

# BRS Policy Recommendation Work for Statewide Children's Wraparound

(To commission the work, to avoid false starts, to reach a meeting of the minds with decision makers, to communicate a decision or direction)

<p><b>Background:</b></p> <ul style="list-style-type: none"> <li>○ An Oregon Statute is in place mandating DHS/OHA, Oregon Youth Authority (OYA), Oregon Department of Education (ODE), and the Commission on Children and Families (OCCF) to implement statewide children's wraparound.</li> <li>○ Services, funding, and information needs streamlining to improve children's outcomes and to monitor the effectiveness of the system.</li> <li>○ DHS and OHA are implementing children's wraparound statewide, initially with children in DHS custody and children with emotional and behavioral problems involved in multiple systems.</li> <li>○ A statewide children's wraparound system aligns with the core principles of creating a coordinated system of care for children.</li> <li>○ In the Oregon Health Plan and Medicaid State Plan, CAF have ability to place kids, procure services and supports, and use the Medicaid payment function for skilled behavioral support services and placements. AMH is responsible for their mental health services regardless of where they live. The Medicaid state plan language that allows for this has created a dilemma; communities cannot develop local resources when money is kept outside of the local system and there is inadequate utilization management</li> </ul>	<p><b>Proposal:</b></p> <p><b>Mid-November 2010</b></p> <ul style="list-style-type: none"> <li>○ Bill &amp; Benjamin submit proposal to Erinn Kelley-Siel for review &amp; approval</li> <li>○ Bill &amp; Benjamin consult with leadership regarding partner input into the document</li> <li>○ Bill &amp; Benjamin identify work partners:             <ul style="list-style-type: none"> <li>○ Donna Keddy, Phil Cox, Ralph Summers, Jay Yedziniak, Laurie Price, Roger Staples, Julie York, Gina Brimner, Ryan (or designate);</li> <li>○ Regional Resource Consultant based in branch, BRS/Alliance provider, OCCF,</li> </ul> </li> <li>○ Bill &amp; Benjamin will gather data on the BRS system:             <table border="0" style="width: 100%;"> <tr> <td>○ Number of contracts;</td> <td>○ Length of stay;</td> </tr> <tr> <td>○ Financial value of contracts;</td> <td>○ Spend; and</td> </tr> <tr> <td>○ Waitlist information;</td> <td>○ Basic demographics</td> </tr> <tr> <td>○</td> <td>○</td> </tr> </table> </li> </ul> <p><b>Early December 2010</b></p> <ul style="list-style-type: none"> <li>○ Bill &amp; Benjamin schedule work:             <ul style="list-style-type: none"> <li>○ Schedule one-hour meeting to kick off; invite Madeline &amp; Erinn</li> <li>○ Schedule follow-up 3-hour work meeting</li> <li>○ Prepare materials for work session</li> <li>○ Establish due date</li> </ul> </li> </ul> <p><b>January 2011</b></p> <ul style="list-style-type: none"> <li>○ Prepare document to include:             <ul style="list-style-type: none"> <li>○ Pros and cons;</li> <li>○ Benefits and losses; and</li> <li>○ Risk mitigation plan and strategies for cons and losses.</li> </ul> </li> <li>○ Bill &amp; Benjamin submit completed product to Erinn</li> </ul>	○ Number of contracts;	○ Length of stay;	○ Financial value of contracts;	○ Spend; and	○ Waitlist information;	○ Basic demographics	○	○
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<p><b>Current Condition:</b></p> <ul style="list-style-type: none"> <li>○ DHS/OHA leadership needs to make recommendations about federal finance policies.</li> <li>○ Current funding sources include general fund, Medicaid, Title XIX, 4E, ODE, OYA, and the OCCF.</li> <li>○ Funding sources, authority, and accountability is fragmented and diffuse.</li> <li>○ Child Welfare spending on Behavioral Rehabilitation Services (BRS) is outside the local system of care decision making per the current state plan agreement.</li> <li>○ There is risk to opening the Medicaid state plan section on BRS as CMS may not approve of how Medicaid is used for BRS.</li> </ul>									
<p><b>Desired Outcome/Goal:</b></p> <ul style="list-style-type: none"> <li>○ Document pros and cons of moving the BRS system into managed care for DHS/OHA leadership.</li> <li>○ Document benefits and losses to BRS providers, children and their families, and CAF, if BRS is moved into managed care for DHS/OHA leadership.</li> <li>○ Document mitigation strategy for each loss or conflict listed for DHS/OHA leadership.</li> <li>○ Document other potential contracting strategies.</li> </ul>									

Revised 12/21/2010

December 21, 2010