

## BRIEF

JULY 2015

# Enhancing a Collaborative Response to Youth Considered High Risk

## Who is Wraparound Milwaukee?

Wraparound Milwaukee is one of the original Substance Abuse and Mental Health Services Administration (SAMHSA) funded Children's Mental Health Initiative System of Care grantees. Wraparound Milwaukee has proven to be impressively sustainable and dynamic while remaining true to the Wraparound values and principles. The core administrative functions of Wraparound Milwaukee have been fulfilled by employees and contractors of the Milwaukee County Behavioral Health Division, while most of the direct services to families are provided by private non-government agencies within a fee-for-service provider network. Wraparound Milwaukee is a Medicaid HMO and receives additional local and state dollars to flexibly fund services.

## Who Wraparound Milwaukee Serves

Wraparound Milwaukee has grown to serve over 1000 complex needs families per day. Since the 1990s, Wraparound Milwaukee has served as the provider for juvenile justice and child welfare-involved youth considered at high risk for out of home placement. More recently, the program has grown to provide services to non-system involved high need families and young adults in transition. One of the strengths of Wraparound Milwaukee has been its agility in responding to identified community service gaps and needs.

## History of Gaps, Needs & Resource Development: Youth with Sexual Behavior Problems

In 1999, the Community Safety and Resource Development Project (CSRDP) was initiated. This multidisciplinary, collaborative group was founded and led by a Wraparound Milwaukee psychologist and manager, and was aimed at improving the community response to special populations of at risk youth. At that time, Milwaukee County youth adjudicated of sexual offenses were a group who were at particularly high risk for institutional placement. Longer term residential care and correctional placements were common.

In the late 1990s, there was growing opinion, expressed by both local and national experts that the legal response to adolescent sexual aggression was often overly harsh, restrictive, and insufficiently informed by relevant evidence.<sup>i ii iii iv</sup> Not unlike many other communities, Milwaukee had very few community-based resources to expertly address juvenile perpetrated sexual aggression. Correspondingly, there was a stagnant over-reliance on treatment centers which were geographically distant from Milwaukee. Family oriented, victim-centered approaches were not available, despite the fact that the majority of sexual abuse perpetrated by juveniles was intra-familial.

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Strategic evaluation and planning by the CSRDP coalition identified a number of community gaps and needs. Initial prioritized community needs included front end, empirically-derived and offense-specific risk assessment<sup>vi</sup> to assist in legal disposition planning, in cross-discipline training to highlight the heterogeneity of adolescent sexual misconduct, and to promote enhancement of alternatives for those youth who could safely be treated in the community.

The Wraparound facilitation and planning skill that care coordination can bring to a team was considered a great fit for families struggling with the complexity of intra-familial sexual abuse. Additionally, use of sensitive and skilled Wraparound facilitators filled the need for a carefully coordinated and paced process, often involving multiple clinical and other providers working collaboratively with various family members.

Technical assistance from the Center for Sex Offender Management<sup>vii</sup> and a grant award from the Federal Department of Justice Programs (1999-2001) helped to strengthen the local coalition and bring in national expertise and training to assist in program design and implementation. A program advisory board was formed with local representatives from juvenile justice, child welfare, mental health, victim advocacy and law enforcement. Program activities developed as part of the grant project included:

- Implementation of comprehensive data collection involving all youth referred to Milwaukee County Children’s Court on a sexual offense;
- Predisposition, sex offense-specific assessment of youth and their families;
- Cross-system training and ongoing consultation regarding best practices in juvenile sex offender assessment and treatment; and
- Development of enhanced community-based offense-specific treatment and resources to support parents in providing supervision and structure for youth.

Improving Milwaukee County Children’s Court Judges’ front-end access to offense-specific risk assessment, along with enhancements in specialized community based clinical programming, resulted in dramatic changes in service utilization. Comparing the first nine months of 2000 and 2002, Wraparound Milwaukee achieved a 34% decrease in utilization of residential treatment for youth adjudicated of sexual offenses. This change was simultaneous with a dramatic increase in referrals of these youth to Wraparound Milwaukee, from 9% to 50% of all youth adjudicated of sexual offenses in Milwaukee County. In addition, a significant drop in commitments of Milwaukee County youth adjudicated of sexual offenses to correctional institutions was achieved during the grant program implementation (from 19% to 12.5%).<sup>viii</sup>

### High Risk Review & Management

Currently, Wraparound Milwaukee uses a careful, strengths-based review of a youth and family history as part of the screening process for all youth referred to the program. The process is trauma-informed and prevention oriented, and careful attention is paid to both historic/static factors, as well as current/dynamic factors, which might be predictive of future risk. Psychological, psychiatric, social, and school history information are typically included in the review. Youth are assigned to a “high risk list” for special oversight based on their behavioral and/or trauma exposure history. Youth with a history of sexual misconduct (adjudicated or not), fire-setting, self-harm, and other historic dangerousness to self or others are added to the high risk-high needs list. Youth who are survivors of commercial sexual exploitation are included on this list as well.

Wraparound Milwaukee manages the youth on this list to reduce risk, promote best practices and innovation, and carefully track outcomes. All youth on the high risk list receive clinical and administrative oversight by the Wraparound clinical manager/psychologist. Specialized consultation is provided to care coordinators assigned to these young people and their families, in addition to agency-based supervision. Initial consults with the clinical manager (which includes the care coordinator, their supervisor, coach, and the Wraparound court liaison) occur within two weeks of assignment and at least monthly thereafter. Parents, youth and other team members are welcome to attend all specialized

consults. Focus is on providing opportunity for troubleshooting and supporting care coordinators and others in matching identified strengths, needs and risks with best practice clinical interventions, and other strategies. The clinical manager also is responsible for monitoring and responding to critical incidents involving high risk youth as well as reassessing youth previously identified as non-high risk when there is a new disclosure of risky/dangerous behavior.

An electronic, internet-based medical record and management information system allows for comprehensive and transparent oversight in real time. Documentation of current status, updates, and recommendations from the consultant are entered immediately entered into the internet-based and HIPPA-compliant electronic record. Monthly clinical progress reports and updated risk assessments from clinical treatment providers also are uploaded into the electronic medical record. The clinical manager has access to the complete electronic record and is responsible for pre-authorizing out of home care, when necessary.

Training in working with youth who are included on the high risk list is one of the core modules provided for new care coordinators. Special seminars on topics such as secondary trauma, and booster training sessions on building resilience and reducing risk are provided for care coordinators and other providers at regular intervals.

#### Outcomes

Today, Wraparound Milwaukee continues to be the provider for most Milwaukee County youth adjudicated of sexual offenses. The court trusts Wraparound Milwaukee to work collaboratively with partners in juvenile justice and child welfare to carefully and responsibly balance the needs for community safety with youth and family development. Access to front end, evidence-informed risk assessment has been institutionalized, allowing judges to make more informed decisions. A trauma-informed, victim-centered, and high fidelity Wraparound approach, often utilizing an array of services and strategies to meet the needs of youth and families, is the norm. The landscape of community-based services is now rich with expertise in working with families impacted by sexual behavior and other abuse-specific and self-regulation concerns. Sexual and other offense recidivism is monitored and reported at regular intervals as part of the Wraparound Milwaukee program evaluation and quality assurance processes. While the base rate, per meta-analyses, of juvenile sexual recidivism is generally reported to be 10%, Wraparound-enrolled youth have been found to re-offend at a significantly lower rate.<sup>ix</sup> Further, data consistently show that youth in Wraparound Milwaukee's high-risk youth recidivate significantly less than non-high-risk youth served.<sup>x</sup>

At this time, most youth adjudicated of sexual offenses reside, attend school, and receive their treatment in the community. At this writing, one out of 53 Wraparound youth with an adjudicated sexual offense is in residential treatment.

#### Lessons Learned

Effective Systems of Care working with high-risk, high-need youth and their families require program managers, clinicians, coaches, and Wraparound care coordinators to remain aware of risk management strategies, evolving clinical best practices, and outcomes with subgroups of youth. Evidence-informed and continuous quality improvement processes require access to continuing education, training, and informed supervision and coaching. Program monitoring, evaluation and innovation are critical to long term success.

Working with youth who have engaged in behavior which has brought serious harm to others or to themselves requires carefully informed, credible, and managed resources. The dedication of resources for early detection and ongoing prevention of harm should be valued and promoted as part of an overall community approach to risk management. Management-level clinical and administrative oversight are critical to successfully serving special populations in the community.

## References

- <sup>i</sup> Becker, J. & Murphy, W. (1998). What we know and don't know about assessing and treating sex offenders. *Psychology, Public Policy, and Law*, 4, 116-137.
- <sup>ii</sup> Hunter, J.A. & Lexier, L.J. (1998) Ethical and legal issues in the assessment and treatment of juvenile sex offenders. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 3(4), 339-348.
- <sup>iii</sup> Hunter, J.A., Gilbertson, S.A., Vedros, D. & Morton, M. (2004). *Strengthening Community-Based Programming for Juvenile Sexual Offenders: Key Concepts and Paradigm Shifts*, *Child Maltreatment: Journal of the American Professional Society of the Abuse of Children*, 9, (2), 177-189.
- <sup>iv</sup> Righthand, S. & Welch, C. (2004), Characteristics of youth of sexually offend, *J. of Child Sex Abuse*, 13 (3-4), 15-32.
- <sup>v</sup> Becker, J. & Murphy, W. (1998). *Op Cit*.
- <sup>vi</sup> Prentky, R. A., Harris, B., Frizzell, K., & Righthand, S. (2000). An actuarial procedure for assessing risk with juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12(2): 71-93.
- <sup>vii</sup> Center for Sex Offender Management (1999). Comprehensive Approaches to Sex Offender Management Program, <http://www.csom.org/about/OJPSites.html>.
- <sup>viii</sup> Hunter, J.A., Gilbertson, S.A., Vedros, D. & Morton, M. (2004). *Op Cit*.
- <sup>ix</sup> Hunter, J.A., Gilbertson, S.A., Vedros, D. & Morton, M. (2004). *Op Cit*.
- <sup>x</sup> Kamradt, B. & Goldfarb, P. (2015). Demonstrating effectiveness of the Wraparound model with juvenile justice youth through measuring and achieving lower recidivism. Baltimore, MD: The Technical Assistance Network for Children's Behavioral Health.

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## ABOUT THE NATIONAL TECHNICAL ASSISTANCE NETWORK FOR CHILDREN'S BEHAVIORAL HEALTH

The National Technical Assistance Network for Children's Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.

## ABOUT WRAPAROUND MILWAUKEE

This resource was produced by Wraparound Milwaukee in its role as a partner in the national [Technical Assistance Network for Children's Behavioral Health](#). Wraparound Milwaukee is one of the largest Systems of Care in the United States annually serving over 1,700 children with complex emotional and mental health needs and their families. At the core of this program, now in its 20<sup>th</sup> year, is its fundamental approach to provide care and support to families in the community that is family driven, culturally competent, highly individualized, strengths-based, and outcome driven.