

## **Brief Wraparound Residential Model and In-Community Stabilization Process**

**Description, Implementation and Future Plans**



**PREPARED BY**

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**Allegheny County Department of Human Services**

The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

This report was prepared by the Office of Data Analysis, Research and Evaluation (DARE), an office within DHS. DARE supports and publishes research related to the activities of DHS in a number of categories, including: Aging; Basic Needs; Behavioral Health and Disabilities; Child Development and Education; Children, Youth and Families; Crime and Justice; and Innovation, Reform and Policy.

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## ACRONYMS AND DEFINITIONS

BWR	<b>Brief Wraparound Residential</b> is a model of care for youth in residential placement that emphasizes preparation for success after placement, rather than adaptation to the residential setting. The model is designed for use both during the youth's time in placement and through continuous coordination as the youth returns to the family setting.
CANS	<b>Child and Adolescent Needs and Strengths Assessment</b> is a standardized assessment tool used to identify individual and family strengths and needs; designed to inform the development of an individualized service plan.
CYF	<b>Allegheny County Office of Children, Youth and Families</b> is Allegheny County's public office mandated by law to protect children from abuse and neglect and to ensure permanency for children.
DHS	<b>Allegheny County Department of Human Services</b>
HFW	<b>High-Fidelity Wraparound</b> is a process of individualized care planning for youth who have serious emotional and behavioral issues.
ICS	<b>In-Community Stabilization</b> is the process of ensuring successful re-entry into home and community for a child or youth who has experienced an out-of-home placement. ICS is based upon the individualized family plan and is coordinated by the caseworker in partnership with community resources.
SPLC	<b>Subsidized Permanent Legal Custody</b> is established by court order and grants legal custody to someone other than the child's parent(s).

## BACKGROUND AND INTRODUCTION

Allegheny County's Department of Human Services (DHS) has several overlapping goals for serving youth who are removed from their families and placed in out-of-home care. Beyond the primary goal of maintaining a child's safety, the Office of Children, Youth & Families (CYF) strives to reduce the number of youth in placement by preventing home removal, promoting faster family reunification, and increasing stability for children and families.

Traditional group models of out-of-home residential placement (known as congregate care) face multiple challenges in comparison to other settings in preparing children and youth to live successfully in the community. One challenge is that congregate care settings serve primarily teenagers, who tend to have more complex needs and/or behavioral health challenges. Ninety three percent of youth residing in congregate care settings are teens (ages 12 through 18); while teens make up only 29 percent of the total foster care population.

In addition, the congregate care setting is structured in a way that promotes success, growth and leadership *within* the group home or shelter setting, rather than in a way that focuses on what youth need to succeed in a family, neighborhood and community setting. The expectations of these different settings are poles apart; in fact, adapting to a congregate care setting can actually work against successful reunification. When serving youth for whom the goal is family reunification, adoption or Subsidized Permanent Legal Custody (SPLC), the focus of the residential placement facility should be on preparing the youth and the family for long-term stability and success in the home and in the community, not for success in the congregate care setting.

Over the course of 23 months between July 2010 and June 2012, DHS worked with several residential providers and with local and national experts to develop innovations in residential care. The goal is to implement a model of care that works with youth, their families and other community partners to prepare them for success after leaving placement. The model is designed for use both during the youth's time in placement and through continuous coordination as the

youth returns to the family setting. The concepts involved in this model, known as Brief Wraparound Residential (BWR) and In-Community Stabilization (ICS), are straightforward and simple. However, the work involved in transforming the operations and direction of a “traditional” congregate care facility into one that operates according to this model and its principles is challenging and complex.

This document will provide a brief history of this model’s adoption in Allegheny County, an overview of the goals and core components of the model, a description of the transition care and in-community components that complement the model, and the elements of program operations that will be monitored and evaluated as part of the model’s implementation.

### GOALS AND PARAMETERS OF THE MODEL

BWR requires a fundamental shift in focus from traditional residential congregate care, which focused on stabilizing youth in the residential setting. The emphasis in the BWR model is what is needed for youth to be more successful *after* residential care — specifically, in the home, school and community environment — versus what makes them successful *in* the residential facility. This requires a concerted effort by staff to work on developing and enhancing skills likely to increase the youth’s success upon return to home and community, while at the same time working with the family to prepare the home environment to support the youth upon return.

It is important to address which youth are specifically being targeted through this model, which was developed for — and has thus far been implemented only for — youth in a group home or shelter setting. It is focused on youth for whom the near-term goal is reunification with family, adoption or Subsidized Permanent Legal Custodianship (SPLC); therefore, at this time, it may not be possible to fully implement the model in cases where family reunification is not an option and an alternative has not yet been identified.

#### **The BWR process begins with intensive family and youth engagement from the first day of placement in a residential setting.**

The BWR process begins with intensive family and youth engagement from the first day of placement in a residential setting. This includes completion of the Child and Adolescent Needs and Strengths (CANS) Assessment, which becomes the core of the individualized planning process. The primary goal of this plan is to meet the family’s self-identified needs and to safely return and successfully maintain the youth in his or her home, community and school environment in a timely and lasting manner.

## CORE COMPONENTS OF THE MODEL

BWR has five core components:

**1. Increased family, parent and caregiver engagement and participation in the process**

This enhanced engagement is accomplished through a shift in agency focus to the whole family, rather than a sole focus on the youth in placement. Staff make increased use of home visits and, utilizing teaming and family engagement processes, collaboratively identify needs, strengths and resources necessary to develop the plan. A primary staff member is identified to work with the whole family through increased and regular communication.

**2. Increased connection with youth's/family's natural community resources, supports and activities while the youth is in residential care**

This is accomplished first through a concerted effort by agency staff to prevent or eliminate as much disruption in the youth's and family's normal routines as possible. It requires the development of creative strategies to keep in place as many positive activities, behaviors and supports from the home and community setting as possible, and to use these strengths as building blocks for the family's individual plan. Over time, parts of the plan are implemented and sustained by natural supports.

**3. Individualized planning focused on success in the home and community**

This model explicitly shifts the focus away from strategies to create and measure success inside the facility to a focus on the specific needs that the youth and family have identified as central to successful reunification. As such, the agency must work with the youth and family, using teaming and family engagement strategies to develop an individual strengths-based plan for safety, stability and success. Skills needed by the youth and family to successfully sustain community placement are identified, and plans are developed to build and strengthen those skills. The plan should incorporate creative strategies that will lead to a more positive and successful relationship in the family and community environment.

**4. Generalized interventions to the home/community environment**

This shift in focus also means a shift in agency measurement of success, from factors within the residential environment to progress on the elements identified in the individualized plan for home and community success. Planning should include evidence-based interventions that can be used by staff at the residential facility and by parents as the youth transitions out of the facility. These interventions are focused on specific needs that, as they are addressed, will contribute to long-term success for parents and caregivers in home, family and community environments. Activities are identified that can be provided by family and natural supports.

## 5. Transition Care and In-Community Stabilization

This component is provided by the same residential agency staff, both during placement and after the youth's transition back home. It involves coordinating a seamless array of services and supports across all systems. Once the youth is at home, staff will continue to coordinate and help facilitate the plan with the family team, the primary focus of which is success at home and prevention of a return to out-of-home placement, while transitioning coordination and facilitation to the family to promote long-term sustainability. This individualized plan should flow naturally from the teaming and family engagement process and the plan created while the youth was in residential placement. The length of transition care will be individualized, but it is estimated that it should be active for six to 12 months after the youth returns home. This component of the model should be planned and coordinated as part of the overarching process and should begin as soon as a youth enters residential care.

During placement and following the youth's return home, BWR requires consistent collaboration and communication with a wide spectrum of partners, supports and resources in the youth's home community. These collaborations, organized and driven through the teaming and family engagement process, might include local schools, community recreation programs, community-

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based service and support organizations, and other informal natural supports and resources (e.g., churches, extended family, friends and mentors). Throughout the process, staff should incorporate individualized behavioral strategies and interventions that are the best fit for the family's culture, tailored to the unique characteristics and individual needs of each family.

## MONITORING AND EVALUATION

Implementation of BWR involves a critical re-thinking of location, use of space, staffing, planning, financial operation/documentation and family engagement. DHS will work collaboratively with residential providers undertaking implementation of the model to provide technical assistance and share best practices and "lessons learned" among providers.

DHS will monitor outcomes aligned with the program's principal goals. These include "system-level" outcomes, such as length of stay in the residential setting and the rate of reentry into placement for youth who have participated in the model. Monitoring will also include an examination of other measures of youth and family well-being, including school-related measures, behavioral health needs, and adherence to the individualized plan. In addition, DHS is planning to examine the cost implications of a transition to this model.

## HISTORY AND CURRENT STATUS

Allegheny County began the process of informing local providers about this new model in the summer of 2010, with training and consultation by John VanDenBerg, a national consultant on human services delivery and an expert in the High-Fidelity Wraparound (HFW) model (which DHS has also implemented for similar populations throughout the system). Several residential providers attended his training sessions on HFW, which included a dialogue regarding the potential applications of HFW principles within residential settings across the county.

In the fall of 2010, several providers began to implement and adopt the principles of BWR. DHS created the position of BWR Coach, who then convened a series of strategic planning meetings with each provider to assist in the development of individualized work plans and goals for the transition from the current structure to the new model.

There are currently five Allegheny County provider agencies involved in transitioning toward the BWR model. Beginning in 2011, all five providers began adopting basic strategies in an effort to transition from their current structure to BWR. DHS continues to work with each provider agency as they make this transition and to work with providers to address challenges as they arise. Specific experiences of providers working through this transition are documented below.

DHS has also lowered barriers for all providers to use this model by adding these services to their contracts so that they are able to support successful reunification or other permanent placement.

## LESSONS LEARNED: EXPERIENCES OF ALLEGHENY COUNTY PROVIDERS

For the past two years, three of the five residential providers have made limited progress in transitioning to BWR. These agencies have incorporated some of the basic wraparound principles into their daily programmatic structure. Although they have reported some initial anecdotal success as a result of the change in direction — primarily in terms of youth skills development and faster returns home — the overall impact on programmatic change is limited at this time. A more in-depth discussion of particular challenges faced by providers is included in the next section of the report.

Despite these challenges, two providers have undertaken a more robust process of implementation, and one provider has made significant progress toward fully implementing the BWR model. Below are specific highlights from these two providers' experiences.

- **Programmatic Change Highlights from a Shelter Provider**

The shelter provider has revised job descriptions for all residential staff to reflect changes in tasks and responsibilities, focused on several strategies related to BWR. The most significant change is that the new job descriptions require residential staff to work in the community and with the whole family. In addition, there have been

significant changes to the staff training curriculum. All residential staff is now required to attend training on Community-Based Services, Wraparound 101, BWR Model and Use of the CANS Assessment. As a result of these efforts, the provider is reporting three times more contact and engagement with families than before implementing BWR.

- **Programmatic Change Highlights from a Group Home Provider**

One Allegheny County group home provider has also made changes to its staff training curriculum. In addition to adding Wraparound 101 and Wraparound-Residential Core Trainings, the curriculum now includes community and family-based training as well.

In an effort to fully implement BWR, this provider has made two major changes to its programmatic structure. First, the provider has replaced the point/level system of measuring success in out-of-home placement with an individualized process focused on the broader needs of the youth and the use of techniques and strategies from evidence-based parenting programs. Second, the provider recently relocated from two traditional on-grounds cottages to settings in the community. Since that time, both the youth and the staff have worked toward playing an active and positive role in the community. They currently attend school activities and events, volunteer in the community, and access local libraries, neighborhood parks and recreational activities.

The provider received a separate grant from a local foundation to provide care and follow-up during the youth's transition back home. In an effort to reduce re-entry, the aftercare program has been designed to improve transitions and prevent setbacks. The provider submitted a program description and budget proposal to DHS in an effort to develop a funding methodology for BWR that includes the transition care process they are currently implementing. Plans are in place to pilot use of a specific rate for BWR services and to conduct a cost analysis alongside an examination of program outcomes.

## CHALLENGES AND FUTURE ACTIONS

Several consistent themes have emerged regarding challenges faced by providers attempting to transition from traditional residential services to BWR. Staffing challenges are a significant issue — both the degree of change necessary to implement the model and the high rates of staff turnover in residential settings present obstacles to overcome. Another challenge has been

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finding and financing the transportation required to maintain consistent youth participation in school and other community activities. Providers have begun to document the need for additional resources in order to implement the model. Because of the cultural shift required by this approach, education of and cooperation by other system partners is a key requirement for successful implementation.

DHS is currently working with placement providers to address these challenges individually and collectively. Lessons learned from individual providers' experiences are being incorporated into the planning process, as well as into the coaching and technical assistance DHS provides to all participating providers. Throughout this process, DHS is working alongside provider agencies to ensure that a continuum of services is available to meet the needs of each family member so that successful reunification and ongoing stability can occur within the home.

The implementation of performance-based contracting offers placement providers incentives for decreasing length of stay and returns to out-of-home placement as well as the opportunity to provide the community- and home-based services necessary to achieve those objectives. DHS will monitor the impact of these interventions on permanency outcomes.