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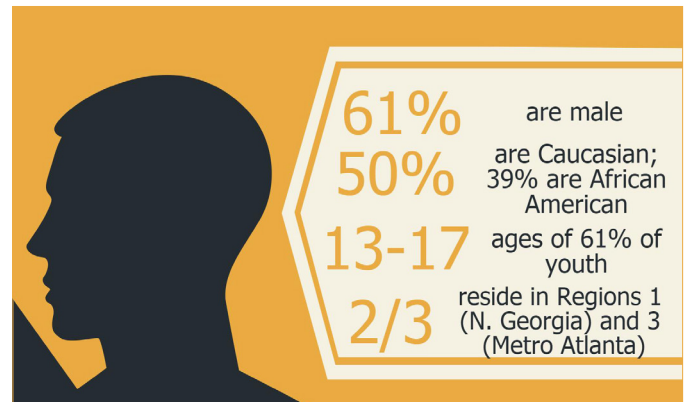
High Fidelity Wraparound Improves Outcomes for Youth with Severe Emotional Illness Enrolled in Care Management Entities

August 2015

This brief is the first in a series that provides a summary of findings from the [Evaluation of Georgia Care Management Entities Using High Fidelity Wraparound Annual Report](#). This report was conducted on behalf of the Georgia Department of Behavioral Health and Developmental Disabilities, Office of Children, Young Adults and Families by the Center of Excellence for Children's Behavioral Health located within the Georgia Health Policy Center, Andrew Young School of Policy Studies at Georgia State University.

Overview

High Fidelity Wraparound is an integrated, facilitated process where multiple systems work collaboratively with the youth and family to create a highly individualized plan that addresses complex emotional needs.¹ In Georgia, Wraparound is facilitated through two state-contracted Care Management Entities (CMEs). CMEs engage youth, caregivers, family support partners with lived experience, and other team members to assist families in identifying resources and developing knowledge and skills for children, youth or young adults with Severe Emotional Disturbance (SED) to thrive in the community. Goals of the CME include assisting families with developing formal and natural supports, helping to divert and minimize out-of-home placements and assisting with the transition of youth from institutional to community-based care. Currently, the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Medicaid, and federal grants support Wraparound for youth who meet criteria or are at-risk for institutional level of care (LOC).



Population Served

In State Fiscal Year (SFY) 2014, 980 youth were served by the CMEs. Less than 20 percent of youth who enrolled in CME services met Psychiatric Residential Treatment Facility (PRTF) level of care. 83 percent of CME enrollees were considered at-risk for admission to a PRTF level of care (Table 1).

Table 1: Youth Enrolled in Wraparound during SFY2014

| CME | PRTF Level of Care* | At-Risk** | Total (N) | Percent of Total |
|-------------------|---------------------|-----------|-----------|------------------|
| Lookout Mountain | 47 | 469 | 516 | 53% |
| View Point Health | 117 | 347 | 464 | 47% |
| Total (N) | 164 | 816 | 980 | 100% |

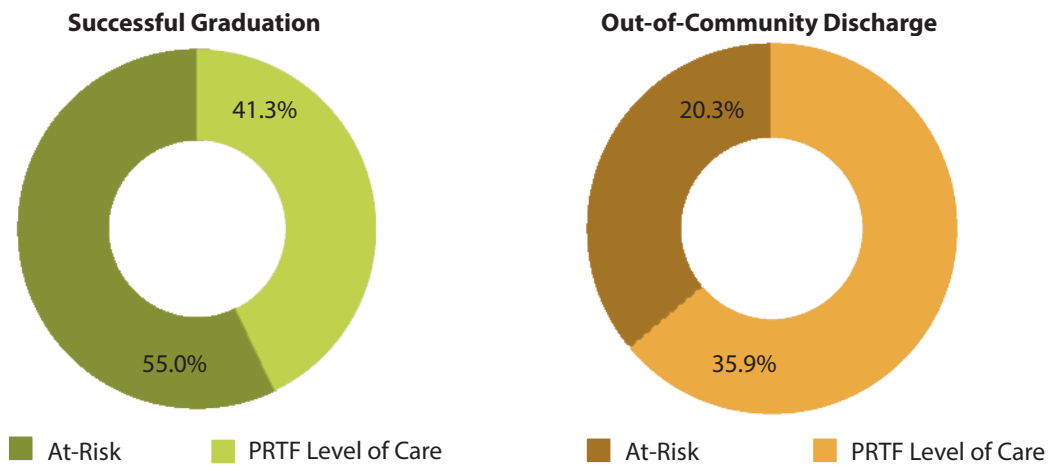
* Youth who meet PRTF LOC.

** Youth who are involved with multiple child serving agencies and at risk for PRTF LOC.

Wraparound Discharge Outcomes

One of Wraparound’s strategic goals is to limit the time spent in out-of-community settings and increase time spent in the community.² One way to assess this goal is to monitor out-of-community discharges and placements experienced by youth while enrolled in Wraparound.³ 683 youth discharged from the two CMEs during SFY2014. More than half of at-risk youth successfully transitioned to the community while 20 percent experienced an out-of-community discharge to either an institution for behavioral health care or placed in the custody of the Department of Juvenile Justice (DJJ) or Division of Child and Family Services (DFCS) (Figure 1). Approximately 40 percent of PRTF-level of care youth experienced a successful graduation upon completion of CME services while 36 percent discharged to an out-of-community placement. An additional 20-25 percent of youth became ineligible for Wraparound or were lost to follow-up after enrollment.

Figure 1: CME Discharge Outcomes

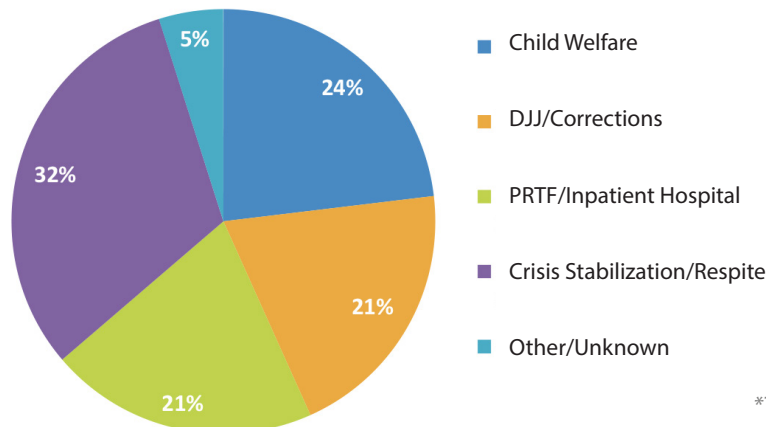


Out-of-Home Placements among Discharged Youth while Enrolled in Wraparound

41 percent of discharged youth experienced an out-of-home placement while enrolled in Wraparound:

- Crisis stabilization and respite was required for 32 percent of youth prior to discharge;
- 21 percent of youth entered or returned to a PRTF or inpatient hospital;
- 24 percent required placement with child welfare; and
- 21 percent were placed in a DJJ secure facility or in jail.

Figure 2: Out-of-Home Placements among Discharged Youth

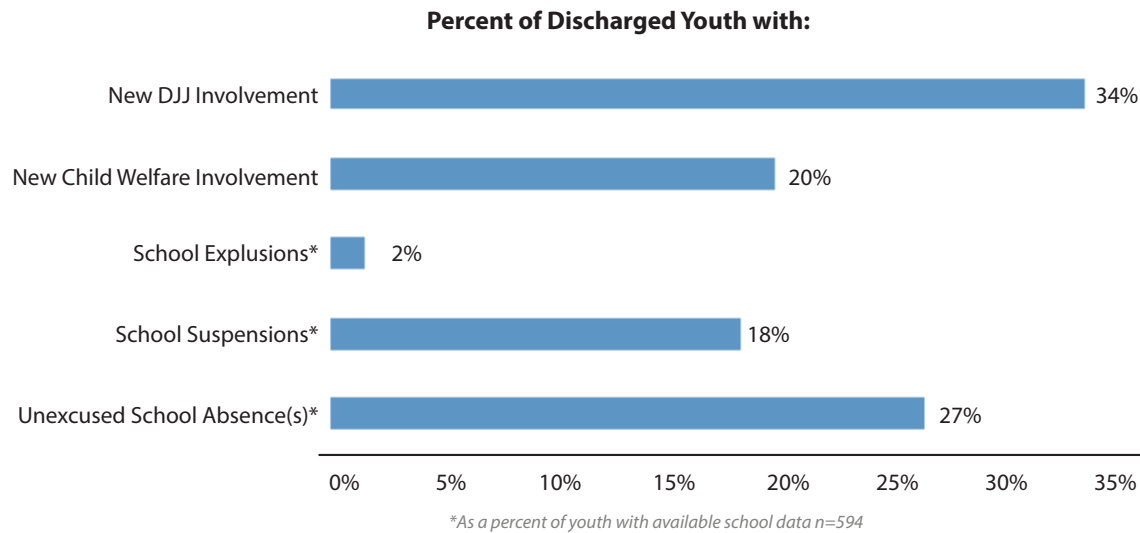


*Total exceeds 100% due to rounding

Youth Involvement with Child Serving Agencies

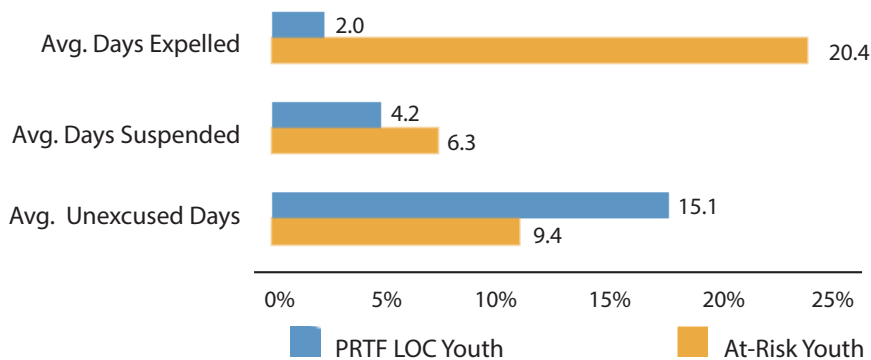
Youth are referred to CMEs from a variety of mental health providers and child serving agencies. Approximately 80 percent of all youth served by the CMEs were involved with two or more mental health providers or child serving agencies at enrollment. CMEs assist the child and family team (CFT) in developing strategies to help minimize or prevent future negative involvement with agencies like child welfare (DFCS) or juvenile justice while improving or strengthening involvement in education. During SFY2014, approximately one-third of youth experienced new DJJ involvement and one-fifth experienced new involvement with child welfare (Figure 3).

Figure 3: Youth Involvement with Child Serving Agencies



The CFT also develops strategies to help strengthen attendance and performance in school. As demonstrated in Figure 3, few youth discharged from Wraparound during SFY2014 experienced school expulsions (2%) and less than one-fifth were suspended from school while receiving services from a CME. More than 70 percent of youth had no unexcused absences while in Wraparound. Figure 4 illustrates that on average, PRTF LOC youth missed less days of school due to suspension or expulsion than at-risk youth. However, PRTF LOC youth missed 1.6 more days due to unexcused absences than at-risk youth on average.

Figure 4: Average Days Missed from School Among Discharged Youth

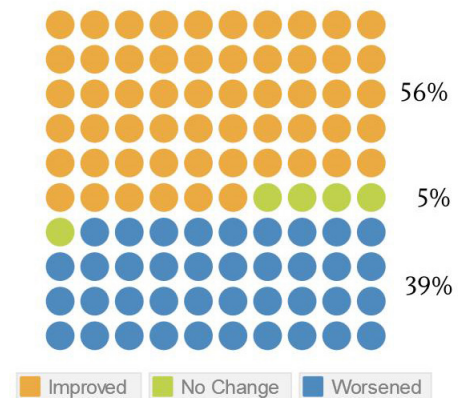


Impact of Wraparound on Youth Functioning

Through care coordination, education, and skill-building services, Wraparound supports opportunities for improved youth functioning. Youth enrolled in a CME during SFY2014 showed lower levels of functioning impairments and moderate levels of resiliency. More than half of youth demonstrated improved levels of functioning when baseline enrollment and discharge Columbian Impairment Scale (CIS) scores were compared (56%)(Figure 5).

Youth reported moderate levels of resiliency as reported on the California Healthy Kids (CHKS), Module B assessment. Composite category mean scores ranged from 2.24 in *self-efficacy* to 3.36 in *goals and aspirations* (Figure 6). Overall mean resiliency among responding youth fell within the upper quartile (77 percentile) of the total composite score (24.7 of 32).

Figure 5: Comparison of CIS Scores at Intake and Discharge (n=346)



Impact of Wraparound on Family Empowerment and Satisfaction

Caregivers are given an opportunity to assess the impact of Wraparound on family empowerment using the Family Empowerment Scale and to rate their satisfaction with services received through the Youth Satisfaction Survey [for] Families. Results from these assessments indicate that caregivers report high levels of family empowerment and satisfaction.

- Caregivers reported a fairly high degree of family level and service systems level empowerment, particularly related to their confidence in navigating their child's behavioral health system.
- Caregivers reported the lowest level of empowerment on a community and/or political level.
- 90% or more of caregivers reported positive responses for cultural sensitivity, access to care services, services received by youth, participation in treatment and social connectedness.

Figure 6: CHKS Mean Scores Among Responding Youth Enrolled in WRAP*

| Composite Category: | N: | Mean: |
|-------------------------------|-----|-------|
| ✓ Goals & Aspirations | 237 | 3.36 |
| ✓ Problem Solving | 236 | 2.88 |
| ✓ Self-Efficacy | 235 | 2.24 |
| ✓ Empathy | 233 | 2.95 |
| ✓ Self-Awareness | 233 | 3.01 |
| ✓ Home Environment | 232 | 3.28 |
| ✓ Peer Environment | 231 | 2.92 |
| ✓ Cooperation & Communication | 230 | 2.83 |
| ✓ Resilience | 200 | 24.7 |

*61% Response Rate

References

- ¹ Rauso, M., Ly, T. M., Lee, M. H., & Jarosz, C. J. (2009). Improving outcomes for foster care youth with complex emotional and behavioral needs: A comparison of outcomes for wraparound vs. residential care in Los Angeles County. *Emotional & Behavioral Disorders in Youth*, 9(3), 63-68, 74-75.
- ² Chitiyo, J. (2014). The Wraparound Process for Youth with Severe Emotional Behavioural Disorders. *Journal Of Research In Special Educational Needs*, 14(2), 105-109.
- ³ Center for Mental Health Services Research. (2004). Issue Brief: Serving Children at Risk of Out-of-Home Placement in Community Settings in the Commonwealth. *CMHSR*, 1(6).