Statewide Wraparound Initiative

BUILDING A COORDINATED SYSTEM OF SERVICES FOR CHILDREN WITH COMPLEX BEHAVIORAL HEALTH NEEDS AND THEIR FAMILIES
Mental Health Diagnosis
Prevalence

• Worldwide, 20% of children and adolescents are estimated to have emotional and behavioral disorders.
• Children in foster care with serious emotional and behavioral disorders have a prevalence rate estimated at 85%.
• In System of Care projects, children in foster care are diagnosed with adjustment disorder and PTSD at approximately twice the frequency of children in non-foster care.*

*EvalBrief: Systems of Care 7(3) (2004), Demographic and Clinical characteristics of Children in Foster Care Receiving System-of-Care Services, SAMHSA, CMHS, ORC Macro.
System of Care Definition

• An organizational philosophy and framework that promotes collaboration across agencies, families and youth
• to improve access and expand the array of coordinated community-based, culturally and linguistically competent services and supports
• for children and youth with serious mental health needs and their families
System of Care Principles

• Broad, flexible array of services for a defined, multi-system population of children.
• Child-centered (individualized, strengths-based) planning for settings that are least restrictive, least disruptive and most natural.
• Multi-system coordinated network of agencies working together (collaborating).
• Integrates care management and planning across multiple levels, community-based (reliance on informal & natural supports).
10 Principles of Wraparound

Wraparound puts system of care values and principles into practice for service planning and provision.
System Reform

**FROM**
- Fragmented service delivery
- Categorical programs/funding
- Limited services
- Reactive, crisis-oriented
- Focus on “deep end,” restrictive
- Children/youth out-of-home
- Centralized authority
- Creation of “dependency”

**TO**
- Coordinated service delivery
- Blended resources
- Comprehensive service array
- Focus on prevention/intervention
- Least restrictive settings
- Children/youth within families
- Community-based ownership
- Creation of “self-help”
Universal Intervention/ Prevention (All children)

Selected/Targeted Intervention

Intensive Intervention

Consistent Service Philosophy, with added elements as intensity increases

System Values:
• Cultural Competence
• Family & Youth Voice
• “Seamless”
• Collaborative, Coordinated
• Unconditional Care
• Early Intervention
• Effective Services

Intensity matches needs

Consistent System Philosophy guides system policy and decision making at all levels

Wraparound Approach

Wrap. Initiative

Wrap. Process

Team Based

Individualized

Natural Supports

Outcome Based

Collaborative

Family/Youth Voice & Choice

Community Based

Culturally Competent

Strengths Based

Unconditional Care

Consistent System Philosophy

Philosophy, with added elements as intensity increases

Community Based

Culturally Competent

Strengths Based

Unconditional Care

Philosophy

Cultural Competence

Family & Youth Voice

“Seamless”

Collaborative, Coordinated

Unconditional Care

Early Intervention

Effective Services

Intensive Intervention

Selected/Targeted Intervention

Universal Intervention/ Prevention (All children)
Creating “win-win” scenarios

- Child Welfare: Alternative to out-of-home care, high costs/poor outcomes
- Medicaid: Alternative to IP/ER, high cost
- Juvenile Justice: Alternative to detention, high cost/poor outcomes
- Special Education: Alternative to out-of-school placements, high cost
State Governance Structure
- HB 2144 lead agencies: DHS, OYA, ODE, OCCF
- SWI Advisory Committee
- DHS Transformation Initiative (AMH/CAF)
- Statewide Purchasing Collaborative

Administrative Service Organization (ASO)
- Establish Policies & Procedures for:
  - Referral/Access/Screening/Assessment
  - Financing
  - Benefit design/service array/contracting
  - Family/Youth Involvement
  - Information Technology (IT)
  - Workforce Development
  - Quality Assurance/Quality Improvement & Utilization Review
  - Evaluation

Entries & Transitions Approved by Review Committee

Care Management Organization (CMO)
- Provide care coordination
- Organize and facilitate Child & Family Team meetings
- Identify strengths & needs through wraparound planning process
- Document service coordination planning that summarizes and organizes planning by all providers
- Participate in planning by other providers
- Facilitate and coordinate access to the service array
- Establish goals and transition criteria; monitor progress, revise planning as needed
- Ensure meaningful family involvement

Care Coordinator
Child & Family Team
Service Coordination Plan

ASO Advisory Group
- 51% Families/Youth
- Local Child-Serving Partner Agencies, including Child Welfare, Mental Health, Substance Abuse, OYA, OCCF, Education, Juvenile Justice, Developmental Disabilities, Primary Care, etc.
- Other interested community partners
Wraparound Initiative Case Flow Model

Population:
Children & Youth placed in Substitute Care

Assessment Process
CANS
Early Intervention Screening (0-2)
Mental Health Assessment (0-16)
Drug & Alcohol

Care Planning
Develop Service Coordination Plan
Authorize services
Access Service Array
Determine Transition Criteria

Assign Care Coordinator
Identify Child & Family Team

Referral to Care Management Organization (CMO) for those who meet criteria

Transitions approved by Review Committee

Continue Care Planning or Transition from program when identified goals are met

Monitor outcomes, Review plan as needed

Phase 1 Subpopulation:
Criteria for participation in Wraparound Program
- Birth to 18
- Involved with 2 or more systems including Child Welfare and Mental Health AND
- In custody over a year and have had 4 or more placements OR
- Have behavioral, emotional, and/or mental health needs severe enough to warrant specialized treatment

Referrals from multiple community sources to Administrative Service Organization (ASO)

Access/Entry
Determine if criteria for participation are met

Entries approved by Review Committee comprised of stakeholders including youth and families
System Change In Oregon

2003: The Children’s Mental Health System Change Initiative (CSCI) Budget Note HS-3 directs DHS/AMH to “substantially increase the availability and quality (breadth, depth, and intensity) of individualized, intensive, and culturally competent home- and community-based services so that children are served in the most natural environment possible and so that the use of institutional care is minimized.”

2004: 6 policies are developed with stakeholder input to implement the budget note.

2005: Intensive Community-Based Treatment & Support Services (ICTS) OAR is adopted; the CSCI rolls out October 1st.
CSCI Results

- Children are being screened for and served according to a standardized need determination process.
- All children with mental health needs who went through the screening process received a dramatic increase in the range, type and frequency of community-based mental health services.
- 88 percent of children screened were approved for services.
- Of the children treated through CSCI:
  - 58 percent were treated in community-based settings
  - 42 percent were treated in facility-based care.
- Prior to CSCI, nearly all of these children were treated in facility-based care.*

*data from 2007, Program Analysis & Evaluation Unit, AMH
CSCI Results

- Children with mental health issues are served in their local communities
- CSCI fundamentally changed the services children and their families receive:
  - 90 percent of the children were served in a community setting
  - The number of children admitted to psychiatric day treatment settings decreased by 25 percent
  - The number of children admitted to psychiatric residential treatment settings decreased by 34 percent
  - The number of Medicaid-eligible children receiving services increased from an average of 11,500 per quarter in 2005 to an average of 13,056 per quarter in 2008
  - The number and types of community mental health services increased*

*data from 2008, Program Analysis & Evaluation Unit, AMH
Governor’s Executive Order

- Issued in March 2007
- Created a Steering Committee
- Called for a plan to:
  1. Provide supports as early as possible.
  2. Base plans on individual needs (not system requirements).
  3. Maximize resources.
  4. Hold systems accountable for outcomes.
Statewide Wraparound Legislation

- House Bill 2144 passed the 2009 Legislative Session providing statutory direction for the Wraparound Initiative.
- DHS is identified as the lead agency.
- Provides authority to combine resources into single funding pool, seek federal approval or waivers, and adopt rules.
- Requires biennial report on progress and costs of full implementation.
Statewide Wraparound Transformation

Phase 1
- children in the custody of DHS for more than one year
- and who have had at least 4 placements,
- also inclusive of children who have behavioral, emotional and/or mental health conditions severe enough to warrant direct entry into the wraparound system at the highest level of care.
Statewide Wraparound Initiative Goals

• Family and youth-driven system
• Integration of all child-serving systems
• Blended funding
• Culturally competent planning, services and oversight
• Ensuring that children and adolescents are “at home, in school, out of trouble and with friends”
Project Submission Process

• Letter of Intent by January 25, 2010
• Full proposal (response to Readiness Criteria) by February 25, 2010
• Review of proposals by objective process—diversity of sites: rural/urban, multi/single county, cultural representation
• 3 sites selected and notified two weeks after February 25.