

SYSTEMS OF CARE FINANCING MODEL

LOCAL MODELS - BLENDED FUNDING **WRAPAROUND MILWAUKEE**

Target Population Served – Children with serious emotional disturbance at risk of institutional placement served in 2 or more child-serving systems. Also, smaller model serving youth at risk of referral to juvenile court. (1,000 annual enrollees 630 average daily enrollment).

Financing Approach - \$37 million in Blended funding through multiple systems. Medicaid provides funds(\$11 million) through a capitated arrangement per child per month and some fee-for-service billed for crisis services (\$6 million). Child Welfare provides case rate funding (\$10million) for youth active with them and Delinquency and Court Services through both fixed budget (\$8.2 million) and case rate (\$1.8 million). Funds pooled by County run MCO who pays for all services.

Screening/Assessment – Youth can be referred from any system, i.e., mental health, child welfare, juvenile justice (soon also school system). Screening/Assessment staff working for Wraparound Milwaukee, screen staff to determine eligibility and need. Screeners are also assigned to present recommendations in Juvenile Court.

Care Coordination – Care Coordinators assigned to each family through one of nine agencies under contract to Wraparound Milwaukee. Caseloads ratio are 1:9 families. Care Coordinators facilitate child and family teams, authorize and monitor services, attend court hearings and evaluate outcomes. Care Coordinators coordinate provision of plan across other child serving systems, one care plan and one care coordinator. Child Welfare workers and Probation workers join child and family team.

Administration of Wraparound – Wraparound Milwaukee is a publicly operated MCW with a contract with the Wisconsin Department of Health and Family Services as a special managed care entity under a 1915 (a) federal waiver. Participation in the HMO is considered to be voluntary. Child Welfare and Juvenile Probation sign annual written agreements with Wraparound Milwaukee.

Medical Necessity – Determined necessary if requested in plan by the Child and Family Team. The M.D. or psychologist only signs off on overall appropriateness of plan and also if medications are involved in the array of services.

Benefit Plan – Very comprehensive and includes all Sate Plan and EPSDT covered services, i.e, outpatient therapy, case management, intensive in-home, day treatment, medication management, assessment, AODA substance abuse, inpatient hospitalization. Also includes non-clinical, non-medical services such as mentors,

tutors, respite, independent living, job coaches, home health aides, foster and group home care, residential treatment, etc. The plan covers specialized mobile crisis, mobile crisis 1:1 and crisis group home services. Discretionary, flex-funds are also readily available.

Average plan cost is about \$4,000 per month.

Family Involvement – Wraparound Milwaukee maintains a contract with Families United of Milwaukee who provides family and educational advocacy - \$300,000 annual contract. Parent involvement on all committee and work groups and provide some of outcome monitoring for family satisfaction surveys.

Quality Assurance/Quality Improvement – Active monitoring of client outcomes through formal QA/QI program. Monitoring of clinical outcomes on CAFAS, CBCL; reduction in restrictiveness of living, improved school attendance/ performance, reduction in recidivism rates for delinquent behavior, family satisfaction with service and overall reduction in cost of Wraparound versus institutional care.

Information Systems – Single internet-based IT system tracks and monitors enrollments, demographics, services, outcomes, etc.

Mobile Crisis Services – Wraparound Milwaukee also operates all mobile crisis services for Milwaukee County with specialized contracts with child welfare and the Milwaukee Public Schools System. All Wraparound Milwaukee enrolled families also have access to the Wraparound Milwaukee Mobile Urgent Treatment Teams (22 crisis workers). MUTT also is “gate keeper” on all inpatient psychiatric hospitalizations.