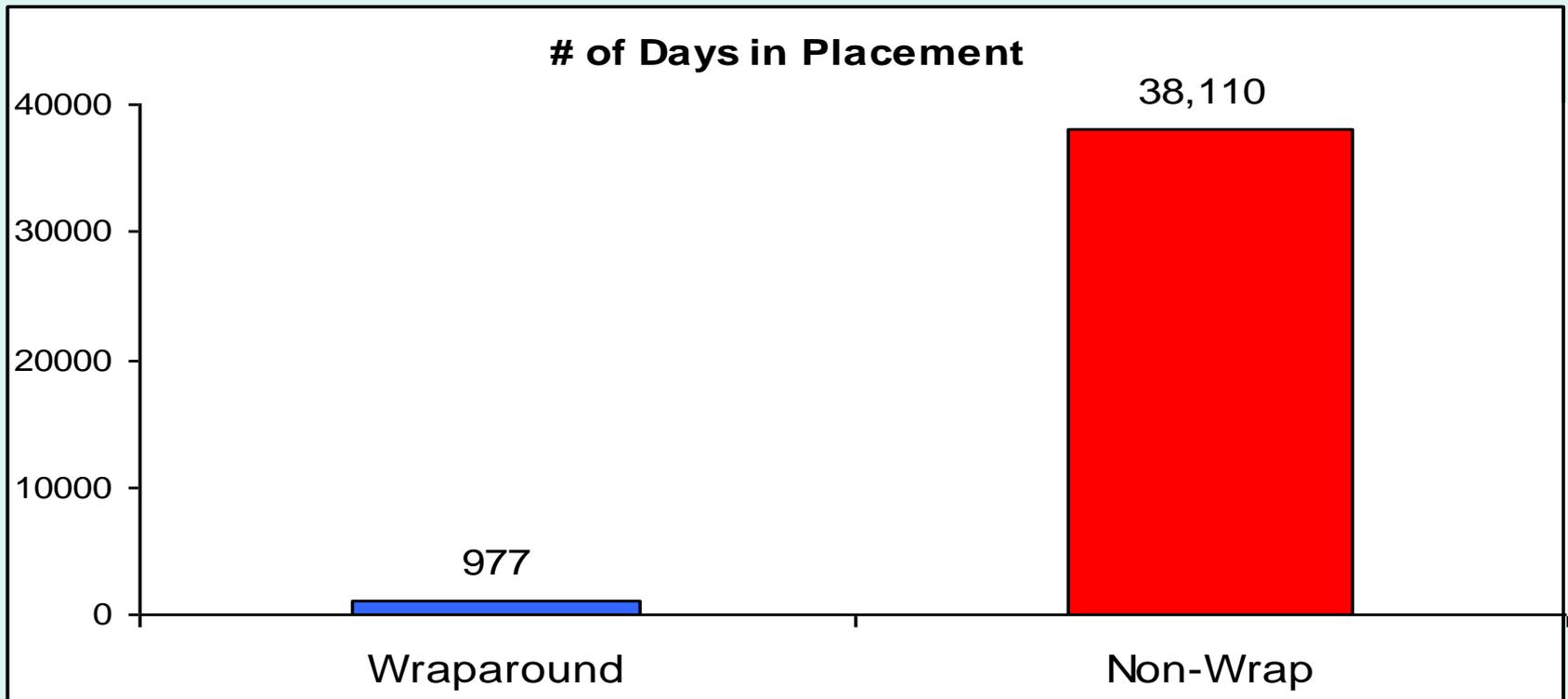
Out-of Home Placements (Wraparound Graduates vs. RCL 12+ Non-Wraparound Youth)



Wraparound Study

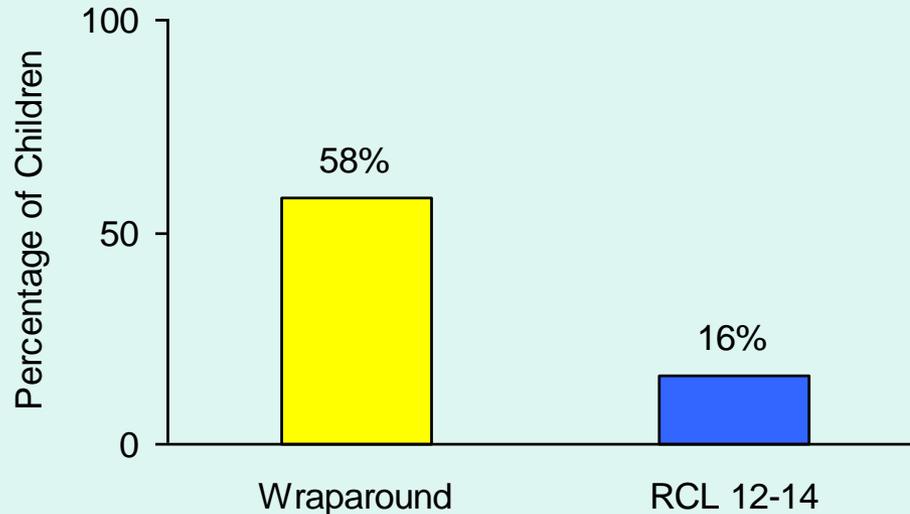
days in placement

43 RCL 12+ children versus 3 Wraparound children



Immediate or Early-Case Closure

Percentage of children whose cases closed within 12 months



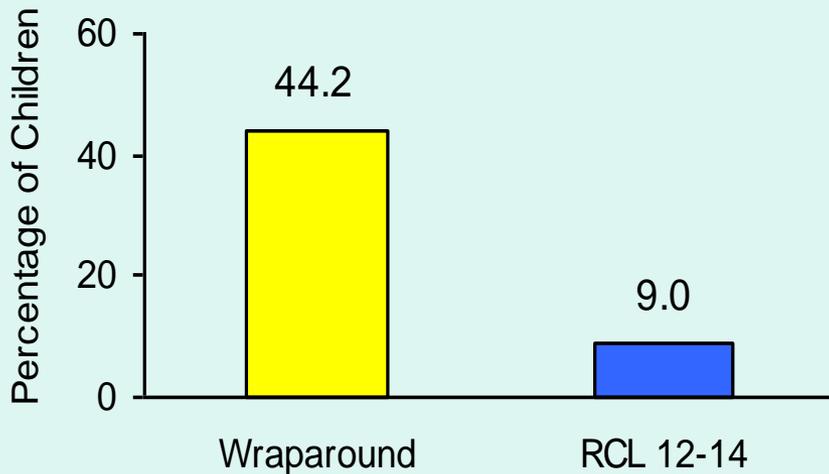
Almost 4 times as many children in the Wraparound group had their cases closed within 12 months

→ To assure group comparability, further analyses involved only children whose DCFS cases remained open for at least 12 months

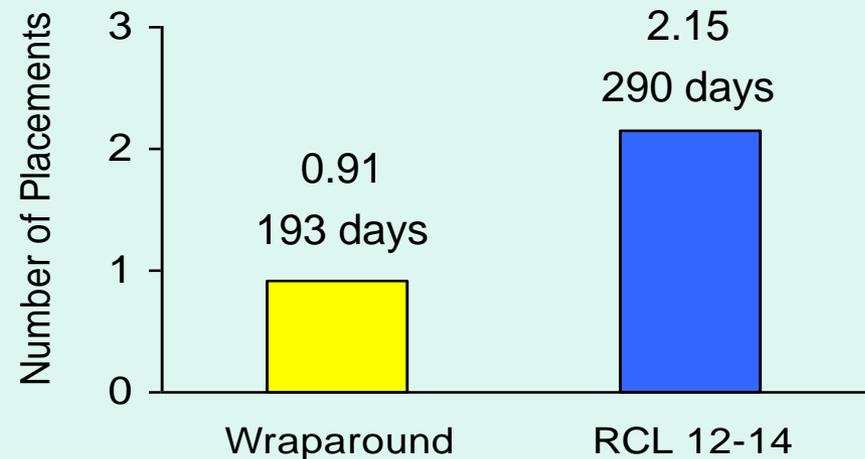
→ Groups reduced to 43 Wraparound graduates and 177 children discharged from RCL 12-14

Number and Days of Out-of-Home Placements

Percentage of Children who had No Out-of-Home Placements

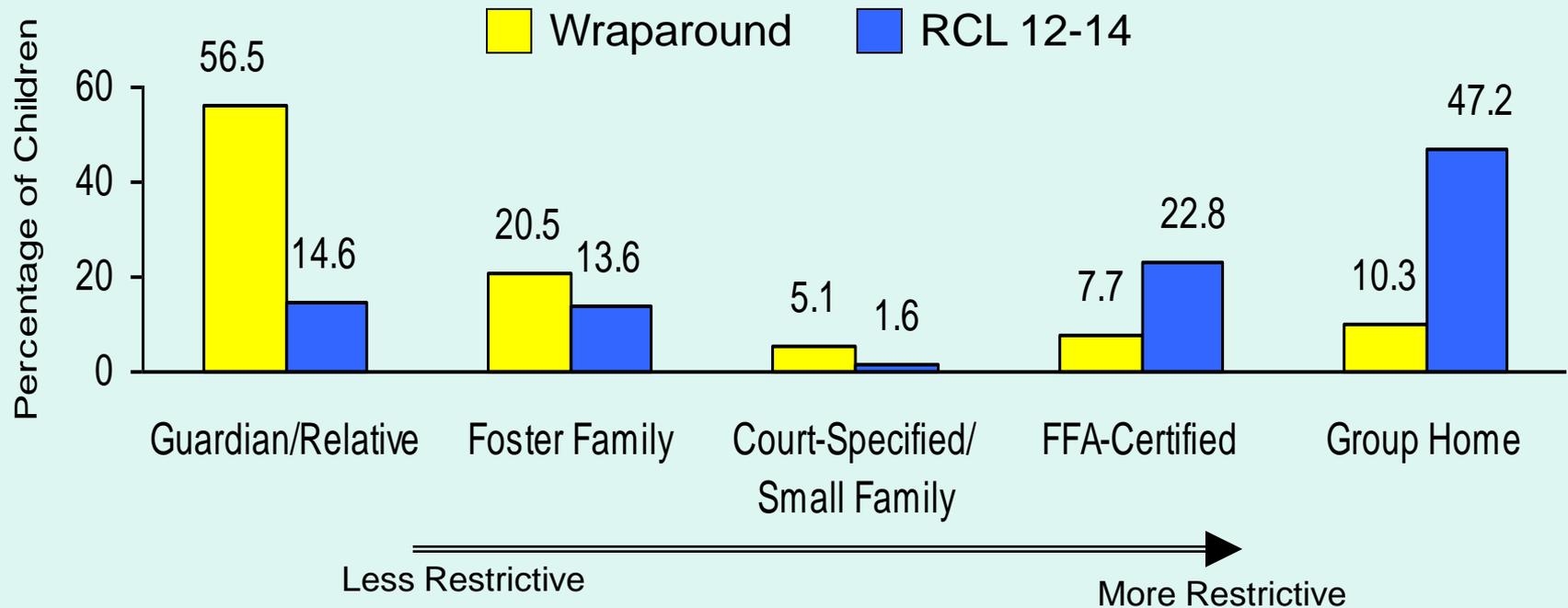


Average Number and Days of Out-of-Home Placements



Almost 5 times as many children in the Wraparound group had NO subsequent out-of-home placements. Wraparound children also had fewer placements and fewer days in placement

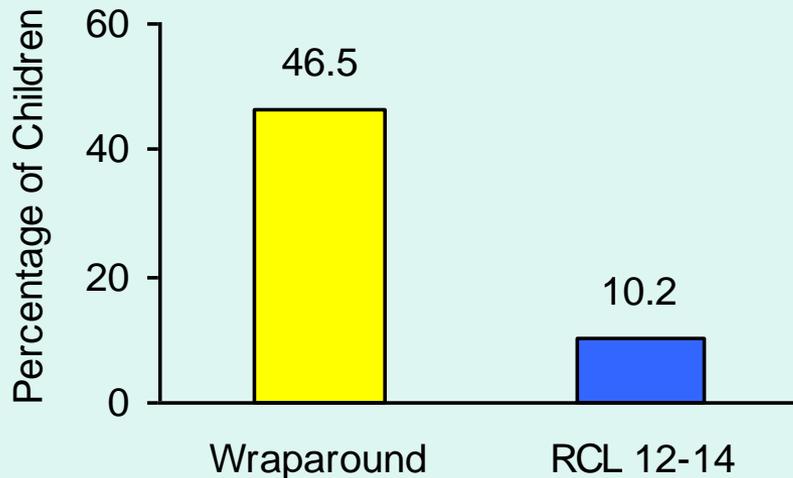
Distribution of Out-of-Home Placements



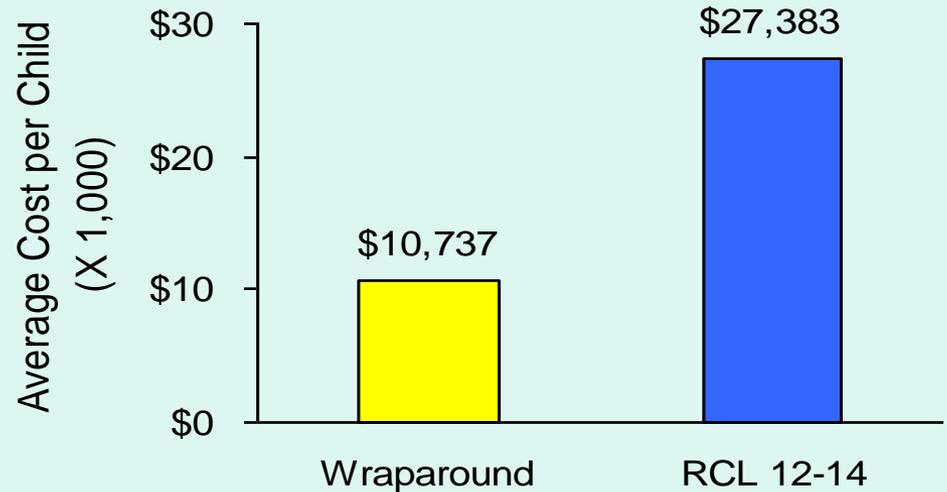
A majority of children from Wraparound were placed in less restrictive settings

Placement Costs Comparisons

Percentage of Children Who Had No Out-of-Home Placement Costs



Average Out-of-Home Placement Costs



- Almost half of the children in Wraparound had no placement costs
- Children in Wraparound incurred significantly less financial costs associated with placement

Reducing Lengths of Stay in Residential

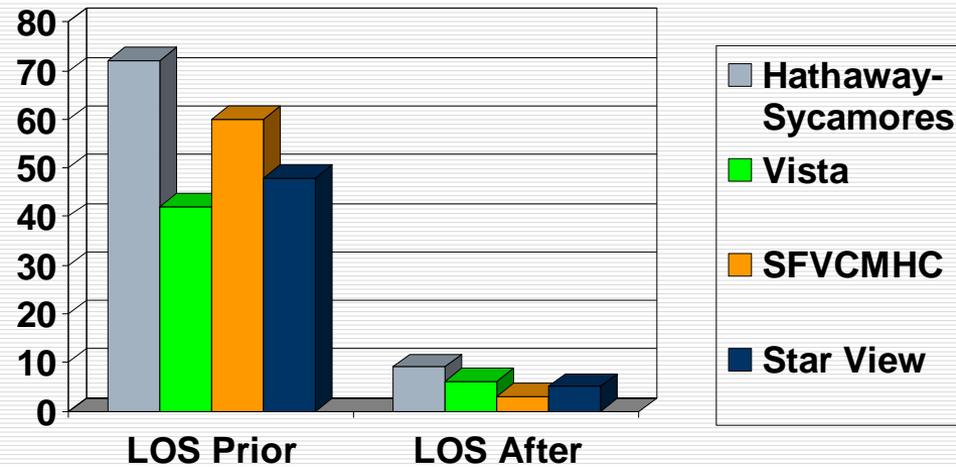
□ Average Length of Stay (LOS) in Residential Prior to Reswrap

- 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



A Vision for the Future

- All children with intensive mental health needs will have access to Wraparound.
 - A “front door” to intensive services
 - Addressing and managing the strengths and needs of children and families who present highest level of service challenge
 - Providing clear direction into a comprehensive array of family-centered, strength-based community services
 - Outcomes driven

Context for Change

- Nationally poor outcomes for residential services.
- Bad things can happen to kids in congregate care and the consequences linger.
- Expensive services, in the context of diminishing resources.
- Effective alternative community based services, which brings into question the need for residential services as a placement.
- Family Finding and connections for permanency.
- The need to re-structure residential services as a 24/7 intervention versus an emphasis on a placement for youth to live.

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.

Family Driven Practice

*Bring parents to the table for participation and decision making by increasing family involvement and **hiring parents as partners***

We Realized

- Hired parents impacted deeply held beliefs and customs
- Hired parents could impact more than just practice and service delivery
- Hired parents could be a force for our agency to make needed changes
- Hired parents could help all departments within the agency move from cosmetic to deep change

Increase Family Involvement

- Hire Parent Partners to work side by side.
- Implement Family Finding methodology
- Family fun activities, support and education groups.
- Develop protocols for family inclusion.
- Implement utilization of Child and Family team meeting.
- Increased weekly communication, sharing the good news.

Examples of Practice Change Intake Activities

- Parents are engaged at front door and youth can go home for “visits” immediately
- Real time strengths assessment in home, school and community at admission
- Engaging extended family in constructing family narratives

Lessons Learned

- Going from a program to a process
- Involving families at the table right from the start
- Getting the data out there
- Go slow to go fast (model fidelity)
- Share as much and as early as possible
- Shared responsibility/risk
- Work With Mandate Holders
- Remember Mental Health issues

*It is easier to institutionalize a
child than it is to
institutionalize new ideas*