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Determining and Monitoring the Clinical Effectiveness of WRAP Services - A Process Improvement



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*Charleston/Dorchester
Community Mental Health Center*

*CAP Program
(Children's Alternatives to Placement) -
Charleston*

*CPM Project - February 2006
Jennifer Roberts, MEd., LPC*

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I. Introduction and Research Review

Therapeutic services for children and adolescents have come a long way in enhancing options and types of services provided to youth. Originating from a nationwide effort to reform children's mental health services in the 70's, Wrap around services are intensive, community-based mental health services for children with severe behavioral/emotional problems. Wrap-around often implies more of a model of services that surrounds the family with an array of services needed to assist them in overcoming the barriers involved with the complexities involved with raising at-risk children and adolescents with multidimensional problems. WRAPS are considered to be one of the selected services that conform to the research findings of state of the art practices that provide services in the client's natural environment to include home and school. (Feedback Report for: South Carolina Department of Mental Health, SCGQA Examiners - September, 2005). WRAPS programs throughout the country differ greatly and there is no consistent description of what the wraparound team and/or model should look like.

The goal of WRAPS overall is consistent; it is to prevent more costly, restrictive levels of care and improve children's functioning in the community. Wraparound Milwaukee has shown a 60% reduction in residential treatment since the inception of their program in 1994. (Wraparound Milwaukee, 2000). Reviews of available studies on the effectiveness of residential treatment programs and group homes shows that although these placements help improve behaviors in some children, they do not render success with all youth. In fact, treatment gains over time after youth have left these programs often decrease and tend to dissipate soon after they leave these programs. (Frensch, K.M., Cameron, G., 2002).

Five years ago, the Charleston/Dorchester Community Mental Health Center (CDCMHC)

introduced the WRAPS program, Children's Alternatives to Placement (CAP). We reduced the number of Out-of-Home placements (OHP's) (that we were the lead decision making placement agency) for by 66% in the first year. Many placements were reduced to lower level placements (i.e. therapeutic foster care (TFC)). Since WRAPS was initiated our Center has consistently stayed under our goal of keeping less than 6% of clients in OHP's. (Last year, we had 4.75% - CDCMHC Outcome Report, 2005). Success in keeping kids in the community is also attributed to a change in the focus of our Center, our processes involved in approving placements, and involving families more in family therapy before approval of placements occurs. A general change in attitude and mission to keep youth at home with the addition of WRAP services significantly contributed to this major change in placement numbers.

Research on the outcomes of WRAPS services is diverse as it is used with both children and adults and, as there are a variety of definitions used for WRAPS, it is sometimes difficult to compare outcomes. The validity of research on WRAPS is also challenging due to the number and types of studies done to evaluate this effort. Outcomes associated with agency goals and family goals can look very different. The use of Wraparound services has been found difficult to do well and measuring its effectiveness presents a variety of issues (Koroloff, Maelfeyt, and Walker, 2004).

There are, however, many significant findings in outcomes for WRAPS services. "Youth served by wraparound options are more likely to transition to living arrangements that are less restrictive, and more stable and permanent. Children and youth receiving wraparound services often show improvements in behavioral adaptation and emotional functioning". (Malysiak, 1997, VanDenBerg, and Grealish, 1997). Research also shows that the fidelity of the wraparound

process positively correlate to positive treatment outcomes. (Koenig, D. et al., 2004). Some programs have also shown decreased out-of-home placements and less use of restrictive school settings. Youth have shown improved higher scores for academic, social, behavioral indicators with WRAPS. (Eber, Rolf and Schrieber, 1996, Eber and Nelson, 1997, Malloy, et al, 1998). In a study of a Michigan WRAPS Program, post evaluations showed that 89.6% of parents/care givers felt that WRAP services helped them better solve their problems and would recommend WRAPS to friends with similar issues. (News Release on Michigan Interagency Family Preservation Initiative, 1996). Success after service provision is also challenged as families often do not have or do not want to identify natural supports to replace the services once terminated and/or families become dependent on the paid supports and that reduces the effectiveness of long term outcomes. (Koenig, D. et al., 2004, Furman, W.).

It is important when evaluating success to well define program and family goals and use a variety of tools to determine progress and monitor services. It is also important to have a good system in provision of services and in monitoring their success as justification for effective clinical use of services is critical to the success of WRAPS programs and the Centers/agencies to which they belong. Improving programming processes was an area identified as an opportunity for improvement for all service delivery in the SCDMH. (Feedback Report for: South Carolina Department of Mental Health, SCGQA Examiners - September, 2005).

For the purposes of this review, WRAP services are referred to as the behavioral intervention, care giver services, independent living skills, and community support services provided under the guidelines of the Department of Health and Human Services (DHHS) for the Department of Mental Health. These services (provided at home, in the community, and/or in

school) include one-on-one behavioral intervention services, services provided to parents to help them maximize success with changing behaviors at home, teaching clients how to live independently, and working in groups to promote social skills, self esteem, and coping skills. Clients that received WRAP services through the Charleston CAP Program that were closed for this service between the dates of 7/05 and 12/05 were reviewed for the outcome data for this study (N=56).

II. Problem Statement / Study Goals

Goal 1 - Determine whether the CDCMHC's - CAP Program's provision of WRAP services is effective in keeping consumers out of Out-of-Home Placements.

Goal 2 - Identify ways to better monitor the clinical effectiveness of our WRAPS programs. Determine procedural changes and implement those changes.

Goal 3 - Identify processes and procedures involved in maintaining consistency with provision of services, increase quality and effectiveness, and reduce the length of services (LOS).

Goal 4 - Set up and implement procedures for monitoring the Quality Improvement requirements throughout the provision of the service.

Goal 5 - Evaluate the systems used for obtaining outcomes for WRAPS and identify barriers and options for improvement. Implement any required additions to enhance program outcomes.

III. Data Analysis and Evaluation

One of the difficulties in doing behavioral science research is the lack of an adequate control group. One cannot account for all the dependent and independent variables associated in a real world situation, as a child is involved with many systems (i.e. family, school, neighborhood, peers, church, agencies/services provided by those agencies, etc.) Treatment

research outcomes have to take into account the complexities involved with assigning success to any one service or system as clients/families continuously interact with all systems. The main goal of treatment, regardless of the services provided, is to accomplish treatment goals. Because research shows that when treatment teams are working together and families are invested in treatment, success in treatment is more likely, looking at ways to improve all the systems working together and implementing needed changes will likely result in successful outcomes.

A. Termination Checklist for WRAP services - (See Appendix A, pg.14)

This checklist serves as a tool for determining why WRAP services ended. WRAPS is deemed to no longer be necessary or appropriate when the child is no longer at risk of out-of-home placement; however, WRAPS may be ended for reasons other than decreased risk, inferring that either the service didn't help stabilize behaviors or the child stopped receiving services for other reasons. Use of the Termination Checklist provides us information needed to determine the reasons for closure. These reasons include:

1. Goals were met/behaviors stabilized - referral behaviors were reduced to a level where the behavioral goal on the individual treatment plan was met; child no longer at risk for placement.
2. Child was placed in an out-of-home placement - child moved into a therapeutic foster home, a group home, or a residential treatment center. This would also include jail or another juvenile justice facility. Children/adolescents moving in with relatives is not considered an out-of-home placement.
3. Family moved or transferred out of the service area - Child/family no longer living in the Charleston/Dorchester catchment area.

4. Child and/or family refused services - child or family refused to meet with the WRAP worker consistently (5 or more times), so services were discontinued.

5. Other - this area catches all reasons not provided under 1-4.

The checklist is turned in to the WRAPS Referral person when the service is ended by the case manager (CM) or therapist. Requiring both the therapist and the treating MD's signatures, this ensures that a treatment team is making the clinical decision to end the service together. Often the WRAP worker is very helpful in providing input for this decision also. This information is then entered into a WRAPS database that tracks a variety of information to monitor clients, their services, start dates, etc. Once the termination information is entered, the client's information is moved to the closure spreadsheet so it can easily be referenced for tracking information and is kept separate from open WRAPS clients. (See Appendix B, pg. 16, for WRAPS Closure spreadsheet, See Chart 1, pg. 15 for Outcomes of Termination Checklist).

Analysis of Date for Termination Checklist was done using - 55 closed WRAPS clients were used for the purposes of this evaluation. 42 % of clients met their goals and/or stabilized their behaviors, 13 % went into out-of-home placement, 21% moved or transferred out of the service area, 13% refused services, and 11% were terminated for other reasons. ✓

Thirteen percent going into out-of-home placements is significant as all the children/adolescents served were at risk of being placed out of the home when WRAP services were initiated.

B. Therapist Questionnaires - (See Appendix C, pg. 17)

This tool was developed to expand the focus of outcomes for behavior changes with the children/adolescents that received WRAP services, not only at the conclusion of the service, but also months after the service ended. This tool also offers therapists the opportunity to share some

specific ideas about successes and make suggestions on how to improve the program overall. Developed for the purposes of this study, the intention was to gain insight from the therapists about program needs and determine how well the kids who were receiving WRAPS are doing now. Although implications for improvement were provided, the information regarding current progress was limited. Some of the charts were closed and many changed therapists one or more times, and in some cases their therapists were on leave for extended periods of time. As therapist's opinions regarding the ratings of changes in behavior also vary, a more effective way of determining continuing assessments of behavior improvement should be considered. The use of the CAFAS (Children and Adolescent Functioning Assessment Scale) as it is an evidenced based tool will be addressed later as an option. Periodic staff interviews with therapists could provide some of the programmatic feedback. Charts 2-4 (pg. 18) review responses by therapists regarding the success of WRAPS and needs for improvement. See Charts 5 (pg. 21) and 6 (pg. 22) for results of therapists behavior ratings during and after WRAPS.

C. Chart Reviews

Thirty chart reviews were performed to ascertain the changes in goal ratings from therapists on 90 day progress summary reviews. The top three goals were reviewed and attempted comparisons were made from ratings before WRAPS was provided, the first 90 days after WRAPS started, the 2nd 90 days, and then the first ratings done after WRAPS ended were included. Goals are rated on an outcome rating scale of 1-5 (Progress = 1-none, 2-limited, 3-some, 4-significant, 5-accomplished goals). The variable that made this comparison an impossible task was the changing goals throughout treatment. Many goals were rated after the 90 day rating period, then changed in some way or discontinued. Thus, comparisons over time were

- why 30?

not able to be obtained due to the limited information that could be used. The failure to be able to make these comparisons does provide some insight into effective outcomes and that using the treatment plan goals for long term outcomes isn't a choice method. A more global assessment would be more appropriate.

IV. Implementation Plan:

It is imperative that a variety of steps and tools are used to effectively implement the wraparound process and successfully monitor and run a WRAPS program (VanDenBerg, and Grealish, 1997). Although there are also several administrative supervision tools also used by the CAP program to monitor staff, only clinical tools will be reviewed here. The use of these tools in the process of implementing WRAPS can be viewed in the Procedures for Implementing and Monitoring WRAPS Flowchart, Chart 7, pg. 23). This chart defines the detailed processes implemented from the referral process to closure of WRAP services. Newly implemented into the program, this flowchart should alleviate some process questions regarding the initiation, implementation, and closure of WRAP services.

B. Referrals for WRAPS - (see Appendix D, pg. 24)

Identified Need for Improvement: Improved supervision around referrals. Need for monitoring the completion of all required documentation for WRAPS.

Solution: Referrals were given by the therapist (CM) to the Referral Coordinator. CM's now staff the referral sheet with their own supervisor and then submit to WRAPS team with some of the required documentation for WRAPS. This enables team supervisors to be more involved and knowledgeable of the most at-risk kids and assist therapists in brainstorming all treatment (or other) options before WRAPS referrals are made. Referrals are kept on "active" or "closed" file

to easily access programmatic information. Referrals are not accepted without the required documentation (Medical Necessities).

C. Therapist Checklist for Provision of WRAPS - (See Appendix E, pg. 25)

All required documentation for WRAP services must be placed in charts before providing WRAP services. As there are many rules specific to WRAPS it is important to have a system to verify successful completion of required documents. Failure to meet requirements can result in large pay backs to DHHS regardless of the appropriateness of the service and be detrimental to program. This form is sent out to the referring therapist (CM) and their supervisor when WRAPS is assigned to inform them of the assigned WRAPS worker and guide the CM on all chart requirements for WRAPS. Verification of some components (i.e. all applicable Medical Necessity Statements (See Appendix F, pg. 26) for each service is included in the database.

D. WRAPS Client Database - (See Appendix G, pg.27)

The database holds valuable program information for both open and closed WRAPS clients including: names, start of services, length of services, logs documents required and documented for services, types of services, last seen date, therapist, diagnosis, etc. Used as a monthly clinical supervision tool by WRAP team supervisors, it also acts as a quality improvement prompt for WRAPS supervisors to notify CM's of expiring services and need for timely reviews and signatures. Future outcomes re: length of services, reasons for closure, out-of-home placements, etc. can also be obtained from this database.

E. WRAPS Client Lists - (see Appendix H, pg. 28)

Identified Need for Improvement: Better monitor and/or shorten length of services (LOS). All Children's services supervisors not aware of specifics of WRAP services being provided to

clients of therapists on their teams.

Solution: Through the use of the WRAPS database, WRAPS Client lists are distributed monthly to all supervisors in Children's Services. This increases the monitoring of services on teams and supervisors can use weekly staffing meetings to address continued needs for WRAPS for identified clients. LOS information is also included. Increased supervision around progress in treatment should decrease length of services. Data is now being gathered on LOS, so future outcomes can be obtained.

F. 90 Day Progress Summary Review- (See Appendix I, pg. 29)

This tool was introduced into the program for two purposes. It assists the therapists and WRAPS workers in formally addressing progress on goals, interventions used, barriers to success, etc. on a consistent basis and it allows for systematic review of length of services as well, so decisions can be made more efficiently regarding continued need for services. This review was used in supervision with WRAP workers and WRAP supervisors to monitor need for continued training in certain areas, intervention options, etc. Due to identified need to increased communication between WRAP workers and CM's, this tool is now used quarterly to monitor WRAPS progress. WRAPS workers meet with CM's to complete this evaluation and copies are provided to the WRAPS supervisor and the therapist's supervisor. Two supervisors evaluate the continued need for WRAPS. The goal - Use of the 90 Day Review will enable CDCMHC to improve the process of service delivery effectiveness and progress with goal attainment, and improved our ability to ^{discontinue?} d/c the service at an earlier date due to more regular monitoring of behavioral improvements. As this tool was recently implemented, not enough data exists to determine its effectiveness, but this is an area to be monitored as more information becomes

available.

G. IQ Reports - (See Appendix J. pg. 30)

These reports are printed twice a month as a tool for WRAP supervisors to see detailed billing information on their staff and clients being served. A variety of billing reports can be used in the monitoring of services. Supervisors can be assured that all clients are being seen, how often and how long each session, and know the types of services being provided.

Information on therapist's services provided is also available. If needed, this information can be shared with supervisors of therapists if clinical interventions and/or services provided are questioned. (This report also serves as a way of cross checking some of the administrative tools used in the CAP Program not covered in this report (i.e. time sheets, productivity logs, daily activity logs, etc.).

V. Implications for Improved Outcomes and Programming:

The CAFAS (Child and Adolescent Functioning Assessment Scale) has been implemented as a DMH Children's services outcome measurement tool for the state; however, results covering the changes in symptoms in clients cannot be attributed to any one service in particular. Overall progress on functioning in a variety of areas is covered, though, so implications involving progress can be obtained. Statewide, there is an increasing trend in symptom reduction and functional improvements over the 3-5 year period since its inception. Our Center is now beginning to receive consistent reporting on the changes in CAFAS scores and future outcomes will be easily accessible.

Other Assessment Functioning options: Shorter evaluations (i.e. Children's Global Functioning Scale or GAF) may be an alternative if measuring more specific time periods (i.e. before and during

WRAP services) as the 6 month periods used for the CAFAS may not be the correct time periods to be evaluating. The GAF is also a less time consuming evaluation to complete.

Hospitalization information and suspensions before and during WRAPS are now included in some of the required forms, so future data collection in these areas will be much simpler. If forms are filled out accurately, the need to later look up hospitalization reports will be eliminated. (Hospitalizations for the group studied here showed only four hospitalizations total during the past year for the children in the study - while the child was receiving WRAPS). The validity of suspension and expulsion data is questionable though because schools differ greatly in their discipline procedures and the amount of tolerance schools will endure for different behaviors. To increase success in gathering data for future outcomes, incomplete forms are returned to the therapist's supervisor, who then follows up with therapists for completion. This change should alleviate missing data in the future and make data collection much simpler.

Overall, effective clinical management of a WRAPS program is a challenge. The diversity in treatment needs of families is complex. Supervision of staff mostly working in the field also presents a variety of issues for managers. Overcoming barriers to effective and consistent communication between WRAPS staff and therapists and families appears to be an important need for more successful programming. Therefore, a more defined system in monitoring and providing the necessary supervision around treatment is imperative. As many systems have been implemented in the CAP Program for this purpose, future outcomes will likely be improved and more detailed outcome data can be obtained. Program infrastructure (i.e. staffing enough supervisors and/or administrative staff to carry out all of these processes) and continued monitoring of progress will be required for ongoing program success and growth. Ultimately, the continued use of Best Practices, including appropriate clinical supervision, in the provision of WRAP services will help WRAP services live up to its potential for success. Families will be able to make meaningful improvements in their lives and give hope to the futures of their children.

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WRAPS SERVICE TERMINATION FORM

Date of termination: _____
Client Name: _____ CID: _____

Reason for termination:

- _____ behaviors stabilized/goals met
- _____ out of home placement
- _____ client moved
- _____ client refused services (missed appointments, not participating in therapy)
- _____ Other (changed tx provider, other situations)

Case manager signature _____

MD Signature _____

Client signature (if appropriate) _____

WRAPS SERVICE TERMINATION FORM

Date of termination: _____
Client Name: _____ CID: _____

Reason for termination:

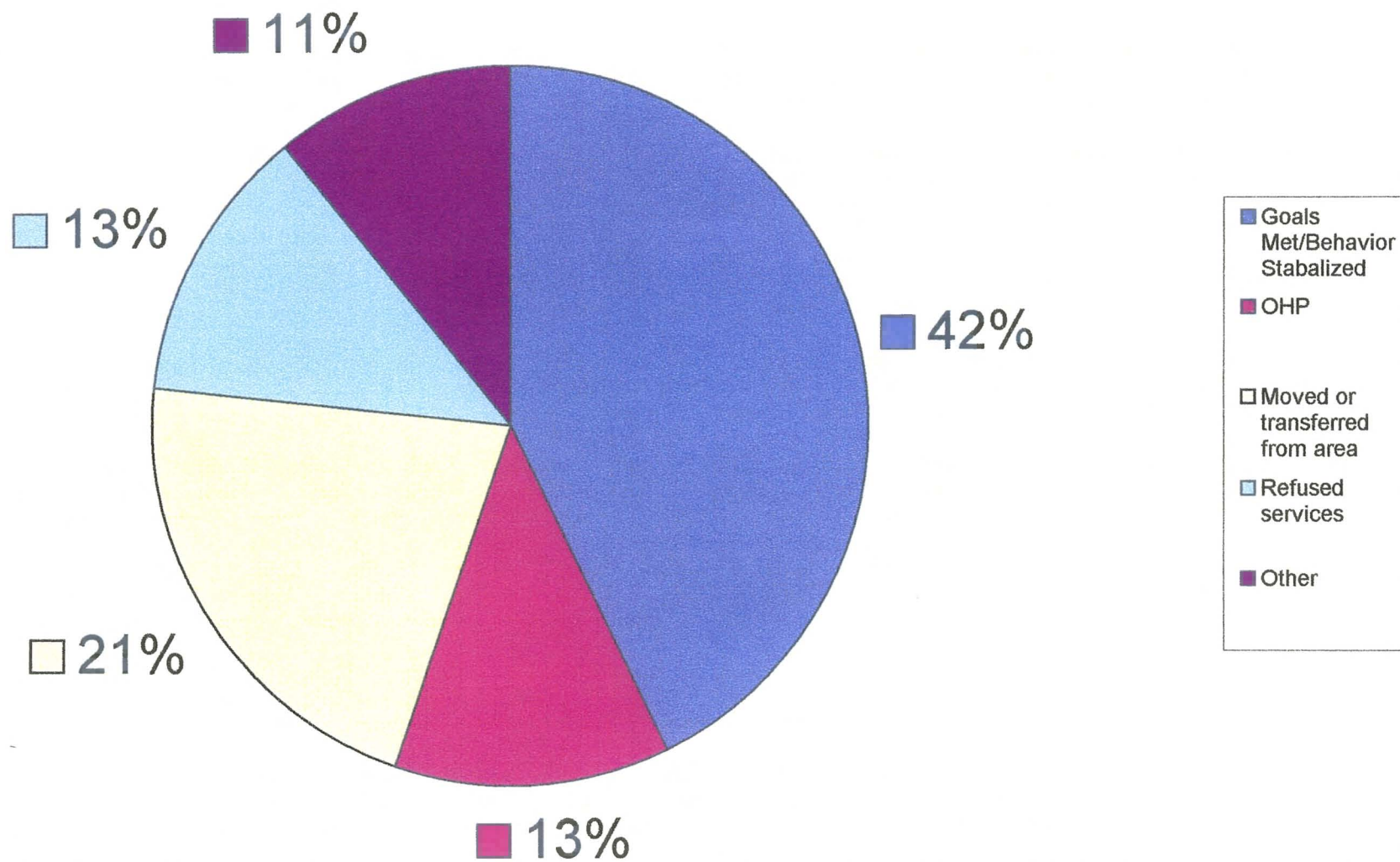
- _____ behaviors stabilized/goals met
- _____ out of home placement
- _____ client moved
- _____ client refused services (missed appointments, not participating in therapy)
- _____ Other (changed tx provider, other situations)

Case manager signature _____

MD Signature _____

Client signature (if appropriate) _____

WRAPS Termination Reasons



Therapist Survey for WRAPS

Dear _____,

I am doing research on the effectiveness of the WRAP services provided by the CAP Program. I have just a few questions about the services that were provided for _____ between the dates of _____ and _____. I would greatly appreciate your prompt response to these five questions.

1. What were the problem behaviors your client was having when he/she was referred for WRAPS?

2. How would you rate your client's success with behavior changes with the help of WRAP services? Please circle best answer.

1- no change 2- little change 3- some change 4- significant change

5- behaviors diminished/accomplished goals

3. What did you find most helpful for the family in receiving WRAP services?

4. Is _____ still exhibiting improved behavior today? Please circle best answer.

1- not at all 2- a little bit 3- somewhat 4- mostly 5- all the time

5. What would you suggest to improve WRAP services for families?

(Return form to Jennifer Roberts - CAF Meeting Street)

Results of Therapist Questionnaire 1

Question 1 - What were the referral behaviors?

Behaviors noted:

Inappropriate behaviors in the classroom - laughing out loud, throwing items in class, running around, speaking out of turn, tantrums, not sleeping well at night
Disruptive behavior at home and school
Aggression, difficult transition from a day treatment program to a public school
Runaway, suicide attempts
Defiance at home
Suspensions at school, fighting, defiance with mom
Defiant behaviors, charged with disrupting school, talking back to authority
Depression/withdrawn, low self esteem
Depression, grieving, defiant behavior
Non compliance with rules at home, in drug court, anger management issues, at risk of OHP or incarceration due to numerous drug court/probation violations
Client was placed in foster home with biological grandmother, he had just come from TFC home. Client had difficulty listening to authority figures, especially women, had poor coping skills, could be very rude, disrespectful, would also fight
Client had difficulty with respecting personal boundaries and resolving conflicts appropriately
Fighting, aggression, stealing
Client was not accepted back into his home, due to command hallucinations and threatening behaviors. He was very aggressive towards mom and siblings.
Disruptive behaviors at school
Poor self-esteem, disrupting school, angry outbursts

Referral behaviors for the population surveyed are very diverse. The implications for increased clinical supervision and teamwork are great as behaviors are intense and providing services can be challenging. Interventions have to be monitored, well thought out, and shared with the team.

Results of Therapist Questionnaire 2

Question 3 - What was most helpful?

Results:

Gave client some help making positive decisions/choices
Provided client with consistent re-directs, provided aunt with care giver/parenting skills
Good outlet for mom
Giving parents care giver services and teaching ways to best respond to client's behaviors
Give client an outlet to vent. Find/choose better responses at home
WRAPS teaching client and mom about choices/consequences and follow through
WRAPS was helpful - given in and out of school with client and family. WRAP worker constantly stayed in contact with therapist
Client had someone to talk to
Family was receptive to services, WRAPS counselor developed a good rapport with family
Although the WRAPS activities are helpful in assisting clients to work on behaviors, increase social skills, etc. I think counselors should stress to clients that activities are to help improve behaviors, not just to have fun
Client having 1:1 time/support
Behaviors improved, especially on the days that WRAPS was administered.
Interventions for behaviors were discussed with counselor when mom was not available to talk to school guidance
He was able to go to camp because he had a shadow

It is notable here that the variety of responses here mirror/compliment the diverse referral behaviors. WRAP services tend to help families in different ways and the perception of "help" varies among people.

Results of Therapist Questionnaire 3

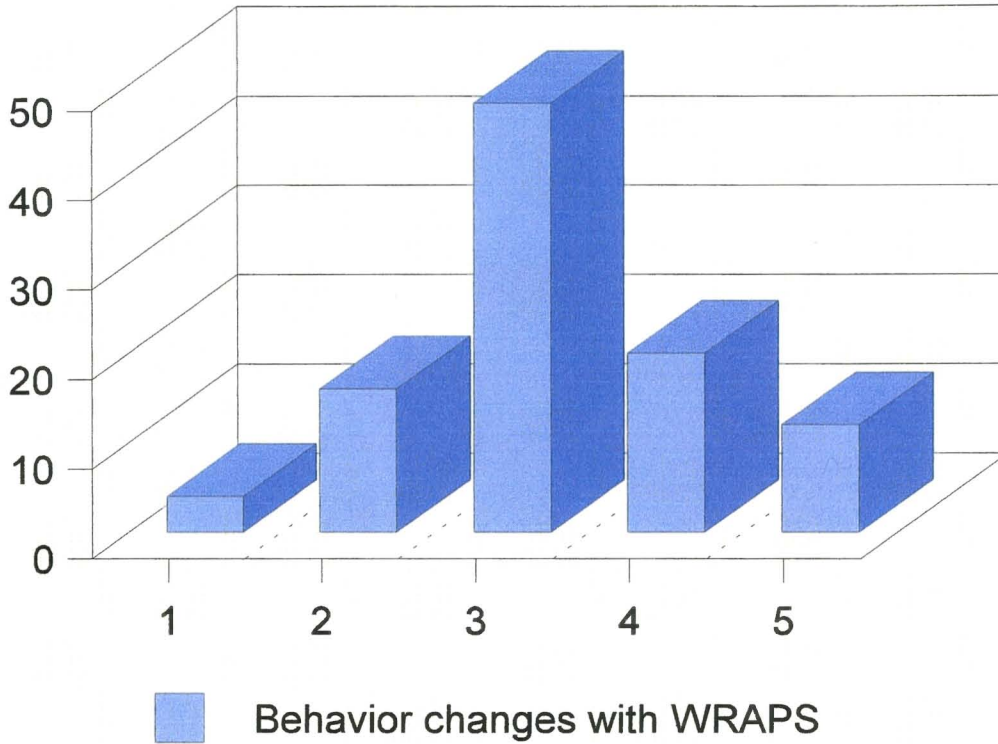
What would you suggest to improve WRAP services for families?

Results:

- More communication between WRAP workers and counselors
- More consistent schedules
- For WRAPS workers to increase time spent with clients and their families
- Continue to use outings for decreasing symptoms of depression and encouraging family
- More time with client
- See the WRAP worker more
- Better communication with family
- Therapist and WRAPS counselors feedback to families on a regular basis (especially in reference to classroom behavior)
- Improved communication between WRAPS workers and therapists
- Nothing

Although limited, answers here generally point to a need for improved communication of some sort, most commonly between the WRAP worker and the therapist. This is an important point as there have been significant findings for success with programming and effectiveness when treatment teams are cohesive (share values relevant to the mission and share information as needed), families participate in goal development, and there is commitment by all players to empowerment of families. (Koroloff, 2004). Barriers to success here include the locations of the staff being different, schedules incongruent (i.e. meetings at the schools, scheduled times in the DMH office, etc.). Changes/improvements here are implemented through the use of the 90 day Progress Summary and prompting from supervisors.

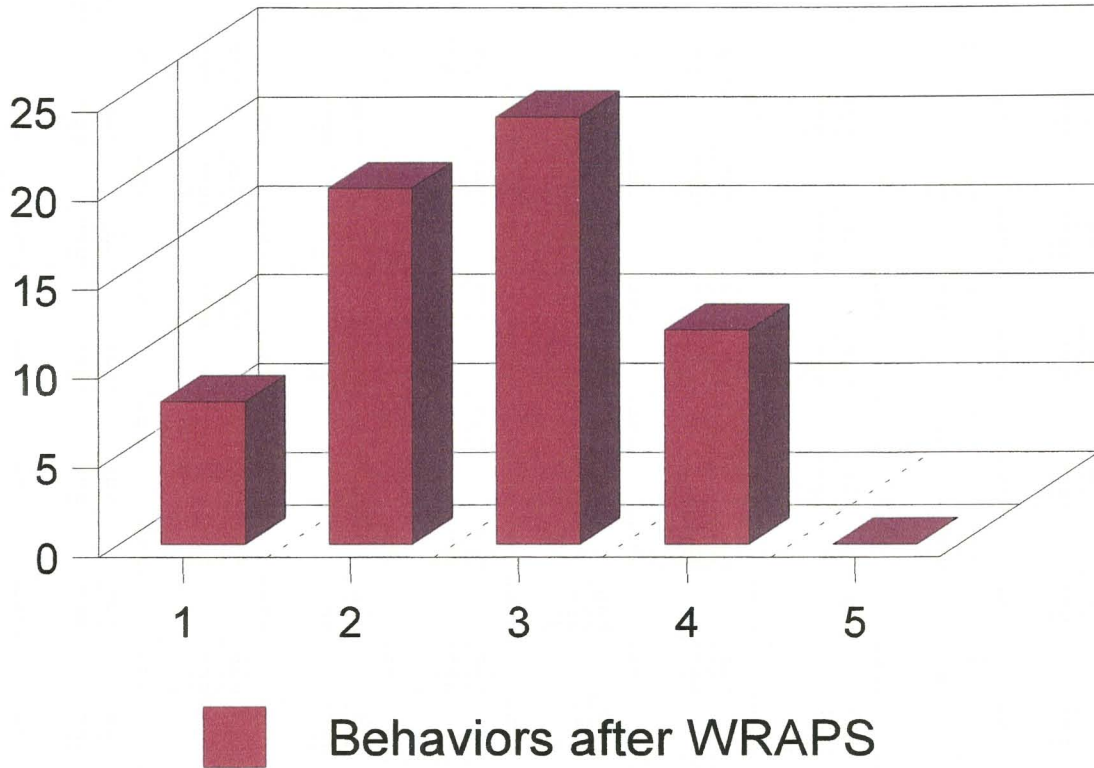
Behavior Changes During WRAP Services



Question - How would you rate your client's success with behavior changes with the help of WRAP services? N = 25 (Responses from therapists)

- 1 - No change (4%)
- 2 - Little Change (16%)
- 3 - Some change (48%)
- 4 - Significant Change (20%)
- 5 - Behaviors diminished/accomplished goals (12%)

Behaviors After WRAP Services



Question - Is client still exhibiting improved behavior today?

- 1 - Not at all (8%)
- 2 - A little bit (20%)
- 3 - Somewhat (24%)
- 4 - Mostly (12%)
- 5 - All the time (0%)

Case manager (CM) completes WRAPS referral, reviews with supervisor. Supervisor submit form to Stacy (Referral Coordinator)

Identified as an appropriate referral?

No
Stacy calls CM's supervisor for further information

Yes
CM submitted all Medical Necessities with referral?

No
Stacy Request info. from CM's supervisor, receives, and verifies for completion

Yes
Assign WRAP worker, send out therapist checklist to CM and their supervisor

WRAPS worker calls CM to set up assessment

CM, WRAPS, & family meet/ Complete Assessment

WRAPS worker has copy of ITP and all Med. Nec's for clt? Provides copy to WRAPS supervisor?

No
Worker obtains copy of missing documents and turns in to their supervisor before starting services

Yes
Start WRAPS

WRAPS referral coordinator enters info. into database

WRAPS worker meets with WRAPS team monthly
Individual supervision at least monthly and/or as needed
Attend MST staffings as needed to staff kids with therapist and team
WRAPS worker and CM communicate at least 2 x's month about progress with WRAPS

Document, document, document

WRAPS worker staffs caseload with supervisor monthly

90 Day Progress Review form completed by WRAP worker (done with CM). Turns in copy to supervisor. Copy also sent to CM's supervisor for review.

WRAPS monthly report distributed to all supervisors

Identified families are staffed by therapy teams

Does Client still need WRAP services?

Yes
Continue WRAP services

No
Terminate WRAPS, CM turn in Termination Checklist to Stacy, CM notify WRAPS worker

Procedures for Implementing & Monitoring WRAP Services*
CAP Program CDCMHC

* Emergencies are exceptions - See supervisor for details.

Supervisor's initials _____

WRAPS/CAP REFERRAL FORM

Charleston/Dorchester CAF

FAILURE TO SUPPLY INFORMATION MAY LEAD TO DELAY OF ASSIGNMENT

Referral Date _____ Referring Therapist _____ Phone/Pager _____

Lead agency _____, please specify one of the following: DMH, MTS, DSS, DDSN, DJJ, or COC

Client Name _____ DOB _____ Sex _____ Age _____

ID# _____ Parent/Guardian _____ Relationship _____

Address _____ City _____ Phone _____

School _____ Meds _____ Allergies _____

DX _____

Source of funds: Medicaid _____ Self-Pay _____

Behaviors related to referral:

Services needed to:

___ prevent out-of-home-placement/ hospitalization

___ prevent school disruption

___ maintain current placement (prevent need for higher level of care)

___ assist with placement stepdown

WRAPS- BI _____ WRAPS- CG _____ WRAPS CG-ILS _____ WRAPS CSS _____

Times/days services requested _____

Urgency of referral _____ (1=least urgent....5=most urgent)

Other Service Providers Names/phone _____

Child/Family Strengths and Preferences:

Safety Issues in the home:

Directions to the home:

SIGNED MED. NECESSITY FOR EACH SERVICE MUST BE ATTACHED TO REFERRAL

FOR WRAPS REFERRAL USE ONLY

WRAPS Counselor assigned _____ Assignment Date _____

**Referral Form
Appendix D**

Response to WRAPS referral

Client name _____ Date _____
 Wraps worker _____ Wraps supervisor _____
 Referring therapist _____ Therapist Supervisor _____

Wraps checklist/ Requirements

	<ul style="list-style-type: none"> • Wraps referral and all med necessities filled out entirely (on separate forms), signed and dated by Dr./ Licensed Practitioner of the Healing Arts and submitted to Stacy Cody. Keep originals in chart (top of Section F). Wraps notes will go in Section E, however.
	<ul style="list-style-type: none"> • Wraps services have frequency of “prn but not to exceed ___ x per week” with Dr’s initials and date next to each added service on ITP. All services must be listed separately
	<ul style="list-style-type: none"> • Bottom of ITP should state “all WRAPS provided by DMH staff” unless client receiving WRAPS by other provider. In this case therapist should document hours being provided by other agency to ensure no overlapping of services by DMH
	<ul style="list-style-type: none"> • Copy of ITP given to WRAPS worker at assessment with appropriate goals and services for each identified (goals and/or interventions used for WRAPS must be identified by writing the type of WRAPS being used to accomplish goal next to that goal on ITP)
	<ul style="list-style-type: none"> • Dr. to initial and date any additional services
	<ul style="list-style-type: none"> • Each WRAP service must be billed within 90 days of date of Dr.’s signature on med necessity. Otherwise new med necessity must be signed before services can be provided
	<ul style="list-style-type: none"> • Continuous communication between Wraps worker and therapist is essential. Monthly meetings between these staff can be billed by therapist or credentialed WRAPS worker.
	<ul style="list-style-type: none"> • Document need for continued WRAPS at each 90 day summary. WRAPS worker will seek out therapist at 90 day intervals to get 90 WRAPS Progress summary sheet completed. This is to be put in chart with other WRAPS info.

Rev. 1/06

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL NECESSITY STATEMENT
FOR
CHILDREN'S BEHAVIORAL HEALTH SERVICES**

Child's Name: _____ CID #: _____ SSN: _____

Date of Birth: _____ Medicaid #: _____

Child must be at risk of out-of-home placement or needs additional services to maintain a current placement (either at home or school) to warrant WRAP services.

Please check all behaviors that apply:

- | | |
|--|---|
| <input type="checkbox"/> Break s the law; has numerous arrests | <input type="checkbox"/> Danger to self or others |
| <input type="checkbox"/> Suicidal ideation and /or attempts [Circle one or both] | <input type="checkbox"/> Fights easily |
| <input type="checkbox"/> Homicidal ideation and/or attempts [Circle one or both] | <input type="checkbox"/> Psychotic sx's |
| <input type="checkbox"/> Hyperactive-difficult to control and maintain safety | <input type="checkbox"/> Hx of fire setting |
| <input type="checkbox"/> Does not follow rules at home/school | <input type="checkbox"/> Hx of cruelty to animals |
| <input type="checkbox"/> Argues with adult and/or other peers | <input type="checkbox"/> Hx of sexual offenses |
| <input type="checkbox"/> Parent/Caregiver unable to manage child at home: needs increased skills to manage child to prevent need for out-of-home placement | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> How many times has client been hospitalized in the past two months? _____ | |
| <input type="checkbox"/> How many times has client been arrested in the past two months? _____ | |
| <input type="checkbox"/> # of suspensions in the past two months? _____ | |
| <input type="checkbox"/> Possibility of homebound school placement, expulsion? Yes or No (Circle) | |

Diagnosis(es) and Code(s): _____

Based on professional staffing recommendations, review of treatment history, and/or personal observation or evaluation, I recommend that the above-named client receive (*Specify WRAPS Service e.g. BI, CSS...)

_____ for maximum reduction of physical or mental disability and restoration of the recipient to his/her highest level of functioning. This recipient meets the medical necessity criteria for this level of care.

Signature of Physician or other Licensed Practitioner of the Healing Arts

Date **

Please print name and title above

Phone Number

*** Note: Each Specific WRAPS Service requires a separate MNS. ** Note: Services must be initiated within 90 days of this date**

Progress in WRAP Service

Consumer Name: _____ Date: _____
WRAP staff: _____ Therapist: _____
Start of WRAPS: _____ LOS: _____
Frequency of Services: _____

Goal(s) – As stated on ITP:

1. _____
2. _____
3. _____
4. _____

1. What specific interventions are you using to eliminate/reduce behavior to meet goal(s)? SPECIFY INTERVENTIONS FOR EACH GOAL

2. What progress has been made this month toward meeting the goal(s)?
(1 – None, 2 – Limited, 3 – Some, 4 – Significant, 5 – Accomplished)

3. If no or limited progress, how have you amended your interventions to improve/increase progress toward meeting goals(s)?

4. Are there barriers outside your control that are impeding the child's progress?

5. Interactions with therapist:
Method (phone, meetings, etc.):
Frequency:
Clinical supervision/guidance:

Rev. 7/05

1/31/2006
1:02 pm

Services Provided by:

1

1/1/2006 to 1/31/2006

January

<u>Client Number and Name</u>	<u>Service</u>	<u>Date</u>	<u>billtime</u>	<u>Payor</u>	<u>Locat</u>	<u>Office</u>
	H061	01/03/2006	240	04	020	748
	H061	01/04/2006	120	04	020	748
	H061	01/04/2006	120	04	020	748
	H061	01/06/2006	210	04	020	748
	H061	01/09/2006	240	04	020	748
	H061	01/10/2006	60	04	020	748
	H061	01/11/2006	120	04	020	748
	H061	01/11/2006	120	04	020	748
	H061	01/12/2006	240	04	020	748
	H061	01/13/2006	240	04	020	748
	H061	01/16/2006	240	04	020	748
	H061	01/18/2006	240	04	020	748
	H061	01/19/2006	360	04	020	748
	H061	01/20/2006	180	04	020	748
	H061	01/23/2006	210	04	020	748
	H061	01/24/2006	270	04	020	748

of Services 16 Total Billtime 3210

of Services 16 Total Billtime 3210

Services_by_Specific_Staff_Detail

Welcome to the CAP Program

(Children's Alternatives to Placement)



*A Division of Children, Adolescents,
and their Families
Charleston/Dorchester
Community Mental Health*