

# Statewide Children's Wraparound Initiative 2015 Biennial Legislative Report

December 4, 2014



# Statewide Children's Wraparound Initiative 2015 Biennial Legislative Report

Prepared by



Pamela A. Martin, Ph.D., ABPP  
Director  
Addictions and Mental Health Division



Erinn Kelly-Siel, J.D.  
Director

Prepared for

The Oregon Legislature

# Table of contents

|  |           |
|--|-----------|
| <b>Executive summary .....</b>   | <b>1</b>  |
| <b>Introduction .....</b>  | <b>4</b>  |
| <b>Individual and systemic outcomes .....</b>                                  | <b>5</b>  |
| <b>Key outcome data from the Wraparound Demonstration Project.....</b>         | <b>6</b>  |
| Better health.....   | 6         |
| Better care .....  | 7         |
| Lower costs.....   | 15        |
| <b>Training and the Wraparound practice model within a System of Care.....</b> | <b>17</b> |
| <b>Project site implementation — initially and through CCOs.....</b>           | <b>18</b> |
| <b>Governance and accountability .....</b>                                     | <b>19</b> |
| <b>Cultural competence in a family- and youth-driven model .....</b>           | <b>23</b> |
| <b>Workforce development .....</b>   | <b>24</b> |
| <b>Data sharing .....</b>  | <b>27</b> |
| <b>Costs of full implementation.....</b>                                       | <b>28</b> |



# Executive summary

**This Statewide Children’s Wraparound Initiative report fulfills the requirement in ORS 418.985 (4). That statute requires the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA), in consultation with the Advisory Committee, to report biennially to the Governor and the Legislature on the progress toward and projected costs of fully implementing the Wraparound Initiative.**

The focal point of the Statewide Children’s Wraparound Initiative (SCWI) has been to bring Wraparound, an evidence-based practice model, to all communities’ children with the highest levels of need and their families. The SCWI intensive care coordination model engages a creative and collaborative process to develop a flexible, coordinated and individualized plan of services and supports in a culturally responsive manner. These services and supports are geared to meeting each young person’s needs and strengths. Wraparound moves away from the historically limited array of client services, and toward coordinating a variety of services and supports to best meet the child’s individual needs.

SCWI was launched at three demonstration sites in July 2010: Mid-Valley WRAP (Linn, Marion, Polk, Tillamook and Yamhill counties), Rogue Valley Wraparound Collaborative (Jackson and Josephine counties), and the Washington County Wraparound Demonstration Project (Washington County). More than 863 children and young adults have been served since the inception of this project.

SCWI has been successful, and accomplished a transformation in children’s mental health services. It has used an intensive care coordination model for cross-system planning of children’s service and support needs. Data demonstrate that children in SCWI have:

- » **Better health** as reflected by more children having access to a primary care physician, and improved monitoring of psychotropic medication being prescribed, in addition to having adequate effective care for emotional and behavioral challenges.
- » Children have **better care** when they are able to move into long-term family settings, either with their biological family or through adoption. Families experience **better care** when they no longer need child welfare involvement in their lives, receive better supports and have a natural support network.
- » The system is able to provide services at a **lower cost** through participation of multiple systems. The intensive care coordination model *reduces higher-cost services*. This makes it possible for more children to be served at reduced cost.

## *One family's story:*

*For 10 years I battled a meth [amphetamine] addiction, a life of crime and misery. In 2005, three of my children were removed by DHS and placed in foster care, and at the same time realized I was pregnant again. I began a journey navigating the DHS system, probation, and the mental health system for myself and my children. About one year later I was successful in reuniting with my children.*

*Once the kids were home my husband and I realized that all of them had experienced trauma and as a family we needed to heal. My son, age 7 at the time, was exhibiting behaviors that were both disturbing and frightening. He was placed in a self-contained classroom at school where he had great difficulty maintaining even for an hour. He qualified for a Wraparound program in Marion County, New Solutions, which referred him to the Child Development and Rehabilitation Center at Doernbecher Children's Hospital, providing us with a very clear picture of his strengths and deficits.*

*The team began working hard on developing natural supports and making connections for us in our community. Our Wraparound team offered book clubs and trainings to us. Even though our team offered a lot of support, we still felt alone. Because of our experience with DHS we had a lot of fear preventing us from accessing services: fear of not doing a good enough job, fear of doing something wrong, fear of failure.*

*During the Wraparound process we were assigned a family partner. At first I was thinking: "great, another person, more appointments!" I was leery of providers and new people. I was tired of telling my story. This family partner didn't ask for me to tell my story; she asked how she could help, and she asked how she could support me. My family partner shared her story with me, where I found so many similarities to my own. We began to build trust. She listened to me and when we went to meetings, assisted me in expressing what I wanted the plan to be for my son. She empowered me to step outside my box and explore new ways to advocate for the care of my son and his siblings. My family partner introduced me to other professionals and would say, "I want you to meet this awesome Mom...Lisa B.". I remember I began to feel awesome, which changed the way I lived. I remember feeling accomplished and strong. I became a member of the advisory oversight group in Marion County. I had a voice that people wanted to hear. I, all of a sudden, had purpose and direction. My family partner empowered me to be who I am today.*

*I am now a full-time Peer Delivered Specialist in Clackamas County for Oregon Family Support Network, where I get the opportunity to offer hope to families. I can sit down with an overwhelmed mom and just listen, and say to her "I know, I have been there." It is so rewarding for me because I know how my family partner changed my life!*

*I want to empower parents to speak up and be valued as their child's advocate. I want to help families be creative and collaborative when planning for their children's care, and to get services that are culturally relevant. Peer delivered services are critical for families. They are a powerful way of connecting families and children to services and to their communities.*

- » The increase in the level of dignity and respect with which children, youth and families are treated with the Wraparound model is evident through anecdotes and family stories. This area could benefit from further qualitative measurement.

The next phase in the System of Care approach using the Wraparound model (System of Care Wraparound Initiative expansion, or SOCWI), is to continue to create a child-serving system where this is the way business is conducted in all Oregon communities, by expanding to the remaining three CCOs who are not currently participating in SOCWI. This initiative, to date, has shown that children receive better care, enjoy better health and are served at a lower cost under this System of Care.

Using this model, which supports many existing initiatives, all child-serving systems must be brought to the table for ongoing success. High-level decision makers from Oregon Health Authority, Oregon Youth Authority, Department of Human Services, and Oregon Department of Education must tackle shared governance and funding of this business model for continued sustainability.

# Introduction

House Bill 2144 passed in 2009, creating the Statewide Children's Wraparound Initiative (SCWI). Its passage was the result of years of hard work and advocacy by youth, families, treatment providers, and local and state agencies. The initiative has delivered better outcomes at lower cost by supporting the integration and reorganization of state health care services. It has provided a foundation supportive of health system transformation. It also supports changes in the structure and mission of state agencies that provide social services, education and juvenile justice. The statute identifies the Oregon Department of Human Services, Oregon Health Authority, Department of Education and Oregon Youth Authority as partners in implementing the initiative.

The Legislature in 2013 authorized funding to support an expansion of HB2144's initial demonstration sites, to continue expansion of Wraparound services and supports and to further develop a System of Care for Oregon. The goal is to create a fully functional System of Care, implemented using a Wraparound planning process, in every community. The expansion is called System of Care Wraparound Initiative (SOCWI). Wraparound is an intensive care coordination process for children with emotional and behavioral disorders who are involved in multiple systems. These systems include mental health, addictions, child welfare, juvenile justice and education. Wraparound is a team-based, strengths-based process that organizes a child- and family-driven system of services and supports.

A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk of serious challenges, and their families. It is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses the cultural and linguistic needs of families in order to help them to function in all life domains. Systems of Care represent a philosophy that guides delivery of services and supports.

Systems of Care philosophy and Wraparound share key core values and principles:

- » Family- and youth-driven care;
- » Community-based infrastructure;
- » Individualized services and supports; and
- » Culturally and linguistically responsive agencies, programs, and services (reflecting the cultural, racial, ethnic and linguistic differences of the populations served) in a system based on measurable outcomes.

# Individual and systemic outcomes

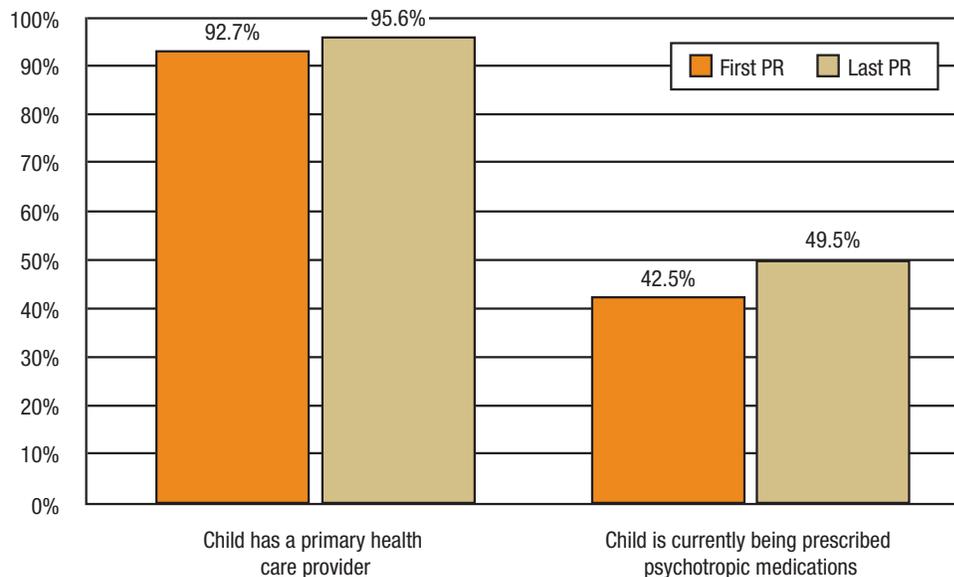
The state created a quantitative data measurement system to support implementation of Wraparound and drive the developing System of Care. The Children's Progress Review System (CPRS), a Web portal, was created to collect and house information from the individual child and family team. The child's progress is measured quarterly, using both a Progress Review tool and the Behavioral and Emotional Rating Scale, Second Edition (BERS-2), which measures the behavioral and emotional strengths of children and youth, and both are entered into CPRS.

The Progress Review measures a child's progress on indicators of improved stability and mental health, monitoring progress of the young person to reach three key goals: to be at home, in school, and to stay out of trouble. The indicators include residential stability, academic performance, risk of harm to self and others, risk or history of running away, risk or history of delinquency, substance use, availability of caregiver supports, the caregiver's estimate of the child's progress and the ratings from the BERS-2. These data are entered in CPRS when a young person enters Wraparound and each following quarter.

# Key outcome data from the Wraparound Demonstration Project

## Better health

Figure 1  
Health care



Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1, 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (PRS), Nov. 15, 2014.

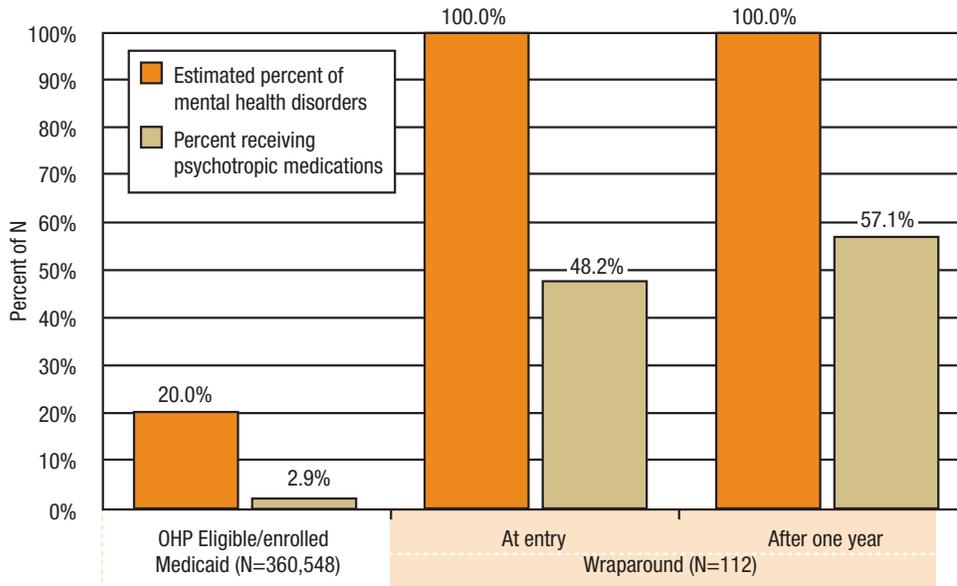
With CCOs coming on board during this time frame, there has been increased access for children to get assigned to a primary health care provider. There is a slight increase in psychotropic medications being prescribed which would be consistent with the needs of children with complex behavioral challenges coming into care. While psychotropic medications may be warranted and helpful to children, it is important that this prescribing be done safely and according to safe and recommended practices.

### *Psychotropic medication prescribing for Wraparound clients*

Among the general population of children, it is estimated that 20% have a mental health disorder, but many will not receive a diagnosis or services. Children with complex behavioral and emotional challenges may require psychotropic medication for effective treatment in combination with psychosocial strategies and supports. For example, stimulant medications for ADHD (Attention Deficit Hyperactivity Disorder), SSRIs (serotonin reuptake inhibitors like Prozac) for anxiety or depression, and antipsychotic medications for bipolar disorder, schizophrenia and autism may be prescribed for these conditions.

Figure 2

### Prevalence of psychotropic medication prescribing



**Notes:**

1. Medicaid N: All children age 0-17 eligible/enrolled in Oregon Health Plan (OHP) as of January 1, 2013.
2. Wraparound N: All OHP eligible/enrolled children age 0-17 whose first Wraparound Progress Review (Entry) was completed after 12/31/2011 and whose most recent Progress Review occurred at least 12 months after Entry.
3. Prevalence of mental health disorders among Medicaid eligible children is based on national estimates.
4. Although a mental health diagnosis is not a specified requirement, due to other SCWI provisions virtually all Wraparound participants have mental health disorders.

**Data Sources**

*Pediatric Psychotropic Quarterly Report, All OHP, FY2012-2013; OHA Division of Medical Assistance Programs Oregon Medicaid Management Information System (MMIS) - OHP enrolled/eligible; Wraparound*

Figure 2 shows that about 3% of the children eligible and enrolled in the Oregon Health Plan receive any type of psychotropic medications. Many children in this group have not had an evaluation or any type of mental health service. In the group of children receiving a Wraparound planning process and care coordination, all of whom are eligible and enrolled in the Oregon Health Plan, 100% have a mental health disorder. Of these children, close to half (48.2%) were receiving any type of psychotropic medications.

In recent years Oregon has created a range of strategies to ensure appropriate monitoring of prescribing practices and created improved supports for primary care providers' management of these medications. Further investigation into the prescribing of psychotropic medication

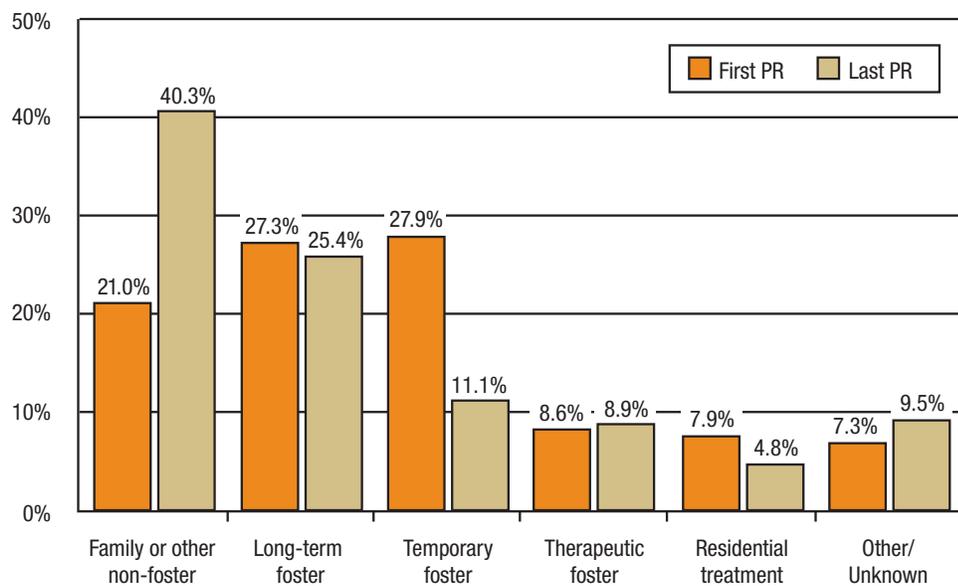
for children receiving a Wraparound planning process and care coordination should be done to monitor the quality of care they are receiving. Such investigation will evaluate the appropriateness of the increase in psychotropic medications among children entering System of Care/Wraparound services and supports, including care coordination. It should be determined that the use of medication for this very high needs, complex behaviorally challenged group of children is indeed being done appropriately and effectively.

Going forward, the Oregon Health Authority will be monitoring and evaluating the prescribing practices for the children served in the SOCWI expansion and able to offer resources for the appropriate management of prescribing for children. The Oregon Psychiatric Access Line for Kids (OPAL-K), which launched in August 2014, will provide appropriate consultation for primary care providers who are managing these complex cases when no psychiatrist is available. Additionally, a team of experts within Oregon Health Authority will review flagged data from this group regularly and take appropriate steps to ensure effective prescribing practices for children needing psychotropic medication as part of their treatment.

## Better care

Figure 3

### Current living arrangement

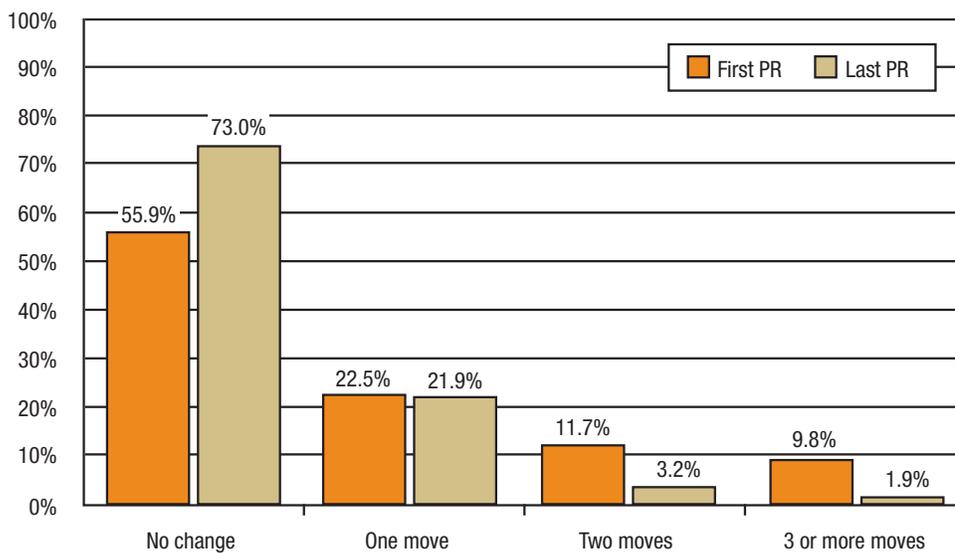


*Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1, 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (CPRS), Nov. 15, 2014.*

Current living arrangements of children in the Wraparound demonstration project sites definitely improve and stabilize during participation in Wraparound services and supports. Twice as many children were living with family or other relatives, almost two-thirds fewer were in temporary foster care, and fewer than one-half as many were in psychiatric residential treatment. Better care is provided for children when their living arrangements are stabilized, and cost savings are gained when children are saved from being in costly residential treatment.

Figure 4

### Residence changes, past 90 days



*Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (CPRS), Nov. 15, 2014.*

Residence changes for children served in Wraparound demonstration projects are minimized. This makes it possible for children to stabilize their behavior and to experience greater consistency and predictability in their lives, critical to healthy development. Figure 4 shows that multiple moves are nearly eliminated during participation in Wraparound. This was a critical goal of the initial demonstration project.

*Janet Harbert, a Court Appointed Special Advocate (CASA) in Washington County shares this story:*

*My current case for a Washington County judge is extreme, because of the abuse, length of the case, complexity of the case, and politics of the case. Before the efforts of the last two Wraparound coordinators, the case had stalled dangerously and two very vulnerable young children involved were in jeopardy in an over-burdened foster care system.*

*Wraparound engaged a diverse team of key players to recognize and analyze roles, strengths, needs, and challenges among the three counties involved. The focus is now on what it will genuinely take for the children and the family to succeed against the odds.*

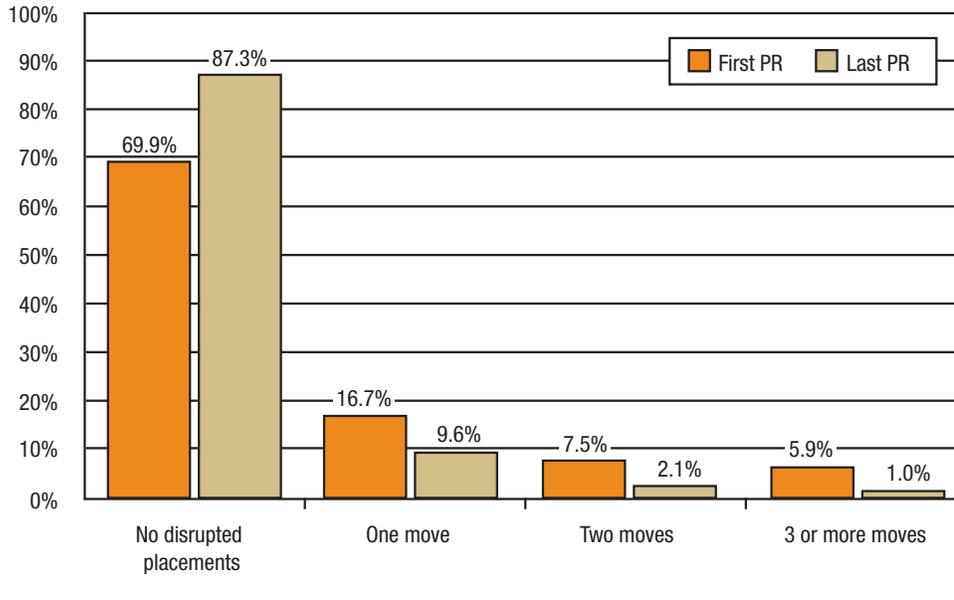
*In determining approaches, these Wraparound care coordinators have been knowledgeable, creative and persistent about resources and contacts. Everyone on the team is now more accountable and there are fewer delays. Communication within the team has been professional, timely and productive, helping to reset the atmosphere and, therefore, the effectiveness of the team. With able care coordinators, the Wraparound process promotes true consideration of the perspectives of all the key players in an arena for candid but respectful discussions. As a result, this well-coordinated team can now speak with one credible voice to the agency, as well as to the court.*

*As a CASA and as an Oregon citizen, I am grateful for Wraparound's significant and positive impact to date on these deserving children and their family. Their improved statuses and futures are directly related to the Wraparound initiative.*



Figure 5

### Disrupted residence changes, past 90 days



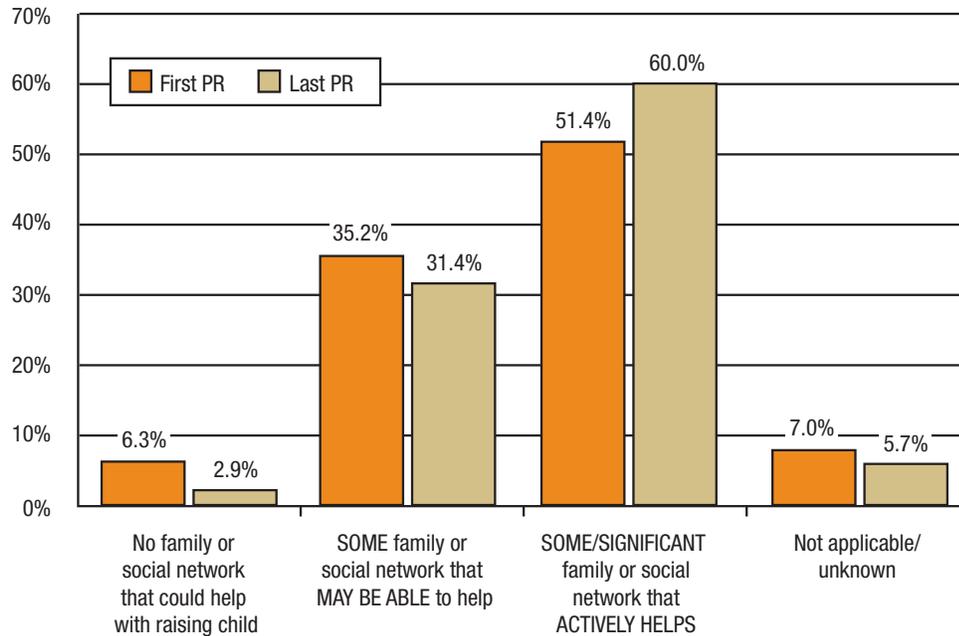
*Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1, 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (CPRS), Nov. 15, 2014.*

With participation in Wraparound services and supports, the majority of the children have no disrupted placements or unplanned moves. The frequency of placement disruption diminishes as Wraparound services progress, with children experiencing disruption having just one, as opposed to three or more moves. This is significant for children with behavioral challenges, who greatly need stability, consistency and predictability in their lives.

## Family Support

Figure 6

### Caregiver's social network, past 30 days

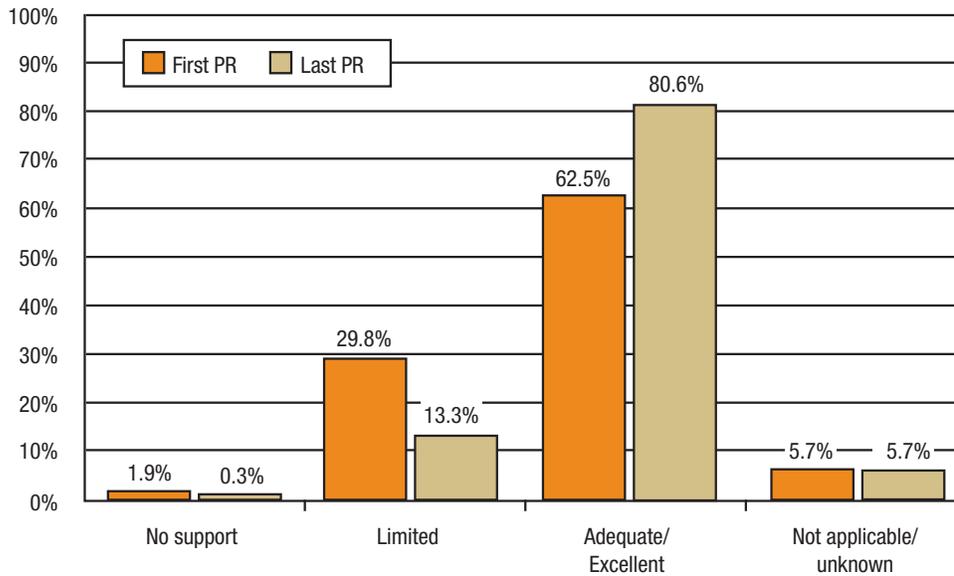


Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1, 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (CPRS), Nov. 15, 2014.

By the time of the last Progress Review, greater than 90 percent of children and families in the Wraparound demonstration have some social networks supporting them. The percentage of families without a social network is less than three percent. This is important for families as children with behavioral challenges are often subject to social stigma.

Figure 7

### Support for addressing problem behaviors



*Results from initial and most recent Progress Reviews submitted for 315 children who entered Wraparound on or after Jan. 1, 2012 and have had at least two Progress Reviews to date. Source: Children's Progress Review System (CPRS), Nov. 15, 2014.*

At the time of the last Progress Review, 34 percent more families experienced adequate/excellent support than at entry into Wraparound services and supports. The number of families who had limited or no support decreased from 32 percent initially to less than 15 percent at their last Progress Review.

## *Natural supports through Wraparound:*

*About two years ago I was referred by Early Intervention to the Wraparound services offered through Washington County Mental Health. My 4-year-old son's erratic behaviors at school were very concerning, his language was delayed, and interactions with others were limited. He had frequent meltdowns and severe sensory issues. I began meeting with my son's Wraparound team, and I was provided a family partner to support me and help me engage in the planning process. What a difference it has made to me and my family!*

*Based on his needs, we were connected to services and supports that helped us immensely. My son was able to attend a structured learning center over the span of one-and-a-half years, which addressed barriers that were hindering his progress and affecting our daily living. Thanks to Wraparound, he has overcome many of the barriers that were holding him back, and today he is successfully attending first grade!*

*Wraparound also opened doors of opportunity to aid and support my family as a whole. I learned the value of finding natural supports in my community. I was encouraged to become a family advocate, not only for my own family, but in support of others. I was invited to regularly attend the county Children's Services Advisory Council meetings to give my input, to promote what works, and to be a voice of change from a family's side of the looking glass. Even now, my eyes fill with happy tears because of what System of Care and Wraparound can offer families who are striving to understand, and who are affected by, their children's mental health and special needs.*

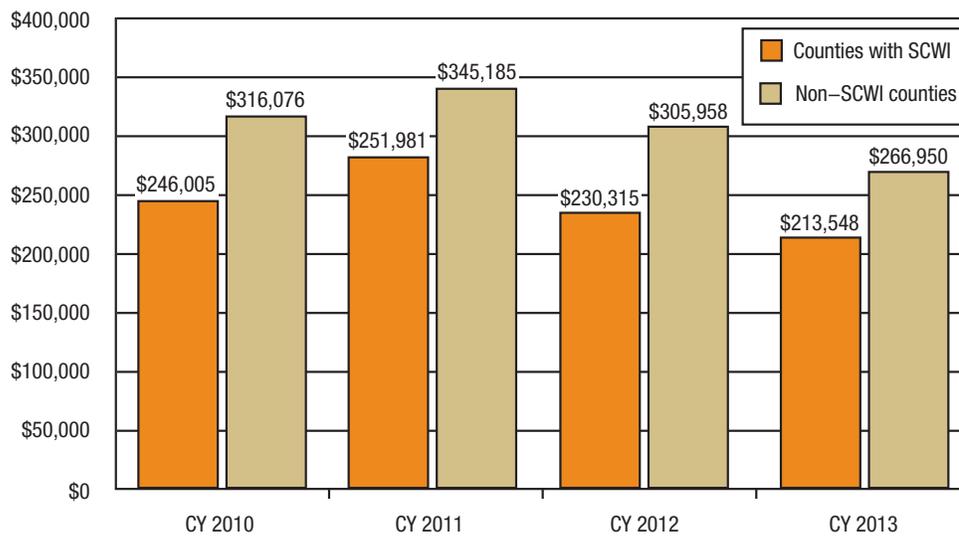


## Lower Costs<sup>1</sup>

Figure 8

### Child and family mental health services

Total billed per 1,000 members age 0–17 by county participation in State Children’s Wraparound Initiative (SCWI) calendar years 2010–2013



**Notes:**

1. Results shown are for all children ages 0-17, including those who did not participate in SCWI as well as those who did.
2. Children were grouped into SCWI and Non-SCWI based on the county in which they were enrolled in OHP or, if unknown, the child’s county of residence.
3. Calendar Year enrollment is a count of all children age 0-17 who were Oregon Health Plan members enrolled at any time during the year in MHO or CCO managed care plans with mental health benefits.
4. Cost of services is derived from the amount billed in cleansed paid claims for mental health services. Amount billed is the provider’s estimate of the full cost of providing a specified service and is typically higher than the amount paid.
5. Mental health services in this analysis include: Outpatient community-based mental health services and supports; Psychiatric Day Treatment (PDTs), Psychiatric Residential Treatment (PRTS), Subacute, and Acute (Hospital) services.
6. Types of services excluded are: Secure residential and stabilization services for children and adolescents (SCIP, SAIP, SITS, and STS), and Evaluation/Management services with ICD-9 procedure codes 99201-99350

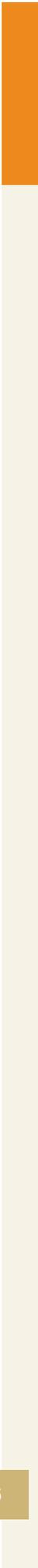
*Data Source: Oregon Medicaid Management Information System (MMIS), January 2015*

*Prepared for: Addictions and Mental Health Division (AMH), Oregon Health Authority*

*Prepared by: Health Programs Analysis & Measurement Unit, Office of Health Analytics, Oregon Health Authority, January 2015*

*Source: Medicaid Management Information System (MMIS); data pulled on 10-18-2015 and 12-03-2014.*

<sup>1</sup> Data is the most recent available pulled from cleansed paid Medicaid encounters during the first four years of implementation of Statewide Children’s Wraparound Initiative demonstration projects and does not reflect the SOCWI expansion.



Over a four year period SCWI sites proved to be highly cost-effective for children’s mental health services. Figure 8 compares the cost per 1,000 members ages 0–17 of mental health services provided to children in the eight counties served by SCWI with costs in the remaining 28 counties. In 2012 and 2013, the costs per child were 25 and 20 percent lower for children in counties with SCWI sites than those in non-SCWI counties. These results are consistent with the differentials of 22 and 27 percent for the previous two years, demonstrating that the cost benefits of SCWI persisted as Coordinated Care Organizations were launched and tasked with integrating physical, mental and dental health care services under Oregon Health Plan.

# Training and the Wraparound practice model within a System of Care

The success of the SCWI demonstration sites is directly linked to the partnership with Portland State University (PSU), which is nationally recognized for expertise in training through its System of Care Institute. PSU staff provides direct technical assistance to each project site, and collaborate with them to create individual training plans.

Fidelity, or an ability to replicate the model, has been demonstrated in each of the sites. It is critical to achieve the desired outcomes of any evidence-based practice. Fidelity was measured in early 2012 through the Wraparound Fidelity Index. In the current System of Care implementation under expansion through the CCOs, fidelity will be measured using the WFI-EZ, a condensed and more easily administered tool, and by the Team Observation Measure (TOM), which evaluates the functioning and process of a Child and Family Team, the core vehicle for Wraparound implementation. Both tools are available through the National Wraparound Initiative.

In the current System of Care sites, a readiness assessment is being required for creation of the System of Care in each community using a Wraparound model. PSU has been instrumental in guiding communities through this evaluation process, which incorporates feedback from all system partners, families and youth. This assessment identifies areas of strength and targets areas for further development in the local System of Care.

# Project site implementation—initially and through CCOs

SCWI launched three demonstration sites on July 1, 2010, serving 375 children. These sites were Mid-Valley WRAP (Marion, Polk, Yamhill, Linn and Tillamook counties), Rogue Valley Wraparound Collaborative (Jackson and Josephine counties), and Washington County Wraparound Demonstration Project. Initially, and through the inception of the coordinated care organization model, eight counties were served. Three counties (Linn, Yamhill, and Tillamook) are now a part of the System of Care expansion and benefit from experience gained under the pre-CCO demonstration projects they were affiliated with. In another site, the Portland metro area, two counties (Clackamas and Multnomah) have joined the existing demonstration county (Washington) because they are part of a CCO that serves all three counties; these counties are also benefitting from the experience and foundation gained in Washington County. The project sites have served 863 children and young adults to date using a Wraparound process model.

Youth served by the demonstration were those who had been in Child Welfare custody for at least a year and with four or more placements or who were in their first year of Child Welfare custody but had needs that require the highest levels of care offered by child welfare or mental health and addictions systems. Driven by local needs, the criteria were broadened in 2012, although participants still were to be in DHS custody. This has allowed communities to serve more children with the greatest needs and to address identified health disparities.

In the System of Care expansion, children must be eligible for and enrolled in Medicaid to be served under the initiative. Each CCO has set its own criteria for the children it will bring into the System of Care to receive Wraparound services. Several CCOs include children with high behavioral health needs being served in the juvenile justice system, or children who are medically fragile. Some of the sites and CCOs make Wraparound the model of care for all the children they serve with high behavioral health needs, further expanding the allotted slots to include children who otherwise would not be served under the expansion.

At this writing, enrollment figures are not available for children being served under SOCWI expansion. Staff members are being trained and just beginning to deliver services. As of November 1, 2014, the sites began serving children and young adults. An additional 700 slots are projected for the expansion. Coordinated care organizations are required to integrate behavioral health and primary care for their members. The SOCWI initiative provides impetus to streamline and better deliver integrated services to these children and families. As the sites develop further, innovations and regional approaches to inclusive care delivery are expected. Family and youth voice will inform the process under the SOCWI model.

# Governance and accountability

The OHA Addictions and Mental Health division and DHS Child Welfare program share leadership and support for SCWI. DHS/OHA identified a state site lead and a local site lead to provide guidance and leadership specific to the program at the community level. State site leads also provide collaboration, direct support and technical assistance to each demonstration site. A portion of two AMH staff positions and one CW staff position had been assigned to provide this guidance, leadership and collaboration with the SCWI sites. This has shifted somewhat under the SOCWI expansion, where a portion of four AMH staff positions are dedicated to work directly with the sites to assist them in their efforts to establish a System of Care, with consultants from the PSU Systems of Care Institute, a family leader and a youth leader also assigned to each site. The AMH state leads have taken on this responsibility in addition to their existing roles in AMH.

Accountability is enhanced through engagement of the youth and families served who have a critical role in shaping policy and practice in their communities through their membership on, and involvement with, committees in the governance structure. Child mental health and child welfare systems highly value a System of Care and Wraparound model. Other systems such as county juvenile justice, Oregon Youth Authority (OYA) and educational service districts are increasingly requesting Wraparound and Systems of Care approaches to assist the children and young adults in their respective systems who struggle with behavioral health challenges.

System-level collaboration is a critical Wraparound and System of Care component. Legislation identified DHS Child Welfare and OHA Addictions and Mental Health as lead agencies in implementation of this initiative. The two agencies dedicated existing resources to support SCWI. As a result, OHA and DHS have stronger collaboration and communication within the original demonstration sites. As work proceeds under the SOCWI expansion, other system partners are being more fully engaged from the outset, with OHA and DHS taking the lead.

The initiative would benefit significantly from higher level state executive oversight and funding commitments from child-serving systems so that local communities could design services and supports based on child and family needs, not funding parameters. Additionally, multi-system financial contribution would improve “buy-in” to the process and System of Care principles and values. Creating multi-system oversight will also firmly establish that this is the way Oregon will “do (human services) business” for children.

The core SCWI implementation team of DHS/OHA Initiative co-leads (one administrator from each agency) and state and local site leads met monthly with partners to coordinate the SCWI. Partners have included Portland State University, the AMH Family Partnership

specialist, AMH and DHS state site leads, Oregon Family Support Network, Youth M.O.V.E., DHS field representatives, an OYA representative and a DHS Developmental Disabilities representative.

Shared leadership has helped convey information, identify opportunities and highlight local and state-level growth and development areas. Community-based implementation has flowed from this model. Coordinated local and state-level guidance and leadership are critical for system change. An advisory committee required by statute includes representation from the statutory partner agencies, stakeholders, youth and families, and SCWI providers. In July 2014 the advisory committee received a series of reports from each of the SCWI sites outlining their progress in implementing this initiative.

One challenge in the continued implementation has been the shift from the mental health organizations (MHOs) to CCOs as the administrative service organization. The CCOs' structure, daily operations and focus are different from those of the MHOs. They also have different boundaries, so some counties had to move to a different administrative structure. This has created some challenges and opportunities in further implementation of the project sites.

Today, 13 CCOs are implementing the Wraparound model. Most of them were not involved in the demonstration projects. The expansion has been slowed by the combination of a different contract used under the CCO model and the need for training on a broad scale.

On July 1, 2014, the CCOs participating in SOCWI were awarded funding to hire project site leads. Rollout of services and supports under the Wraparound model was slated for November 1, 2014.

Sites have been engaged in training and community assessment of their readiness to grow into a System of Care. Care coordinators are being hired and structural governance changes are beginning to take place. Additionally, although 13 CCOs are participating, Wraparound and System of Care do not yet have statewide reach due to funding limitations, limitations in resources for adequate training and technical assistance, and competing priorities of initiatives in other systems.

The original sites selected for SCWI represented a range of geographical areas, diverse demographics, and differing levels of experience with Wraparound models. None of the sites had significant experience in developing a System of Care. Today under SOCWI, sites are being encouraged from the outset to develop System of Care “thinking” and approach. Thus System of Care implementation is now an incremental, and not necessarily rapid, process.

Sites are being encouraged to use a System of Care approach using the Wraparound model for all children and young adults with significant behavioral health needs. Experience has shown, and data support, that over time this model will save money and provide higher satisfaction of care and quality of care for children, young adults and their families.

System of Care is a system-level collaborative framework that creates the needed structure at the agency level to implement comprehensive, effective programs. Wraparound is a planning process that puts System of Care into operation in the community where it touches the people who need it most. Creating a clear understanding of SOC framework provides the structure for related initiatives (i.e., Differential response, SB 964-Strengthening, Preserving and Reunifying Families, Early Learning Hubs) to thrive and intersect with SOC efforts.

These specific Child Welfare practices integrate well into the System of Care and Wraparound model:

- » *Family Find* supports the identification and engagement of family members as a supportive system for children who are involved in the Child Welfare system.
- » *Strengthening, preserving, reunifying families (SB964)* is an avenue for communities to collaborate with DHS to develop a culturally specific, community-based service array to meet the needs of families.
- » Implementing a *differential response* to Child Protective Services (CPS) investigations will allow CPS to intervene with families in a more collaborative and less intrusive way. This will support the Wraparound family engagement model of family-driven case plans without requiring a CPS abuse finding or disposition.
- » Finally, one of Oregon's federal IV-E waiver demonstration projects focuses on engaging CPS clients with *parent mentors* at the onset of an investigation. The use of non-traditional helps such as parent mentors, former clients who have been successful in the CPS system, mirrors the Wraparound/System of Care model of encouraging client engagement by using natural supports and working with professionals.

A cornerstone of effective Wraparound models, natural supports can be individuals or organizations in the family's community, as well as kinship, social or spiritual networks including friends, extended family members, ministers, neighbors, and others of significance to the family. Although they are not always readily available, natural supports can be critical to a family's ability to move forward and sustain gains when Wraparound service and supports are no longer formally needed. A natural support person can offer a distinctly non-



professional perspective as a member of the child and family team.

# Cultural competence in a family- and youth-driven model

Cultural responsiveness is another core value associated with System of Care and Wraparound. Strategies to develop and support cultural and linguistic competency are inherent to a fidelity model for Wraparound. Among the strategies being used to develop and support cultural and linguistic competency through Wraparound are family involvement and peer support.

A fundamental principle of Systems of Care and Wraparound is that family and youth drive their plan's services and supports. Child-serving systems must be able to hear and act on solutions created by youth and their families. These solutions identify strengths and needs and deliver services based on these qualities. Families and the youth themselves are key to the solutions.

The use of youth and family voice is growing in Oregon, as is peer support. Project sites have hired family and youth support partners as peers. Peers who are family support partners are youths' family members with personal experience in behavioral health settings, with training and credentials, who work directly with the child and family team. Youth peer specialists support other youth who are being served. Peer support is a way to engage and retain families and youth in the creation of their own plans and is associated with more positive outcomes.

Families and youth are increasing their roles in policy and oversight. The Addictions and Mental Health Division in partnership with Oregon Family Support Network and Youth M.O.V.E. Oregon expands system capacity for family and youth involvement. This has been a particular focus in the SOCWI expansion, and is critical to the establishment of a System of Care statewide.

## *Comments made by youth and young adults who have experienced Wraparound care coordination:*

- » *"My wrap team has helped me with every area of my life."*
- » *"I can now go into public and ask questions."*
- » *"I've learned how to join in on conversations with my peers."*
- » *"I have learned lots of social skills."*
- » *"It has helped so much with my self-esteem and self-confidence."*
- » *"I now get lots of constant positive reinforcement and feedback."*

# Workforce development

Workforce development is available to all sites to aid in achieving fidelity to the evidence-based Wraparound model. Portland State University provides community- and practice-level training, coaching and technical assistance. In addition, tailored training plans at each site meet the specific strengths, needs and cultural considerations of each community. This support is provided at multiple levels: practice and supervisory groups, community advisory groups and leadership councils.

PSU provides strategic consultation to the sites through tools, resources and expertise in developing and implementing a statewide System of Care. PSU helps gather feedback from demonstration sites and gives direction to any modifications based on lessons learned. PSU is integrally involved in evaluating and improving the current model.

SCWI and SOCWI workforce development and training are successful due to the efforts of Oregon Family Support Network, Youth M.O.V.E. Oregon, PSU and DHS/OHA. These partnerships could benefit and be strengthened by equitable, clearly defined funding. Collaboration, which is consistent with the values and principles of System of Care and Wraparound, requires a minimal level of in-person opportunities for training, discussion and evaluation of ongoing needs and strengths. Such funding would further aid in incorporating other services and associated supports including detention diversion, individual educational plans, family housing systems, and closer coordination with primary care providers.

## **Service array**

In order to maintain fidelity to the Wraparound model, sites must intensively and actively coordinate care. The initiative has established a caseload ratio of one care coordinator for up to 15 children, consistent with national fidelity guidelines.

Each care coordinator facilitates the Wraparound team and coordinates the service array. The team will work together to find natural supports for the child and family. The care coordinator also monitors the delivery of services to ensure that these children with complex behavioral needs receive necessary services and supports.

The service array, also called the integrated service array, is a continuum of coordinated, culturally competent mental health services. These services are made available to children if their family chooses them and they are medically appropriate. Ideally, the service array is delivered in the child's most natural environment, with attention to adequate safety. The service array includes:

- » Mental health assessment;

## *A Young Adult Success Story*

*A male youth in DHS child welfare custody was referred to Wraparound due to family dynamics and youth agreeing it was not working well in the care of the grandparents. The youth had some behavioral needs due to past trauma and used running away as a coping mechanism. This youth was placed in a program in which he did not respond well. It was not the appropriate setting and he ended up running from that program.*

*This youth was then placed in the program Youth Progress and had a supportive Wraparound team in place with individual support of a youth peer support partner. The young man started to flourish. He worked with his peer support partner on effective ways to communicate his needs and frustrations to the case worker and other professionals on the team. He was beginning to identify his strengths and was actively engaged in working on the assigned action steps created on the Wraparound plan. He began to feel comfortable advocating for what was important to him and would facilitate a portion of each of the team meetings.*

*The Wraparound model was helpful in that all supports were around the same table with clear communication and expectations to support this youth's success. There were times when this youth wanted to give up on the process. Having a peer support partner to share some similar lived experience played a part in helping him to not give up.*

*He is now on track to graduate early from the high school program at Youth Progress and will be transitioning out of Wraparound within the next 90 days. He has a job at a local restaurant on the weekends and plans to start college after graduating from Youth Progress. This youth now has healthy positive interactions with his family members and would like to someday be an advocate for other youth in foster care.*



- » Psychiatric evaluation and medication management;
- » Care coordination;
- » Home- and community-based individual and group skills training and therapy;
- » Home- and community-based family therapy;
- » Respite care and family support;
- » Crisis services;
- » Behavioral support services;
- » Psychiatric day treatment;
- » Psychiatric residential treatment services; and
- » Acute or sub-acute psychiatric hospitalization.

The local community has the authority to coordinate the available service array through the Child and Family Team. The full array of child welfare and mental health services are available to children in the initiative, in addition to tutors, mentors, individualized educational plans, behavioral rehabilitation services, and diversion from detention. Family and youth peer support are also available.

The model creates a flexible, coordinated, individualized service and supports plan that draws on each young person's strengths and meets his or her needs. Families and young people partner with a care coordinator, a family and youth partner, natural supports, and other professionals within their team to devise the plan. All are accountable for carrying out the plan, with an emphasis on accountability, use of strategies to remove barriers, fostering of independence and engaging natural supports.

# Data sharing

Systems of Care standard practice calls for information to be shared across child-serving systems. The Children's Progress Review System (CPRS) allows real-time sharing of case- and system-level data. Integration of state government information systems has been more challenging. Improved data sharing across multiple systems serving children is a significant need in this initiative. State- and local-level standard data sharing agreements to address confidentiality laws and information system technology barriers need to be developed. This has become even more significant with restructuring of the health system under coordinated care organizations.

When the SCWI was first implemented, ways to collect and track data were established at the case and system levels. Methods to review processes, and define key indicators at the child and system levels should be periodically reviewed and modified as system needs change. Project sites have used CPRS and other data measurement tools to demonstrate the individual, systemic and fiscal success indicators of this initiative. Ongoing monitoring and expansion of data capture abilities of the system would further improve Oregon's System of Care as "data driven."

# Costs of full implementation

Historically, DHS and OHA have reinvested ongoing financial and staff resources to begin and expand implementation. Additional investments in children's mental health during the 2013 session made it possible to expand the Wraparound model and the existing System of Care.

Systems of Care, across systems, provide cost savings over time<sup>2</sup>. This is primarily accomplished by meeting the needs of children with complex behavioral health challenges in their own community, and decreasing reliance on institutional care to provide treatment. Systems of Care provide a sustainable structure and increased effectiveness of available funding, since solutions are individualized to the youth and family. Initial investments to hire care coordinators and shift an existing system may be higher than maintaining a local system that is appropriately responding to young people and their families. Nationally, existing System of Care sites have demonstrated the cost benefit of preventing incarceration, educational or psychiatric placements, and other expensive services.

The Wraparound System of Care current biennial General Fund investment is \$8.4 million. That dollar amount includes the initial funding for the original three-site demonstration project and the 2013- 2015 biennial additional investment which expanded Wraparound to a total of 13 CCOs. For expansion to the remaining three CCOs, AMH respectfully requests an additional \$1 million biennial investment for 2015-2017.

---

<sup>2</sup> Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). *Return on investment in systems of care for children with behavioral health challenges*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.





This document can be provided upon request in alternative formats for individuals with disabilities. Other formats may include (but are not limited to) large print, Braille, audio recordings, Web-based communications and other electronic formats. Call 503-945-5763, or for TTY call 1-800-375-2863 to arrange for the alternative format that will work best for you.