

West Kootenay Local Action Team

Discussion Paper: Sustainable Wraparound Service

Introduction

This paper is meant to invite discussion and assist in seeking solutions to the issue of increasing the number of children, youth and their families receiving timely access to integrated mental health and substance use services and supports throughout the West Kootenay region. Like many small communities, the barriers to receiving timely and integrated mental health and substance use services in this region include wait lists for services, lack of coordination of services, and communication issues between service agencies. In order to address part of this problem the West Kootenay Local Action Team (WK LAT) is becoming more familiar with Family-Centred Practice principals and particularly how these relate to Wraparound service.

The Rationale

The case for Wraparound service is well established and clear, both for the benefits to children, youth and their families and to the business of providing mental health and substance use services. Wraparound services are considered among the most effective interventions for children with complex multi-agency needs spanning emotional, behavioural and mental health concerns and are an essential component of a children's mental health system.

The first phase of Wraparound care and team development is resource intensive. However, it is of cost-benefit advantage to invest more resources in the initial phases of service coordination to save much higher costs in the long term. Wraparound services are designed to give children and youth treatment interventions that allow them to remain in their homes, schools and communities. Long term studies have shown that children and youth make substantial improvements when provided Wraparound services. Hospitalizations and arrests decrease, suicidal behaviours are reported less, school attendance and achievements are better and mental health improvements are sustained.

Other benefits of Wraparound service include:

- comprehensive and meaningful assessments which include a day to day picture that draws on the parent's expertise. This assists in a better understanding of the child or youth's behaviour in the context of both family and peer involvement;
- more informal social supports identified by the youth/family that can be activated in a service delivery plan;
- careful attention to the service priorities identified by the youth/family rather than service priorities suggested solely by professionals; and

- an increased understanding for professionals about the community and cultural barriers that exist for youth/families to comply and take part in a service plan.

Tests of Change

The WK LAT has been working together for almost three years and has achieved several improvement goals based on the Collaborative Charter Objectives. As relationships have strengthened over time the focus at the LAT table shifted from community development to case discussions and care pathways. Themes began to emerge across the region and it became evident that a significant shift in practice was needed in order to effectively provide sustainable multi-sector wraparound care to children, youth and their families. It was clear that this was the wicked problem that needed to be addressed, so the search for Wraparound service models began.

In September 2015, the Kootenay Boundary Division of Family Practice and the WK LAT engaged Dr. Barry Trute who resides in Nelson BC. Dr. Trute served as ARC Professor of Family Centred Care at the University of Calgary, holding joint appointments in Social Work, Nursing and Paediatrics. His leadership in Canada in the development and advocacy of a Family-Centred Practice model in health and social services has been instrumental in supporting the WK LAT to implement a test Wraparound service model in the region.

Our first step was to learn about Family-Centred Practice so Dr. Trute facilitated a workshop for the LAT and other professionals called 'Partnering with Parents'. Learning objectives from the workshop included:

1. Understand Family-Centred Practice as a radical change in the culture of the delivery of child/youth health and social services
2. Become familiar with key practice components of Family-Centred Service (FCS)
3. Better understand the central importance of service coordination in FCS
4. Consider the Service Delivery Matrix in community coordinated care
5. Become more cognizant of important hurdles to service coordination in child health and child welfare
6. Obtain an introductory understanding of the design and implementation of a Family Service Plan in coordinated care
7. Review research outcomes of FCS in child health and child welfare

The LAT also purchased Dr. Trute's book 'Partnering with Parents: Family-Centred Practice in Children's Services' and provided copies to all LAT members.

Building Sustainable Wraparound Service

Our second step in seeking to build a sustainable Wraparound model was to learn from tracer cases which helped identify the hurdles to Wraparound service in the region. The LAT launched a Coordinated Service Care Initiative to track learnings from the tracer cases. Initial learnings include:

- Information sharing continued to be an issue across the region and needed to be resolved before a Wraparound model could be tested. While waiting for the new Information Sharing and Privacy guidelines to be released the WK LAT developed a Family Consent, Service Provider Consent and an Exchange of Information Form currently being tested with each tracer case.
- The amount of work that is required to meet the role of service coordinator in a Wraparound case is substantial. If it is carried by a person who already has a large and demanding workload, as is the situation for most professionals involved with the LAT, it will appear too onerous a commitment. Because of this, it is difficult to secure the commitment of professionals working in the West Kootenay region to add the service coordinator responsibilities to their already heavy employment demands.
- If a member of the LAT does take on the service coordinator role, it will often mean that the initial steps cannot be done expeditiously but must be done in concert with other pressing work responsibilities. That lead to a slower initiation of the Wraparound process for target families.
- The difficulty of coordinating services that do not exist in our area or that are already oversubscribed (with waiting lists for intake). That means that a service coordinator must hunt to find scarce resources to meet the priority needs of a family. This involves identifying and persuading therapists or practice specialists to add the target family to an already tight caseload. For example in the first tracer case, a highest priority for the mother of a troubled youth was “counselling for anger control”. This was not a straightforward counselling situation as the youth had an intractable seizure disorder, was abusing drugs, and was considered as potentially needing anti-psychotic medication. The challenge was to find a competent counsellor who could tailor treatment to best meet the youth’s needs (while maintaining a trusted therapeutic alliance with him).
- Because of the scarcity of treatment resources in this locale, membership on the Wraparound team must be limited to professionals that are acceptable to the family, while having sufficient commitment to take on specific service delivery goals for the target family. This suggests that Wraparound teams will be small in membership.

- Because of the limited network of professionals available for participation on each Wraparound team, this suggests that only the most pressing service needs can be addressed. This holds potential to weaken a family's view that the Wraparound process will improve the quality of the resources available to the family, and thereby weaken their belief that anything new is offered by the extra time and effort that the Wraparound process requires from the family.

The WK LAT's Coordinated Service Care Initiative has attempted to mitigate and resolve some of the above challenges by exploring alternatives to a funded service coordinator position. But without the support of sponsoring ministries, or the ability to reallocate services at the local level it has been difficult to test the following ideas:

1. How can the local pool of service coordinators to lead Wraparound teams be expanded? Should "parent partners" be used? If this is considered, then careful steps must be followed to identify parents that would be willing to do the work, and who are appropriate for this challenging role. There would need to be a program of training in place to fully prepare "Parent Partners" to assume the service coordinator role.
2. Are there already similar positions like 'Patient Navigators' employed in the local area? If yes, could part of their workload be dedicated to a service coordinator role under the aegis of the WK LAT?
3. Is it possible to protect some high-need treatment resources in the local community to be available to Wraparound teams?
4. Can a balance be found between the number of families that have access to Wraparound teams, and the realistic availability of needed specialized treatment resources? That is, can some level of matching be done to cross-reference type of family need with local availability of treatment resources? This suggests an initial triage process for family entry to Wraparound services?

Next Steps

High fidelity to the Wraparound service model is essential in order for it to be successful and sustainable. The WK LAT is committed to advancing the implementation of Wraparound services for complex cases but its implementation requires that the child-serving system is supportive. Research on Family-Centred Practice and Wraparound in other provinces, and initial learnings from the tracer cases supports the creation of funded service coordinator positions. The WK LAT believes that developing a case management function, and identifying someone who is responsible for it, is critical to translating the Wraparound philosophy into concrete policies, practices and achievements.

Based on our work to date, the WK LAT is considering proposing a Wraparound Initiative for moderate to complex cases in a few communities, with a Wraparound Resource Coach and Parent Coach. During the testing period these two positions would work under the Division and the LAT, in order to determine best government/community location for a position of this type. Coaching responsibilities would include:

- develop mechanisms to ensure access to the services and supports that Wraparound teams need to fully implement their plans
- ensure the system supports Wraparound staff and partner agency staff to work in a manner that allows full implementation of the Wraparound model
- assist communities to develop and implement mechanisms to monitor Wraparound fidelity, service quality, and outcomes, and to oversee the quality and development of the overall Wraparound effort
- establish working alliances with children, youth and their families to ensure meaningful goals are formulated and their voice is included in all service planning
- coordinate Wraparound care meetings, and the sharing and exchanging of information between team members

The WK LAT is keen to hear the perspective and suggestions of senior partners in response to this discussion paper.

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