Wraparound Milwaukee – A Model for Juvenile Justice Reforms for Youth with Serious Emotional, Behavioral & Mental Health Needs

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What is Wraparound Milwaukee

- A unique system of care providing mental health & supportive services to children with serious emotional, behavioral and mental health needs and their families
- Emphasis is on providing community-based care as an alternative to institutional placements
- 40% of youth are adjudicated delinquents with mental illness
- 1400 youth served annually
Why Was It Created?

- There were too many Milwaukee County youth being placed in psychiatric hospitals, residential treatment centers and juvenile correctional facilities.
- The increase in these institutional placements was creating budgetary problems for Medicaid, Juvenile Justice and Child Welfare.
- Clinical and program outcomes were poor, particularly high recidivism rates for juvenile offenders.
What are the Innovative Approaches Used in Wraparound Milwaukee

- Strength-based, highly individualized care model
- Collaborative model across child serving systems – “One Family, One Plan, One Care Manager”
- Pooling $45 million in funds across Child Welfare, Juvenile Justice, mental health and Medicaid to finance care
- Creating a unique structure called a “care management entity” or public benefits model to manage care
What are the Innovative Approaches Used in Wraparound Milwaukee – cont’d

- Creating a comprehensive array of 80 different mental health & support services & a network of 200 agencies to deliver those services
- Creating mental health mobile crisis teams to provide 24/7 crisis intervention
- Designing, developing and implementing an IT system linking all 200 agencies on a single system & electronic record
- Emphasis on measuring & achieving outcomes for youth
Barriers to Developing and Implementing Wraparound Milwaukee

- Lack of shared values
- Considerable turf protection issues
- Lack of knowledge about the nature of local, state & federal funding streams
- Barriers to exchanging information and sharing data
- Misperceptions among child serving systems related to each other's services & strengths
- A “status quo attitude” and a lack of belief that there was a different approach to treating children with serious mental health needs
How Did We Overcome the Barriers

- Created a shared vision based on common values ex. Strength-based, individualized, family-directed, community-based care, etc.
- Developed a strategic mindset of how to change the “status quo”
- Had a clear focus on the defined population to be served
- Acquired an understanding of the strengths, resources and needs of the Milwaukee community
- Developed an understanding of the major funding streams
How Did We Overcome the Barriers – cont’d

- Created ways to more easily share information & data
- Connected our proposed reform to other initiatives in the State and Country
- Created clear goals, objectives and outcomes for the effort
- Enlisted a core group of dedicated, committed thinkers and leaders