

**Effective Strategies for:  
Working with  
High Risk Youth**

# What is Wraparound Milwaukee?

- ◆ Program which offers support and services to families with children with emotional, behavioral or mental health needs
- ◆ Care Management Organization
  - Family Friendly
  - Traditional and Non-traditional mental health services
- ◆ Utilizes Wraparound approach across all systems



# What Wraparound Milwaukee Offers to Families

- ◆ Administrative Services
- ◆ Care Coordination
- ◆ Provider Network/Community Resources
- ◆ Families United of Milwaukee
- ◆ Mobile Crisis Team
- ◆ Specialized Clinical Oversight



# Youth and Families in Wraparound Milwaukee

- ◆ Identified By Child Welfare or Juvenile Justice
  - Children and Adolescents with Severe Emotional Disturbance
  - Families with Complex Needs
  - Youth at Risk of Placement in a Residential Treatment Center, Psychiatric Hospital, or Corrections
  
- ◆ 580 - 620 Families Enrolled
  - 158 Designated High Risk
  - 115 Designated Juvenile Sex Offender

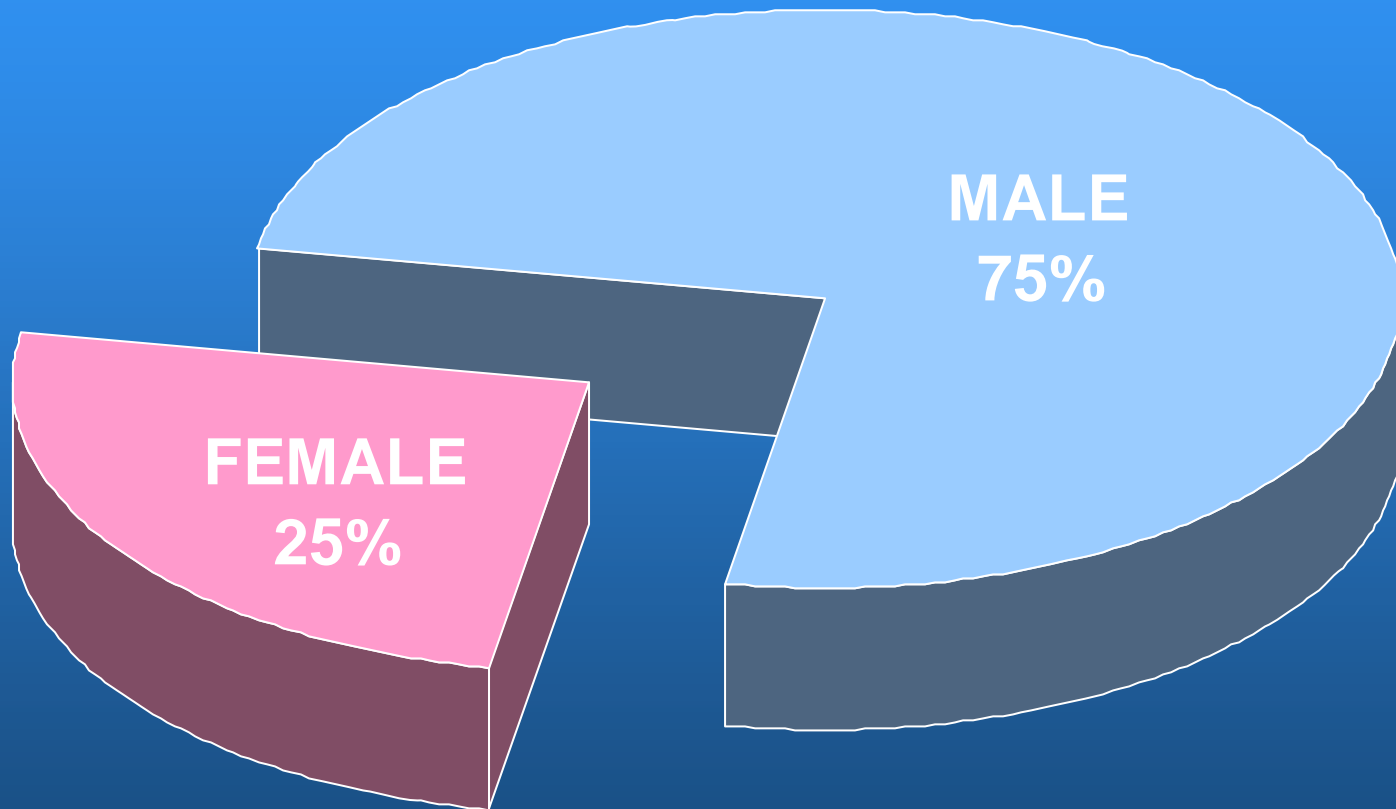


# High Risk Defined as Having a History of:

- ◆ Sexual misconduct
- ◆ Victim of sexual assault
- ◆ Homicide or aggravated assault
- ◆ Fire setting
- ◆ Multiple psychiatric hospitalizations



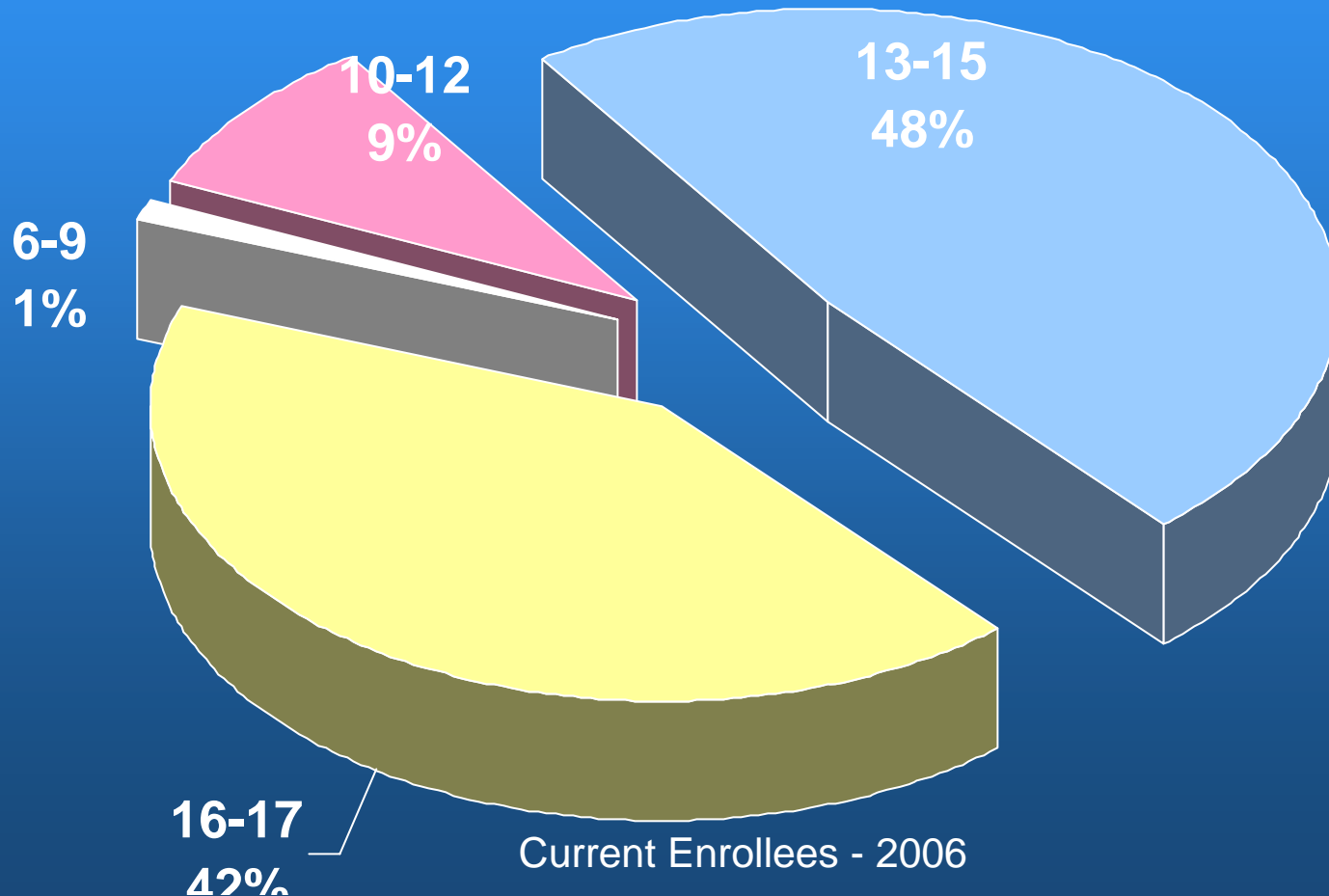
# Gender of Youth in Program



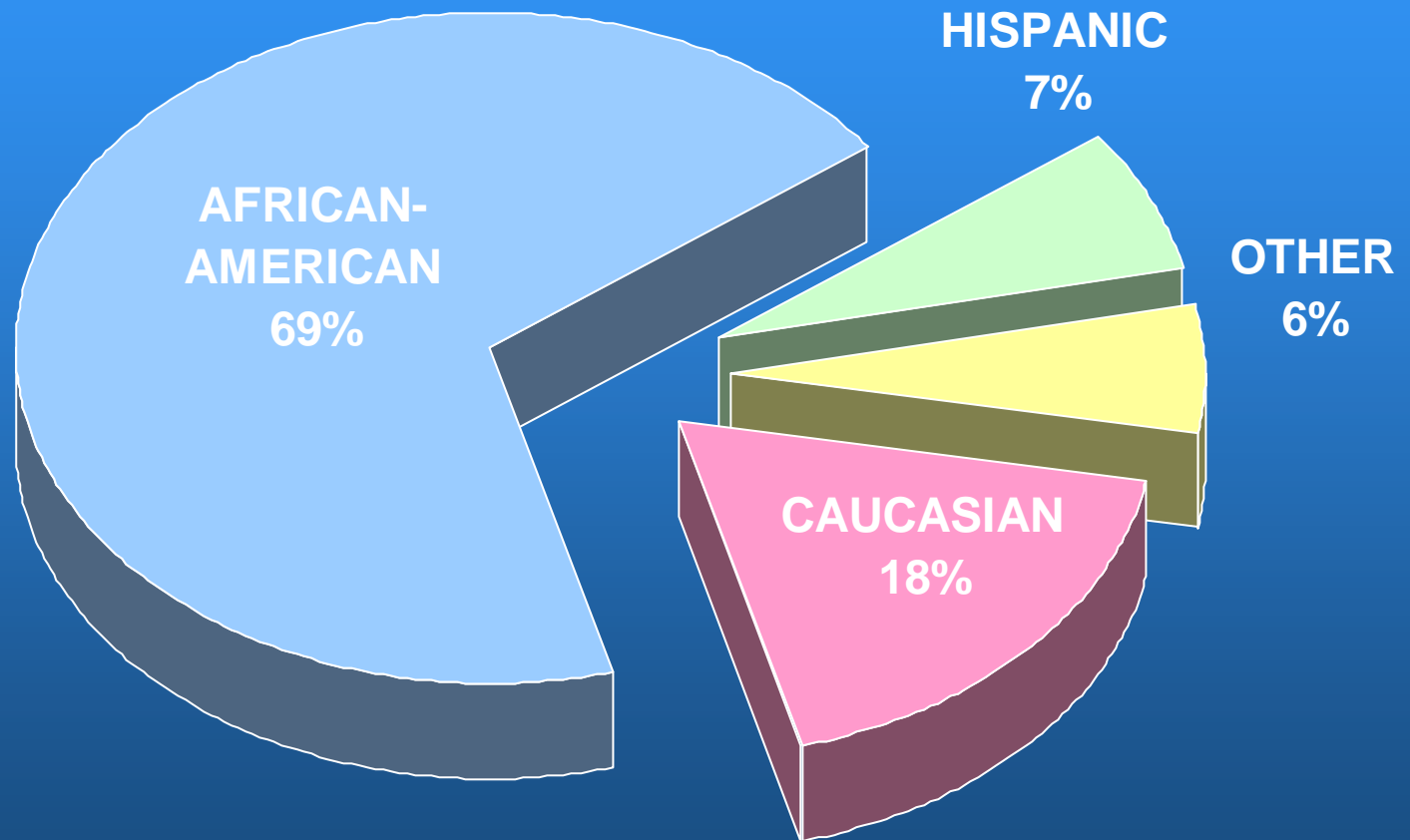
Current Enrollees - 2006



# Age of Youth in Program



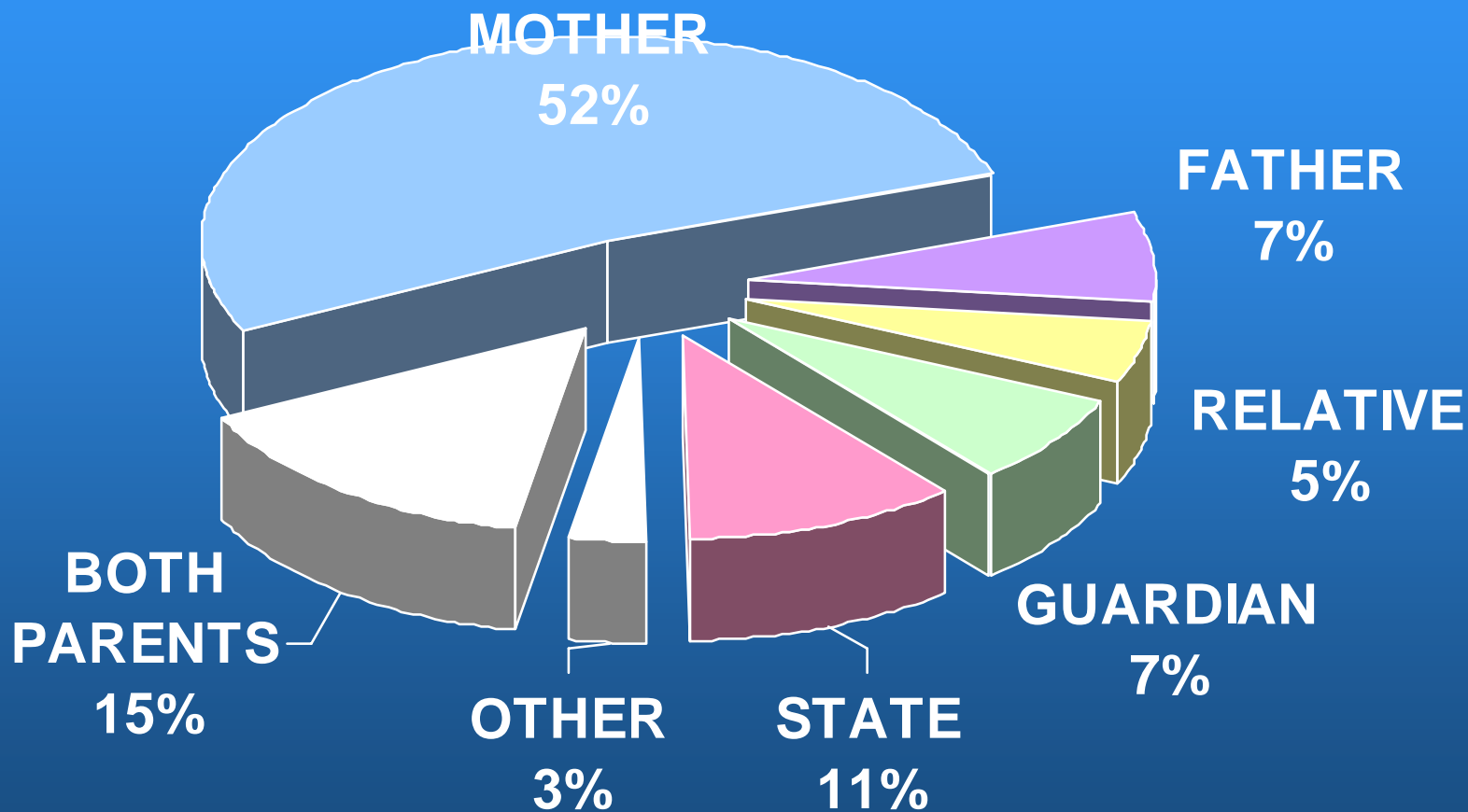
# Ethnic Representation of Youth



Current Enrollees - 2006



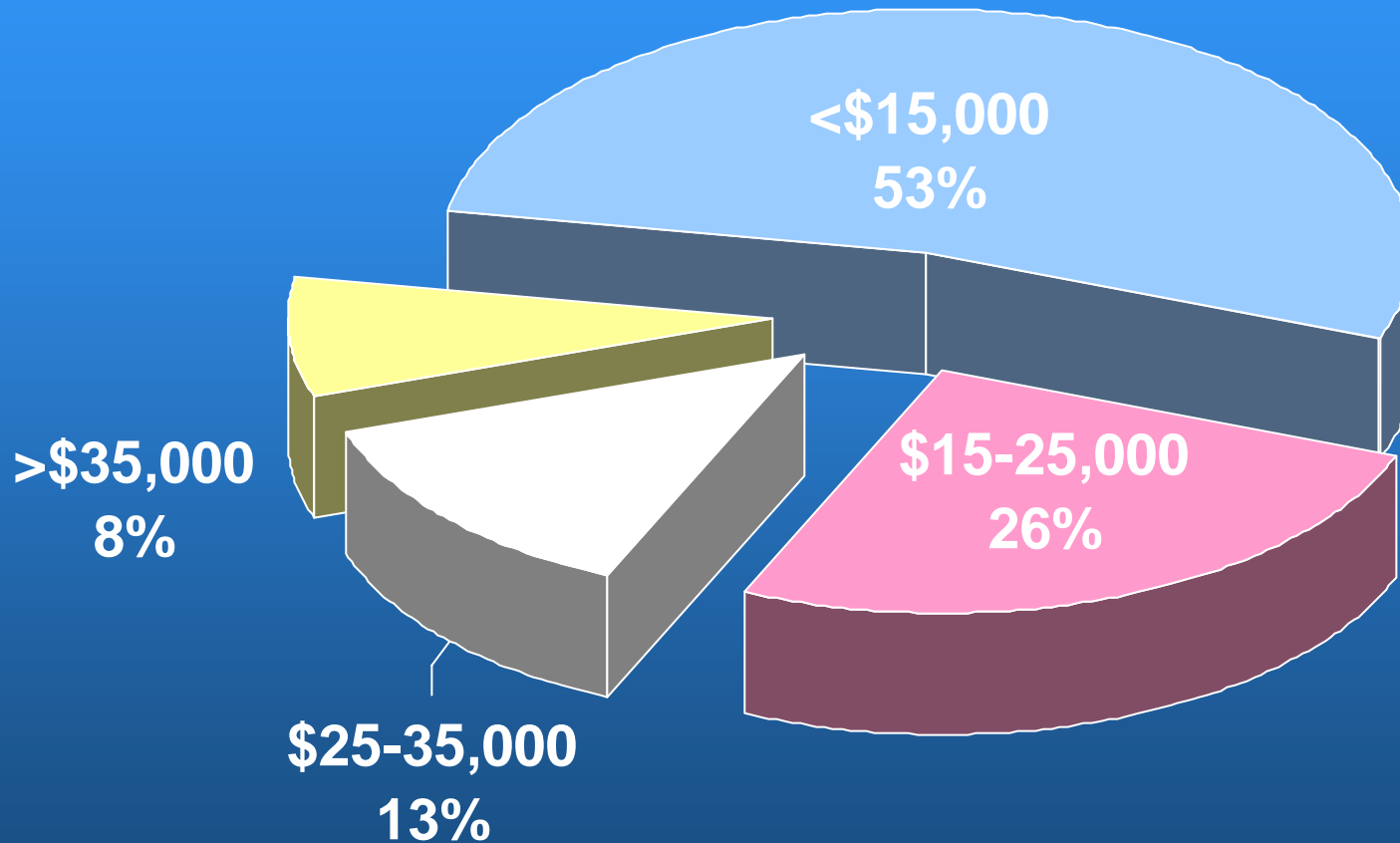
# Custody of Children at Intake of Wraparound Enrollees



Current Enrollees - 2006



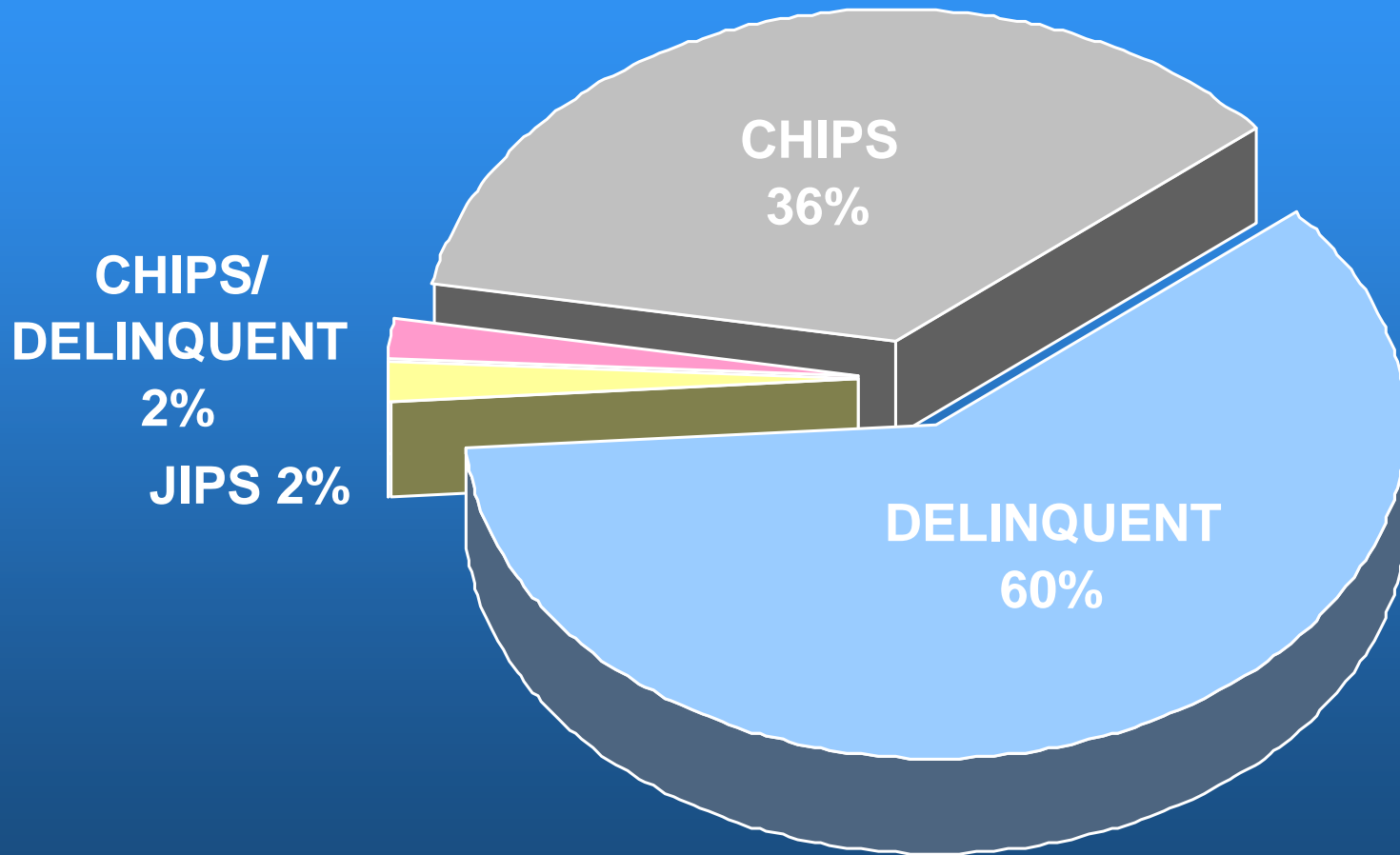
# Family Income



Current Enrollees - 2006



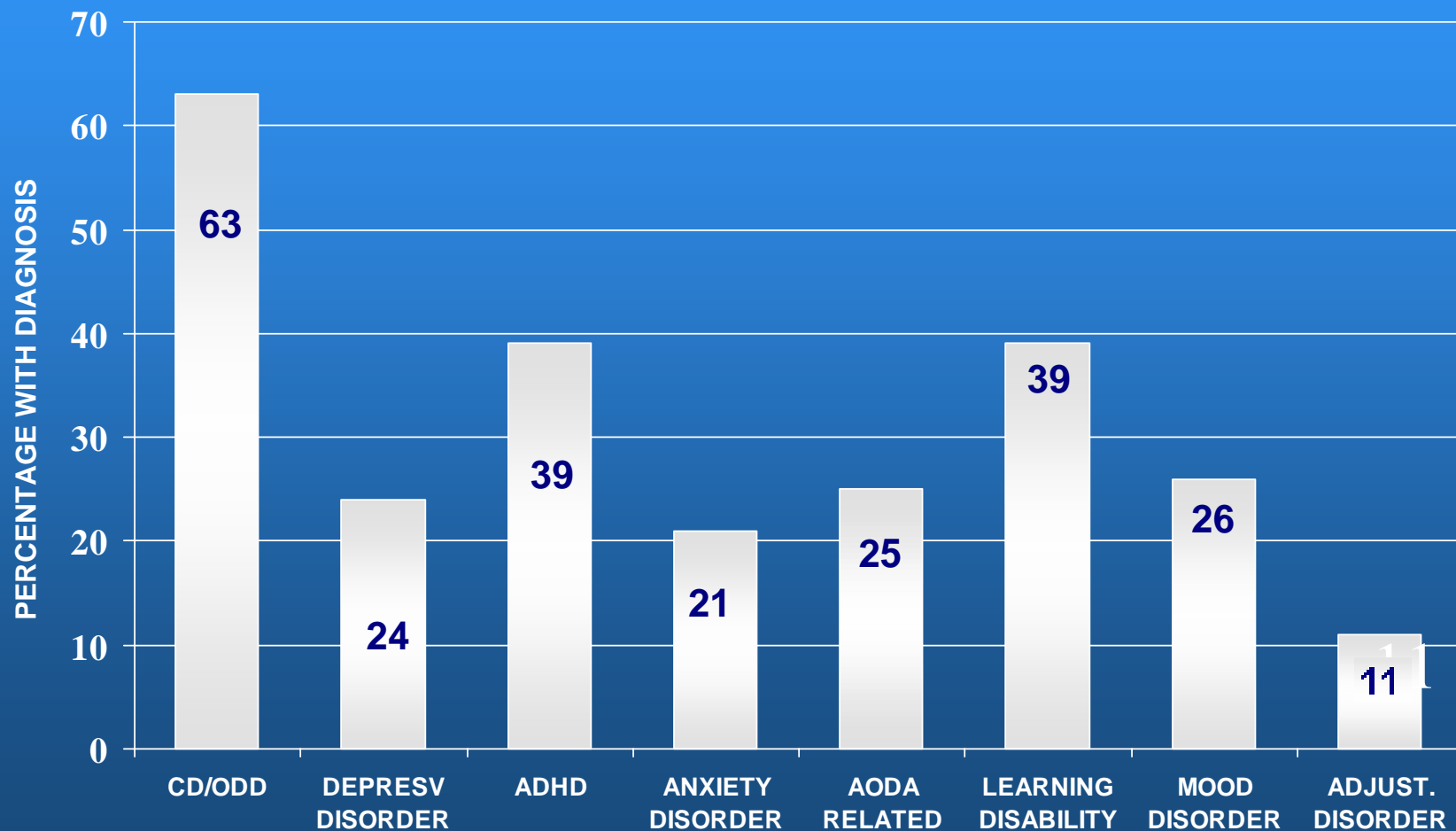
# Initial Court Orders of Youth



Current Enrollees - 2006



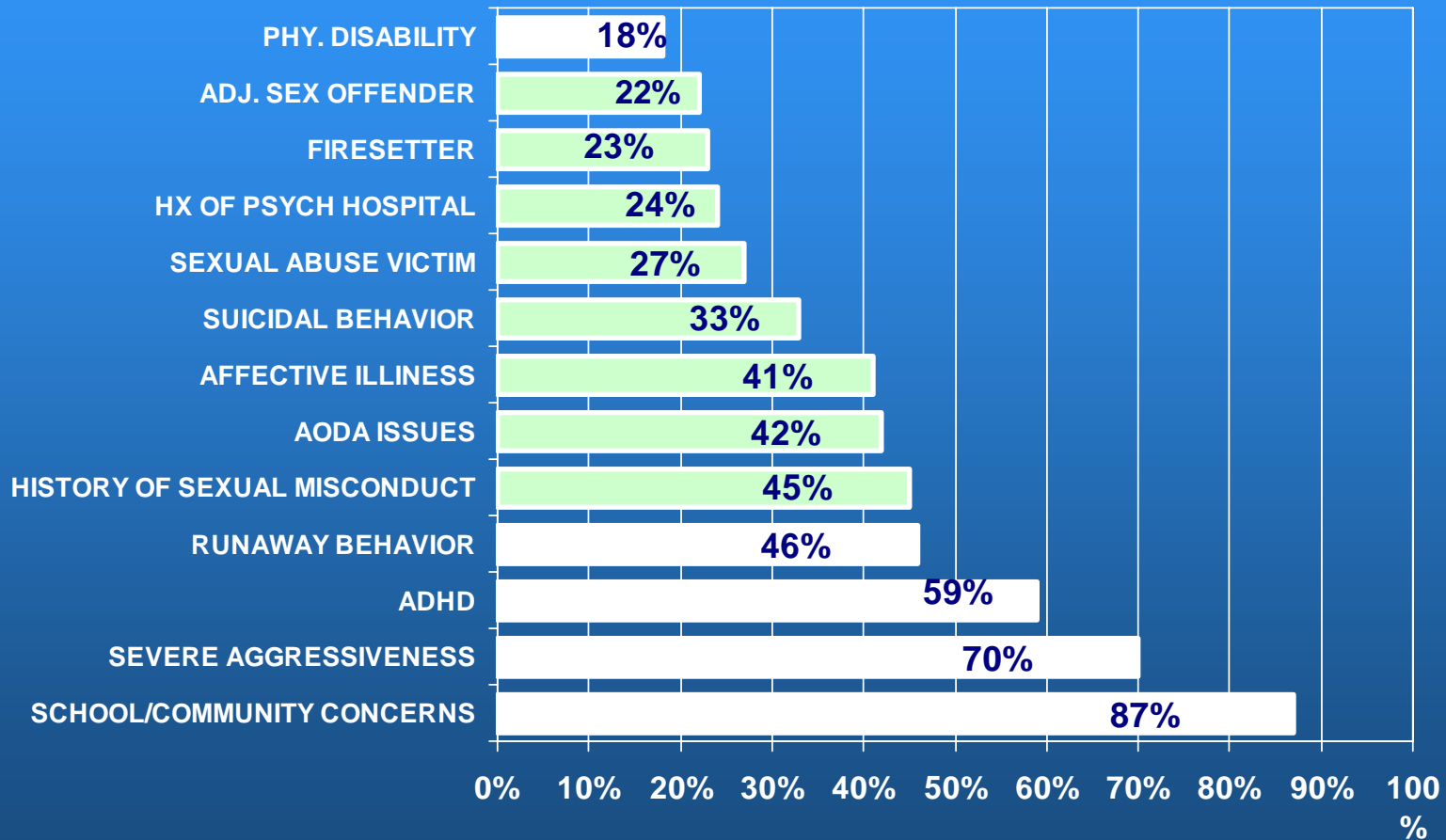
# DSM-IV Diagnoses of Youth in the Program



Current Enrollees - 2006



# Child Issues at Intake

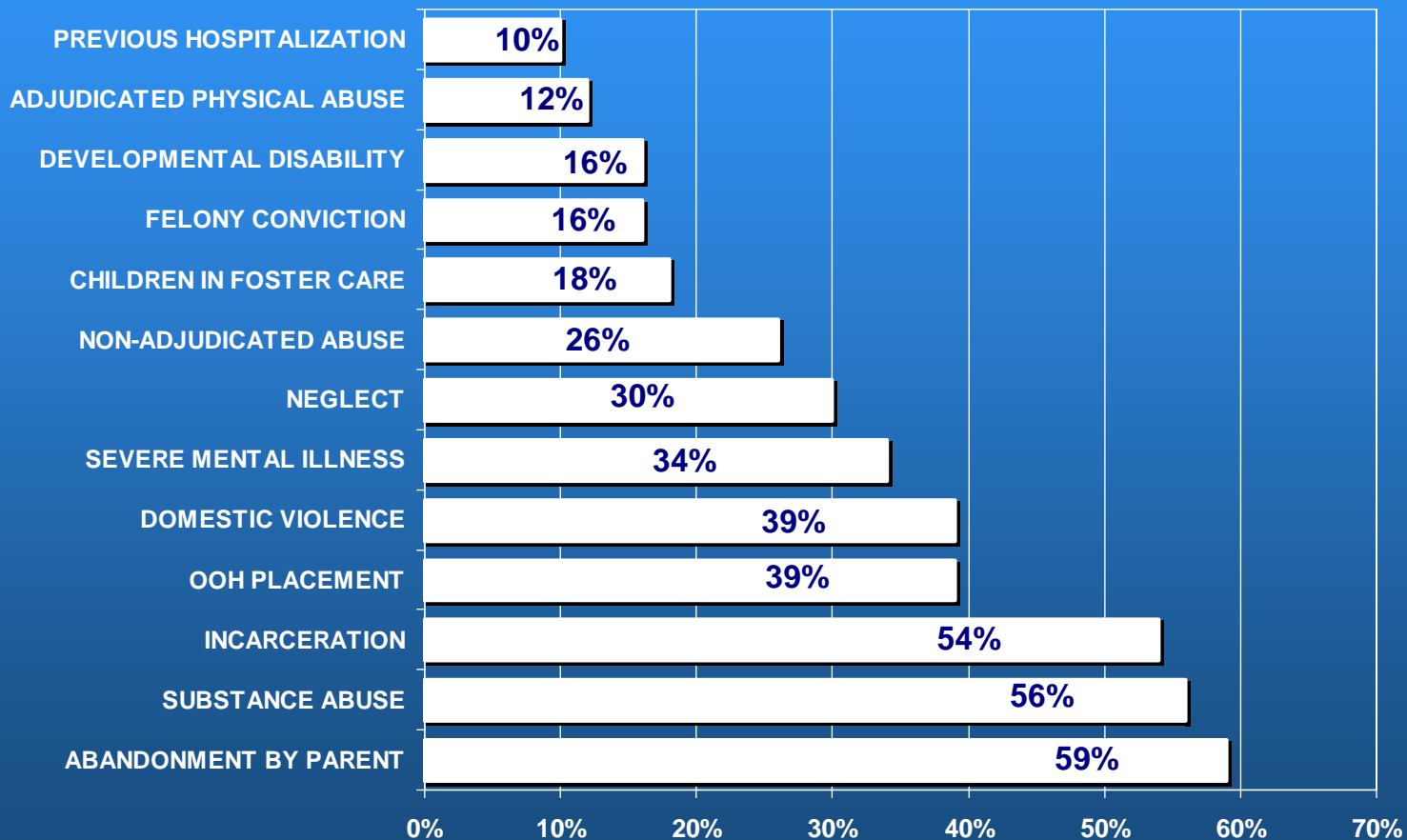


Current Enrollees - 2006

PERCENTAGE WITH ISSUE



# Family Issues at Intake



**FAMILIES EXHIBITING CONCERNS**

Current Enrollees - 2006



# Specialized Services for High Risk Youth:

1. Juvenile Sex Offenders – goals are to successfully integrate into community with no recidivism.
2. Mobile Urgent Treatment Team for Foster Care – goal is to decrease multiple or failed placements.
3. Mobile Urgent Treatment Team for Milwaukee Public Schools – goals are to decrease school violence, failed placement and increase attendance.
4. FOCUS – Provides the court system an alternative to corrections. Goals are to decrease recidivism and increase school attendance.
5. Professional Foster Parent Pilot – goals are to decrease runaway behavior for young women and promote reunification with family.



# Activities Initiated to Assist Us in Enhancing Our Approach to Working with this Population:

- ◆ Good data collection
- ◆ Utilization of specific risk and needs assessment
- ◆ Education and training of system partners, especially court officials
- ◆ Training and ongoing consultation for care coordinators, clinicians and family members on best practices, treatment and risk management



# Activities Initiated (cont'd)

- ◆ Ongoing evaluation and policy team review of legal and mental health responses
- ◆ Collection and dissemination of outcome data
- ◆ Enhancement of community based services, ie: specialized treatment foster care, crisis stabilization, more culturally diverse out patient and in-home providers
- ◆ Enhancement of community based resources to support parents in providing supervision and structure for youth



# What are the Care Coordinator's roles and responsibilities with "high risk" youth?

- ◆ Establish rapport with parent(s) and all children
- ◆ Use good judgement---**consult**---collaborate and support team in using available resources
- ◆ Attend the *Community Safety and Resource Development- High Risk Review with specialized psychologist*
- ◆ Take advantage of continuing education; learn about providers with specialization
- ◆ "Best practice" safety planning
- ◆ Have RCCY-based providers to complete the **JSO Progress Report Form** and attach to prior authorization (Risk assessment tool)
- ◆ Report all critical incidents and changes in placement



# Safety planning outline

- ◆ Team meeting
- ◆ Determine recording duties (chart)
- ◆ Start with family strengths-list resources
- ◆ Need for safety planning-risks to whom?
- ◆ Establish goals
- ◆ Brainstorm strategies, engage youth
- ◆ What's needed to make it work? Develop resources.
- ◆ Incentives and consequences
- ◆ Keep It Simple
- ◆ Finalize plan and have all parties sign
- ◆ Review/revise regularly & as changes occur



# Best practices in the SAFETY DOMAIN

- ◆ Individualized, not formula
- ◆ Context-specific (often more than one)
- ◆ Developed as a team, with consultation as needed, shared responsibility/accountability
- ◆ Proactive, preventative
- ◆ Details relevant Family Rules
- ◆ Preventive education needs and strategies
- ◆ Not just paperwork



# Which interventions have been found to work best with “high risk youth”?

- ◆ Promote improved relationships with parents, family, healthy peers and adults (multi-systemic)
- ◆ Solution-focused (small change is all that is needed, expect cooperation)
- ◆ Find the talent and promote it
- ◆ Forge durable connections with school, recreational programs and religious institutions (pro-social influences).



# Program Outcomes

## Utilization of Residential Treatment

- ◆ 90% Reduction
  - May 1996 - 370 Placements
  - Currently - 70 Placements

## Psychiatric Hospitalization

- ◆ Yearly Utilization Dropped
  - From 5,000 to 148 Days (for Enrolled Youth in 2005)

## Juvenile Correctional Placements

- ◆ 100 Fewer Placements Annually

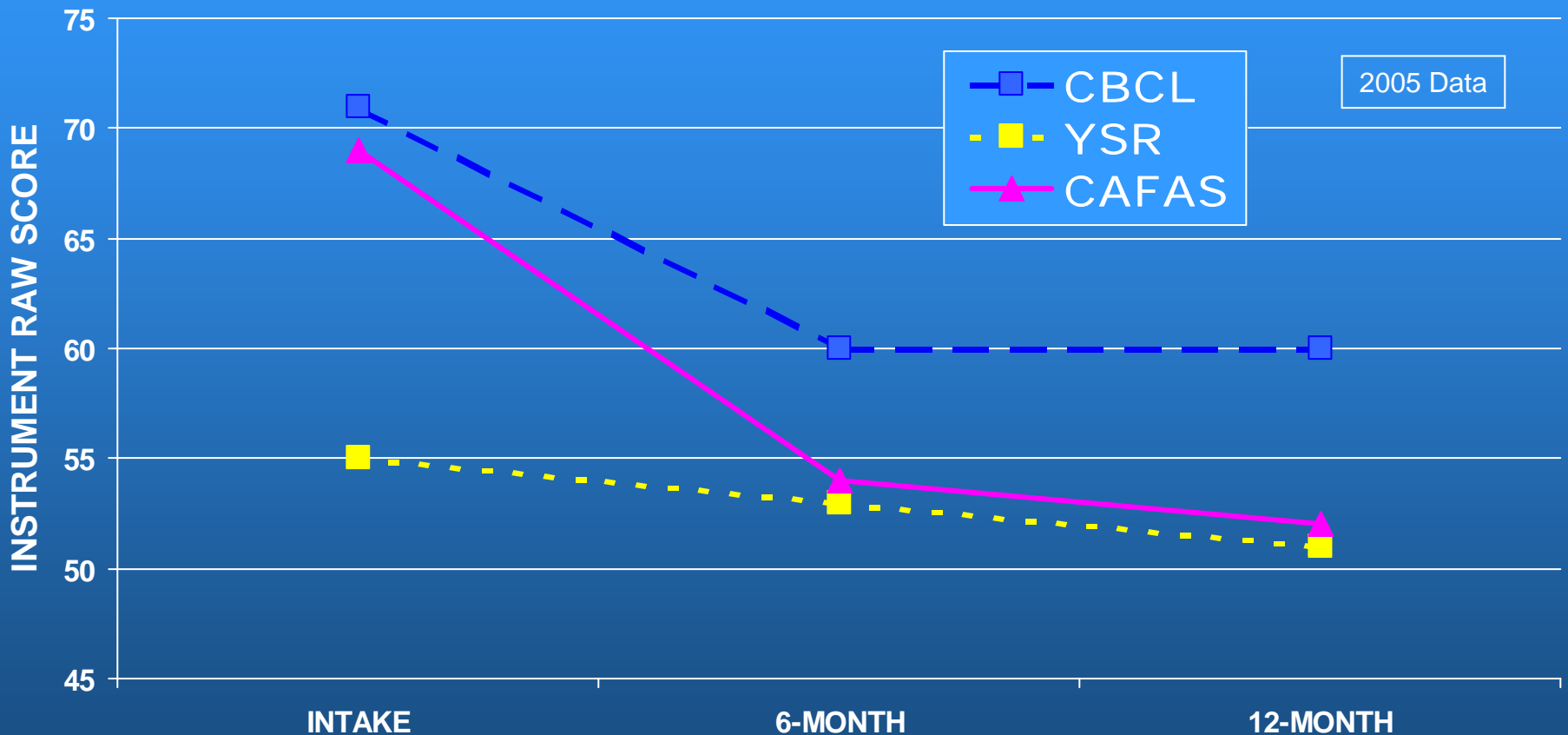


# Service Utilization/ Placements

- ◆ Currently 115 youth adjudicated for sexual misconduct enrolled.
- ◆ 41 Family Home
- ◆ 11 Relative
- ◆ 13 Foster Care
- ◆ 24 Group Home
- ◆ 19 RCCY



# Caregiver, Care Coordinator, & Youth Reported Improvement In Functioning For Clients



Child Behavior Checklist (CBCL), n=159; Youth Self-Report (YSR), n=140; Child & Adolescent Functional Assessment Scale (CAFAS), n=225.



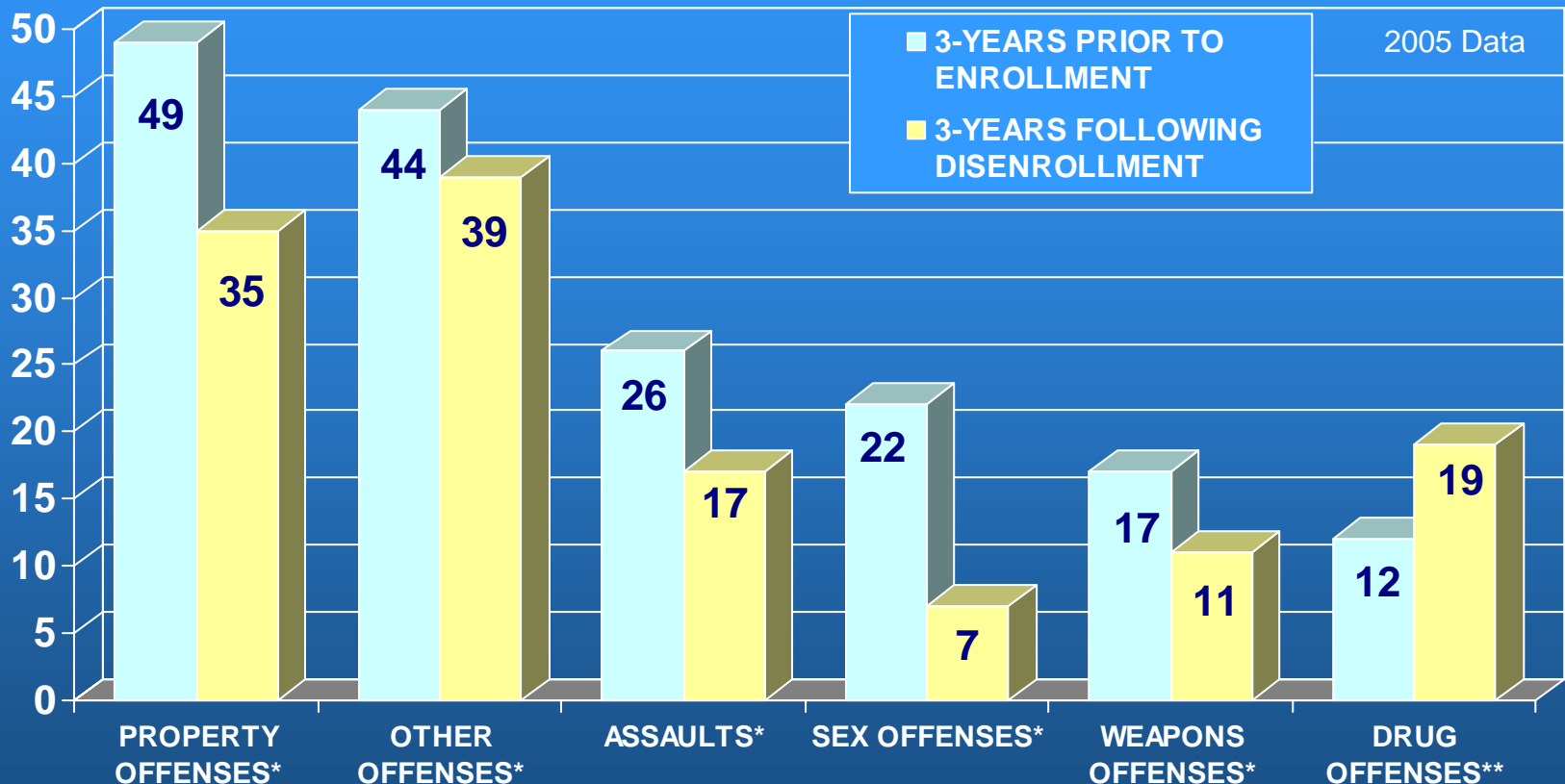
# Mobile Urgent Treatment for Foster Families

- ◆ Began in Dec. 2005
- ◆ Provides assessment and stabilization
- ◆ Year One – change of placement requests down 45 – 50%
- ◆ Year Two – 50% youth maintained in foster home
  - 17% moved to treatment foster homes
  - 15% back home
  - 12% enrolled in Wraparound Milwaukee
  - 6% moved to a new home

*N=143*



# SPECIFIC OFFENSE TYPES THREE YEARS PRIOR TO ENROLLMENT & THREE YEARS FOLLOWING DISENROLLMENT IN WRAPAROUND MILWAUKEE



*Other offenses consist primarily of Disorderly Conduct (58%) & Obstructing Justice/Fleeing (29%)*

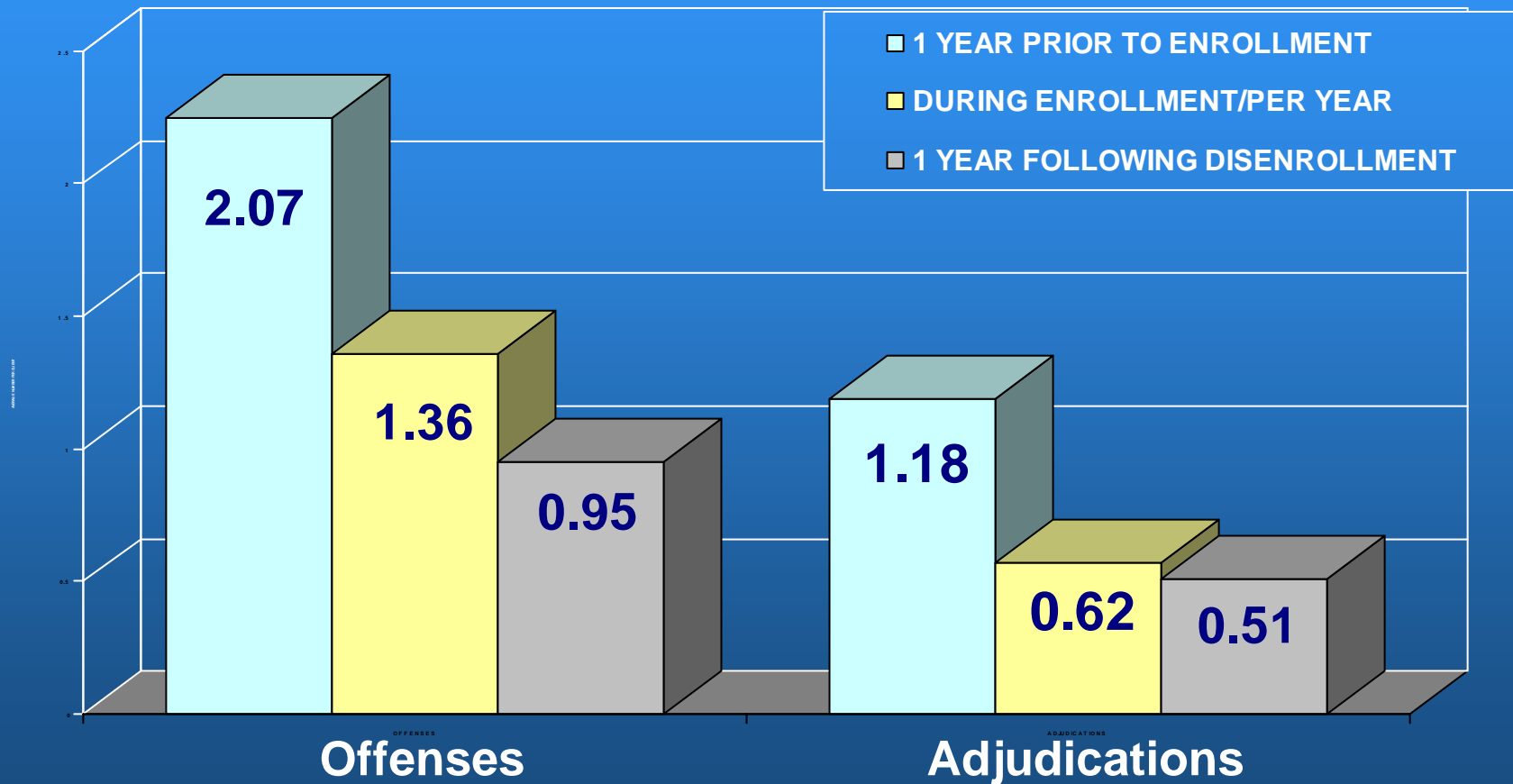
\*Reductions are significant at a  $p < .01$  level using a Chi-Square comparison.

\*\*Increase is significant at a  $p < .01$  level using a Chi-Square comparison.

n = 842



# Reduction in Legal Offense Referrals & Adjudications During Enrollment & After Disenrollment for Clients in the Wraparound Milwaukee Program

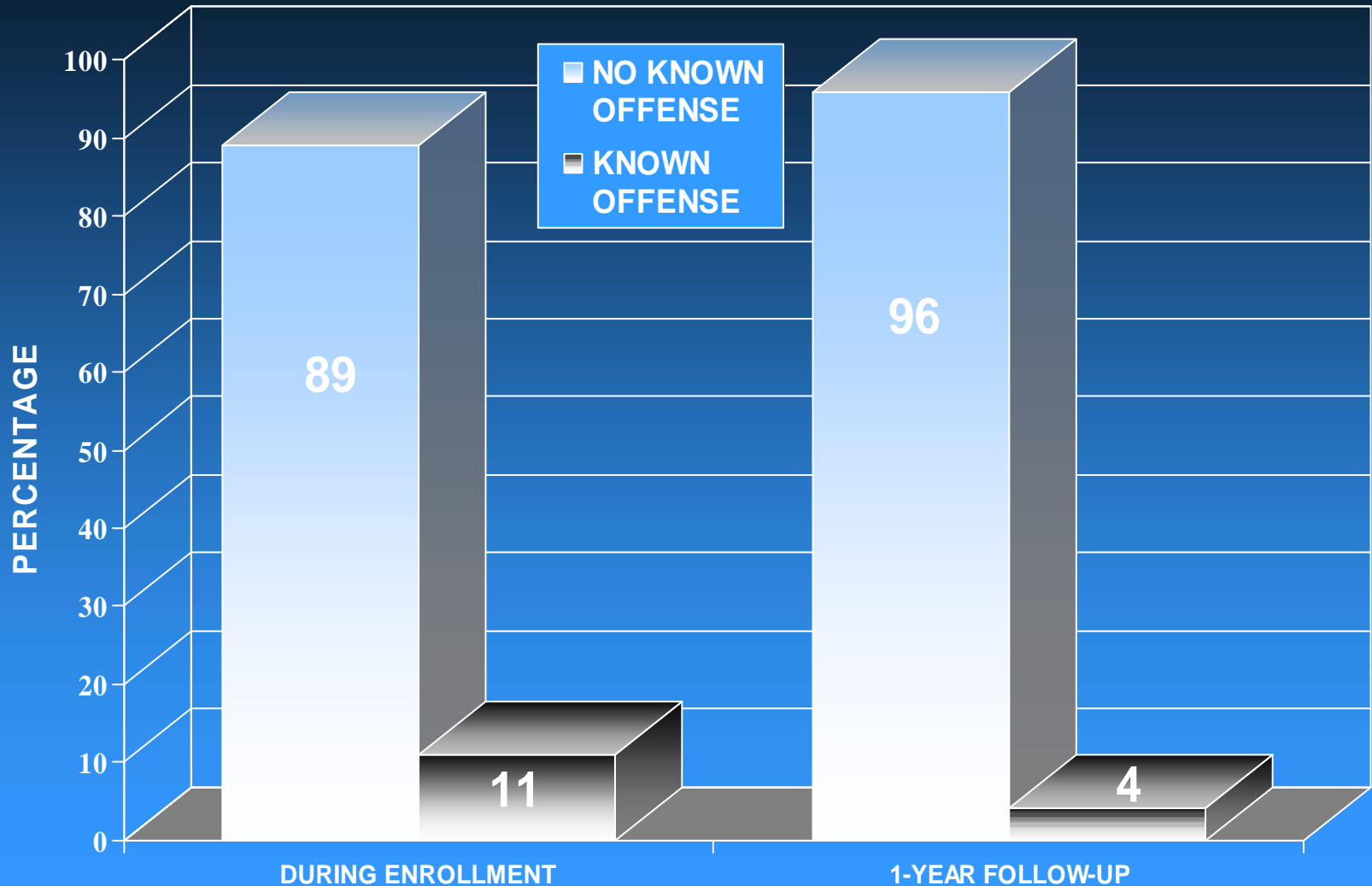


n=828. Reductions are significant at the  $p < .001$  level of significance using a repeated measures analysis of variance.

Data through 12/31/2005



# WRAP JSO SEXUAL OFFENSE RECIDIVISM DURING AND AFTER ENROLLMENT



N=202 DURING ENROLLMENT, 100 1- YEAR FOLLOW-UP

For More Information About

# WRAPAROUND MILWAUKEE



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*The hope of a better  
future lies in investing  
in the health and well  
being of our children*