

Using Wraparound with Homeless Youth Who Have a Child Welfare History: Lessons from the Field

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Lighthouse Youth & Family Services (Lighthouse) is dedicated to empowering young people and families to succeed through a continuum of care that promotes healing and growth. The organization is nationally recognized as an innovator in services for families in crisis, for homeless youth and young adults, and for youth learning to become self-sufficient. Lighthouse headquarters are in Cincinnati, Ohio.

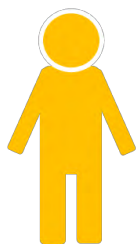
Lighthouse received a 2-year planning grant in 2013 from the Children's Bureau within the Administration for Children and Families (U.S. Department of Health and Human Services) as part of the Youth At-Risk of Homelessness (YARH) grant program. The purpose of YARH is to build the evidence base on comprehensive service models that prevent homelessness among older youth and young adults who have been involved with the child welfare system. The work conducted during the first phase contributed to ACF selecting Lighthouse in 2015 to be one of six organizations to proceed to the second phase of YARH, an initial implementation grant.

*This brief describes the **Watch Me Rise (WMR)** comprehensive service model developed and implemented by Lighthouse during YARH. We describe how WMR incorporated the **High Fidelity Wraparound (Wraparound)** service coordination process and highlight lessons learned from implementing it with homeless young adults (youth) who had previously been involved in child welfare. A defining feature of WMR is service coordination that is trauma-informed, youth-driven, strengths-based, and goal-oriented.*

Informing the Model

Watch Me Rise (WMR) is the comprehensive service model implemented by Lighthouse. The first phase of YARH was a critical step in the development of WMR. Hamilton County, Ohio (Cincinnati) is an urban area with high rates of child poverty, child welfare involvement, and homelessness. However, there is a long history of collaboration among organizations serving youth and families. Lighthouse built on this robust history and partnered with numerous youth-serving community organizations and members of the Lighthouse Youth Advisory Council to closely examine the homelessness and child welfare histories of young adults ("youth") in the county to address service system gaps and inform the development of WMR.

Of the 491 youth aged 18-21 who received homeless services in the year prior to the assessment (February 1, 2014-January 31, 2015), **130 (26%) reported past experience with child welfare.** The primary characteristics of these 130 youth showed:



- 86% had a last known address in Hamilton County, Ohio
- 79% received homeless services from Lighthouse Youth & Family Services
- 67% were African-American
- 52% were Male
- 47% reported a pre-existing mental health diagnosis
- 45% reported spending more than five years in child welfare custody
- 44% reported aging out of the child welfare system

Additional data matching between Lighthouse’s administrative data system and the Ohio Statewide Automated Child Welfare Information System included 328 youth ages 18-21 over five years (January 2010-March 2015), with **51% (n = 166) being homeless at least once since emancipating from child welfare**. Of these homeless youth:

- 75% had an open case with the child welfare system within their first three years of life
- 52% were 14-17 years old when they first entered foster care
- Youth averaged 2 to 3.5 placements every year that they were in the custody of child welfare

Interviews conducted with homeless young adults who had been in child welfare, child welfare-involved adolescents, and caregivers of adolescents in foster care, indicated that youth were aging out of the child welfare system with insufficient skills, supports, and social connections. Additional barriers included disconnection from family and community, and trauma-related mental illness. Furthermore, there was lack of a coordinated follow-up process for youth leaving shelter, which impacted their ability to (1) achieve goals, (2) access and engage with existing services, and (3) obtain stable housing.

Developing the Model

Lighthouse determined that **High Fidelity Wraparound (Wraparound)** was the most comprehensive approach to addressing the experiences and needs identified during the first phase of YARH for homeless youth with a child welfare history. **Wraparound is an evidence-based service coordination process** that is driven by individualized plans within a collaborative, team-based approach to support youth with complex needs (Walker, Bruns, & Penn, 2008). Additional principles of Wraparound center on youth voice and choice, a strengths-based approach, and incorporating each youth’s individual values, beliefs, and culture into the coordination process (Bruns et al., 2004). It is designed to be used with youth who have intensive needs that span multiple systems in order to maintain youth in their homes, stabilize child welfare placements, or prevent juvenile detention placements or recidivism (Suter & Bruns, 2009). Although Wraparound has been used with youth involved in child welfare (Ferguson, 2012) and a recent report highlighted the implementation of Wraparound with older youth and young adults (Walker & Baird, 2019), it has rarely been used with homeless youth with a foster care history.

WMR uses Wraparound with homeless youth (ages 18-24) who had a child welfare history.

Youth are primarily identified and referred through the Lighthouse Sheakley Center for Youth when they enter as shelter residents. However, they can also be referred by the county’s aftercare program for youth who have emancipated from child welfare. Youth remain enrolled in WMR after they exit shelter or aftercare services. WMR incorporates Wraparound to help youth develop a sense of **connected autonomy** (Henig, 2010; Goodkind, Schelbe, & Shook, 2011) in order to prevent future homelessness for youth with a foster care history. The service model aims to:

- 1) Help youth identify their own goals and needs, and**
- 2) Develop a team of formal and natural supports with each youth in order to help the youth achieve their goals, find and maintain stable housing, and prevent future homelessness.**

WMR Theory of Change Assumptions

1. Youth are resilient.
2. Life skills training, trauma-informed care and behavioral health care are available for every youth.
3. Youth want to drive their service/treatment plans and want individualized services.
4. Natural and system supports are essential for youth success.
5. Youth-serving systems and community partners are collaborating to improve services and outcomes for youth.

Implementing the Model

WMR utilizes the **four phases of Wraparound**, which span 6-18 months depending on each youth’s unique needs. A WMR Facilitator helps each youth progress through the four phases and convenes the youth’s team of supports. A Youth Support Advocate is also available to work with each youth to further help them achieve their plan. They provide peer support based on their own experience with child welfare and/or homelessness, which includes activities such as advocating for youth in team meetings, coaching with day-to-day life skills activities, assisting youth with leadership opportunities, and providing emotional support based on mutual respect. The four phases and corresponding key activities are displayed in Table 1. Activities that occur within a specific timeframe are noted.

“Stability and consistency was [sic] missing [in my life] before but Watch Me Rise brings a consistent supporting team. That is important until you don’t feel like you need them anymore.”

Table 1. Four Phases of Wraparound in WMR*

Phase 1 Engagement/Teaming	Phase 2 Plan Development	Phase 3 Plan Implementation	Phase 4 Transition
8-10 weeks	2-3 months	2-12 months	1-2 months
<ul style="list-style-type: none"> • Build trust and rapport with the youth • Identify formal and natural supports to participate on the youth’s WMR Team • Develop Connections List; Strengths, Needs & Culture Discovery (SNCD) Narrative; and Visual Timeline to identify youth’s unmet needs and potential supportive connections (30 days of enrollment) • WMR Team meetings convened at least 1x/month with additional contacts between meetings (First meeting within 15 days of enrollment) • Orient WMR Team members to the Wraparound process 	<ul style="list-style-type: none"> • Use the SNCD Narrative to develop a strengths-based approach to goal-setting in the youth’s Plan of Care • Identify appropriate clinical services and community resources to achieve goals identified by the youth • Identify additional natural supports and continue strengthening relationships with WMR Team members 	<ul style="list-style-type: none"> • Conduct activities outlined in the Plan of Care in order to support the Youth Vision Statement • Utilize natural supports and community resources identified in the Plan of Care • WMR Team meetings convened every 30 days; Plan of Care reviewed 	<ul style="list-style-type: none"> • Create transition plan 30-60 days before closing so youth can manage independently with ongoing support of their WMR Team members • Youth transitions out of formal WMR and WMR aftercare services are made available for up to 45 days, with the potential to re-enroll

*Detailed information about the model phases, processes, and essential documents can be found in the WMR Intervention Manual.

Lighthouse tested and documented their experience implementing WMR throughout the second phase of YARH. The lessons learned from using Wraparound with this special population can benefit practitioners in the child welfare and housing/homelessness fields. The following sections focus on key components and lessons learned in each of the four phases that were described above.

Phase 1 – Engagement/Teaming

Engagement Tips

- WMR staff should be trained in trauma-informed care. This should include trainings on vicarious trauma and self-care.
- WMR Facilitators need to understand the Engagement/Teaming activities that are required and why they must be met in a certain amount of time. The activities have been carefully spaced out so that they do not overwhelm the youth.
- Activities should not be presented in an institutional setting and should flow like a natural conversation rather than clinical interviewing.
- WMR includes an initial **Engagement Meeting** between the youth and Facilitator at a comfortable, informal location (e.g. restaurant, park, community center, church). This meeting should not be conducted in a program office nor the youth's living accommodations to encourage an equitable relationship. Food is also an important part of this meeting. This meeting should last from 1-3 hours.

Connections List & SNCD Tips

- The **SNCD Narrative** involves interviewing individuals on the youth's **Connections List**. Youth may hesitate to reach out to estranged family members so the WMR Facilitator needs to affirm that the interview is about gathering information to help with the WMR process—not for disclosing the youth's current circumstances.
- WMR Facilitators must gather enough information about the youth's culture so that they can build rapport with the youth and incorporate it into the WMR Team process. For example, the Facilitator needs to understand the youth's style of dress, language, habits, rituals, rules, assumptions, beliefs, preferences, and behaviors.
- The WMR Team may discover original information provided by the youth in the SNCD Narrative is incorrect or false. The WMR Facilitator should not delete the information from the SNCD Narrative but note when the information was identified as incorrect. Incorrect information remains in the Narrative with the corrections because it indicates an unmet need in the original presentation.

Lessons Learned: Phase 1

- Building trust and rapport with a youth in housing crisis can take a long time. In Wraparound, Phase 1 typically takes 2-3 weeks but in WMR it was extended to last up to 6 weeks since the youth were dealing with additional instability.
- Initial attempts to engage individuals in SNCD interviews can be challenging but the WMR Facilitator should continue attempts to reach out to these individuals even if they decline an interview because they could become important natural supports on the WMR Team later in the process.
- The hours spent during Phase 1 are crucial to building the WMR Team and developing the youth's Plan of Care. Staff training should stress that shortcuts during this phase may negatively affect youth engagement and require Phase 1 activities to be repeated later in the process.

Phase 2 – Plan Development

Steps to Develop the Plan of Care

1. Use a white board or flip chart paper and a scribe to capture the conversation in a way all of the youth's WMR Team members can see.
2. Develop a **Mission Statement** for the youth's WMR Team.
3. Outline the youth's unmet needs from their **Needs List** in Phase 1. Use youth input and group discussion to prioritize **Goals** around five unmet needs that will be the focus in the Plan of Care.
4. Discuss supports and services available as strategies to meet the identified needs.
5. Identify additional strategies to meet the youth's needs including **Action Steps** for each WMR Team member. Outline the frequency, duration, location, and time of each service. Identify any additional WMR Team members that may join to align with selected Goals and Action Steps.
6. Identify barriers that may keep the youth from achieving their goals or strategies and ways to overcome those barriers.
7. Review the **Plan of Care** and check that the youth feels ownership over the plan. If not, continue the conversation or change the unmet needs, Goals, or Action Steps. The Team must reach consensus before the Plan of Care can be finalized.
8. Schedule the next Team Meeting based on WMR Team member availability, but no less than once every 30 days.
9. The Facilitator types up the Plan of Care and shares it with the youth and every WMR Team member via email or hard copy within 48 hours.

Lessons Learned: Phase 2

- Team trust and mutual respect are built while creating an initial Plan of Care. The youth should feel heard, agree that the identified needs reflect what they want to work on, and believe that the Action Steps have a reasonable chance of helping them meet these needs. The WMR Team meetings take place within the first several weeks of Phase 2 and occur at least monthly. This rapid time frame is intended to promote team cohesion and shared responsibility toward achieving the team's Mission and the youth's Goals
- A great deal of time and effort is spent building the relationship between the WMR Facilitator and the youth during Phase 1. Adding too many formal supports early in the process may deter some youth from the entire program; therefore, it helps to introduce the possibility of adding the Youth Support Advocate (YSA) to the WMR Team after the Plan of Care is developed. We found that inviting the YSA to activities outside of Team meetings helps the youth become familiar with the YSA and allows their relationship with the youth to develop more naturally. One example of this approach is having the YSA participate as a scribe in the Strength, Needs, and Culture Discovery. A youth may choose to stop working with the YSA at any time.

Lessons Learned: Phase 3 – Plan Implementation

Supporting the Youth's Plan

- WMR Team members help execute the Action Steps identified in the Plan of Care. Progress and successes are continually reviewed at each Team meeting. If barriers are identified, or new unmet needs emerge, the Plan of Care is updated at a Team meeting. The youth drives Team decisions.
- WMR Team meetings can occur 7 days a week based on the team's availability. Meetings typically last 60 minutes. Natural supports can engage via phone conference, video conference, and/or email in order to accommodate work schedules or not living in the same area as the youth. All team members should receive the meeting minutes regardless of whether they were able to attend in person. If natural supports did not attend, the WMR Facilitator should reach out the next day to address barriers for future meetings.
- In addition to Team meetings, WMR Team members regularly communicate progress on Action Steps during the month via email or other communications.
- The activities in this phase are repeated until the Youth's Vision is achieved and formal WMR is no longer needed. This Phase takes up the majority of the youth's time in WMR. Team meetings may decrease in duration over time as the actions and strategies in the plan are accomplished and there is less to discuss.

Lessons Learned: Phase 3

- As time goes on, WMR Facilitators begin to spend more time planning and organizing information to prepare for Team meetings based on youth voice and choice. Facilitators may spend approximately 30 minutes prepping for each Team meeting.
- We experienced low numbers of natural supports participating on the Team because many of the youth have been estranged from family and friends and are rebuilding these relationships. Our goal is that each youth's WMR Team will consist of at least 51% natural supports by the time they leave WMR. This aligns with national best practice and current adaptations of Wraparound for this age group (Walker & Baird, 2019).
- Funds to assist youth with achieving the Mission and Goals in their Plan of Care are an important part of WMR. WMR Support Funds are available through the YARH grant program and are mostly used during Phases 2 and 3. WMR Support Funds cannot be used to address basic needs (e.g. housing, food assistance, childcare); the youth's Team must access other community resources to meet these needs. Other sites looking to implement WMR should identify ways to provide these much-needed support funds to support long-term engagement and success of the youth. Examples of how WMR Support Funds have been used to meet youth Goals include:
 - providing a youth with driving lessons because the youth's goal was to learn to drive
 - a health club membership for a youth's goal to engage more with others and become healthier.

Lessons Learned: Phase 4 – Transition

Preparing for Transition

- Plans are made for a purposeful transition out of WMR to the youth’s established formal and natural supports in the community. If appropriate, youth may access additional services and supports in adult systems.
- The focus on transition planning is continuous during WMR and the concept is introduced early during Phase 1. As progress is made on the Plan of Care, the youth should more fully engage with their natural supports in preparation for transition out of WMR.
- The following indicators were developed to help the youth, WMR Facilitator, and Team members understand when the youth is ready to transition out of WMR.

Graduation Readiness Indicators	Measures
Team talks more about the youth’s achievements than their needs	No new goals added to the Plan of Care
More natural supports than formal supports have participated in the Team meetings during the duration of the intervention	Documented in Team meeting notes
WMR Facilitator contacts youth more than the youth contacts them	Documented in WMR Activity Log
Youth vocalizes readiness for transition, and they may feel scared	Readiness for transition discussed and documented in Team meeting notes
Monthly team meeting duration decreases	Documented in Team meeting notes

Lessons Learned: Phase 4

- Graduation from WMR should be treated as an important milestone and opportunity for the WMR Team to celebrate with the youth. The youth and WMR Facilitator develop the guest list together and a location is selected (typically a restaurant). Food costs are covered up to \$15 per person including tax and tip. The WMR Facilitator provides a card and a graduation gift that is related to the client’s personal interests. The cost of the gift may depend how much of the WMR Support Funds were used during the program. Examples of gifts given during include:
 - Pictures for the youth’s apartment to make it feel more like home
 - A laptop to help with school, employment, and other personal needs
 - Driving lessons so that the youth can feel more independent.
- To ensure a successful transition from WMR, we found it helpful to follow up with the youth after graduation. The Youth Support Advocate and/or WMR Facilitator does a check-in with the youth 30 days after they exit WMR. This can be in-person or over the phone. If the Transition Plan and existing supports are not enough and the youth needs to return to WMR, they can contact their WMR Facilitator and re-enroll.

A WMR Intervention Manual has been prepared and contains additional details about the comprehensive service model, evaluation findings, and recommendations for the implementation of WMR. For more information about the WMR program, contact Victoria Ackman at vackman@lys.org

The University of Cincinnati Institute for Policy Research provided research and evaluation services throughout the project, which contributed to the development and implementation of WMR. For more information about the evaluation, contact Dr. Robin Lindquist-Grantz, lindqurn@uc.edu

To learn more about the YARH grantees, including the work they completed in Phase I, please visit:

<https://www.acf.hhs.gov/opre/research/project/building-capacity-to-evaluate-interventions-for-youth-with-child-welfare-involvement-at-risk-of-homelessness>

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For more information about YARH, please contact M.C. Bradley at cbradley@mathematica-mpr.com or Mary Mueggenborg at mary.mueggenborg@acf.hhs.gov.

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