

## Wraparound/Case Management

Wraparound is a complex, multifaceted intervention strategy designed to keep delinquent youth at home and out of institutions whenever possible. As the name suggests, this strategy involves “wrapping” a comprehensive array of individualized services and support networks “around” young people, rather than forcing them to enroll in pre-determined, inflexible treatment programs (National Wraparound Initiative Advisory Group 2003).

Although one of the central features of the wraparound approach is individual case management, wraparound interventions should not be confused with traditional case management programs. Conventional case management programs merely provide youth with an individual case manager (or probation officer) who guides them through the existing social services or juvenile justice system (Burchard et al. 2002). Such programs – when well run and staffed by committed individuals – can have a significant impact on the behavior of at-risk youth. Nevertheless, these case management programs do not operate in the same highly structured, integrated services environment that characterizes true wraparound initiatives.

### Lack of a Standard Definition

Numerous public agencies and research organizations, including the National Mental Health Association (NMHA), the U.S. Surgeon General’s Office, the National Wraparound Initiative, and the Substance Abuse and Mental Health Services Administration (SAMHSA), have offered their own definitions of what constitutes a fully realized wraparound program. While these definitions vary slightly, there is a general consensus that true wraparound programs feature several basic elements, including

- *A collaborative, community-based interagency team* that is responsible for designing, implementing, and overseeing the wraparound initiative in a given jurisdiction. This team usually consists of representatives from the juvenile justice system, the public education system, and local mental health and social service agencies. In most cases, one specific agency is designated the lead agency in coordinating the wraparound effort.
- *A formal interagency agreement* that records the proposed design of the wraparound initiative and spells out exactly how the wraparound effort will work. At a minimum, this agreement should specify who the target population for the initiative is; how they will be enrolled in the program; how services will be delivered and paid for; what roles different agencies and individuals will play; and what resources will be committed by various groups. The comprehensive integrated service delivery system that emerges from these agreements is often referred to as “a system of care.”
- *Care coordinators* who are responsible for helping participants create a customized treatment program and for guiding youth and their families through the system of care. In most wraparound programs, these care coordinators are employees of the designated lead agency, which may be a public program or a private nonprofit agency.
- *Child and family teams* consisting of family members, paid service providers, and community members (such as teachers and mentors), who know the youth under treatment and are familiar with his or her changing needs. Assembled and led by the

care coordinator, these teams work together to ensure that the individual child's needs are being met across all domains – in the home, the educational sphere, and the broader community at large.

- *A unified plan of care* developed and updated collectively by all the members of the child and family team. This plan of care identifies the child's specific strengths and weaknesses in different areas, targets specific goals for them, and outlines the steps necessary to achieve those goals. It also spells out the role each team member (including the child and family) will have in carrying out the plan. Ideally, the plan is updated constantly to reflect the child's changing needs and progress.
- *Systematic, outcomes-based services.* Almost all wraparound programs require clearly defined performance measures, which are used to track the progress of the wraparound initiative and guide its evolution over time.

Recent literature on wraparound also emphasizes the importance of recruiting committed and persistent staff and creating programs that are culturally competent and strengths-based (Bruns et al. 2004). Programs involving these basic elements have become increasingly popular since the inception of the wraparound model in the 1980s.

## Outcome Evidence

One of the most successful, and most frequently cited, wraparound initiatives is Wraparound Milwaukee. This initiative – managed by the Milwaukee County Behavioral Health Division – is a unique blend of wraparound programming and managed care financing. Participants in the program pay a set capitation fee (usually covered by Medicaid), and then become eligible for individualized case management and an extensive array of treatment programs and social services (Milwaukee County Behavioral Health Division 2003).

Repeated evaluations of Wraparound Milwaukee have found that its participants show marked improvement in their behavior and socialization, and they are significantly less likely to recidivate than graduates of conventional treatment programs. The average monthly cost of treatment in Wraparound Milwaukee is also less than half the cost of traditional residential programming (Kamradt 2000; Milwaukee County Behavioral Health Division 2003).

The Connections program in Clark County, Washington is another wraparound initiative that appears to be achieving significant success working with youth in the juvenile justice system. A part of Washington State's broader "system of care" initiative, Connections provides coordinated services to youth and families involved in the juvenile justice system who also have mental health needs. A recent evaluation of the program found that "youth in the Connections program were significantly less likely to commit any type of offense, commit a felony offense, and spent significantly less days in detention compared with youth in the comparison group (Pullman et al. 2006). In cases where Connections youth did re-offend, they generally committed less serious crimes, took more than three times as long to re-offend, and were detained for significantly fewer days than youth in the control group (Koroloff et al. 2004).

To date, most of the nation's wraparound initiatives (including Wraparound Milwaukee and Connections) have focused on youth with mental health needs. However, wraparound programs appear to have the potential to reach many different types of at-risk youth, including those without a formal mental health diagnosis.

From 1996 to 2002, California's multi-site demonstration program, the Repeat Offender Prevention Program (ROPP), offered wraparound services to a wide variety of at-risk youth between the ages of 8 and 15, including first-time offenders, youth with chronic truancy problems, gang-involved youth, and substance abusing youth. Participants in the program were constantly assessed and monitored by multidisciplinary teams (including family members), who created individualized intensive supervision programs for each child. A 2002 evaluation of ROPP found that program participants significantly improved their academic performance and overall behavior. They were also almost twice as likely to complete the terms of their probation as youth from a comparison group (California Board of Corrections 2002).

## References

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