

Oregon Statewide Children's Wraparound Initiative: Fiscal Impact Analysis

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October 26, 2012

SCWI DEMONSTRATION SITES

A very brief timeline...

2009 – Statewide Children’s Wraparound Initiative (SCWI) created by legislative mandate

2010 – Demonstration programs implemented in three Oregon Mental Health Organizations (MHOs)

2011 – First full year during which all three Wraparound demonstration sites are fully operational

2012 – Wraparound Fidelity Review (WFI-4) confirms demonstration sites have successfully implemented the Wraparound model

SCWI DEMONSTRATION PROJECT

Some benefits of Wraparound...

- ★ Individualized plan of care
- ★ Meaningful youth and family involvement
- ★ Success in family or community placements
- ★ Avoid higher levels of care



If Wraparound is successfully implemented...

Wouldn't we expect to observe an overall reduction in expenditures for facility-based services when Wraparound is implemented within a system of care?

QUESTION...

How does Wraparound affect the system-wide cost of children's mental health services provided by MHOs in Oregon?



OBJECTIVES...

#1

Summarize billed amounts for mental health services provided to all children enrolled in OHP MHOs, by calendar year and level of services



#2

Compare SCWI demonstration sites' results with results from non-participating MHOs/counties

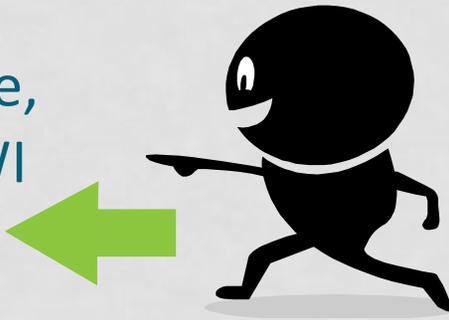


PARAMETERS

★ Time – 3 years, before, during, and after SCWI startup

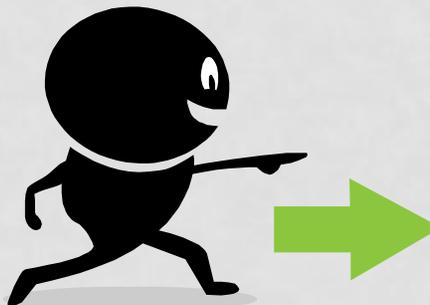
★ Service levels – Acute, Subacute, PRTS, PDTS, Outpatient, Combined

★ Cost estimates – “Usual & customary cost” is billed amount for each service; expressed as dollars per 1,000 children enrolled



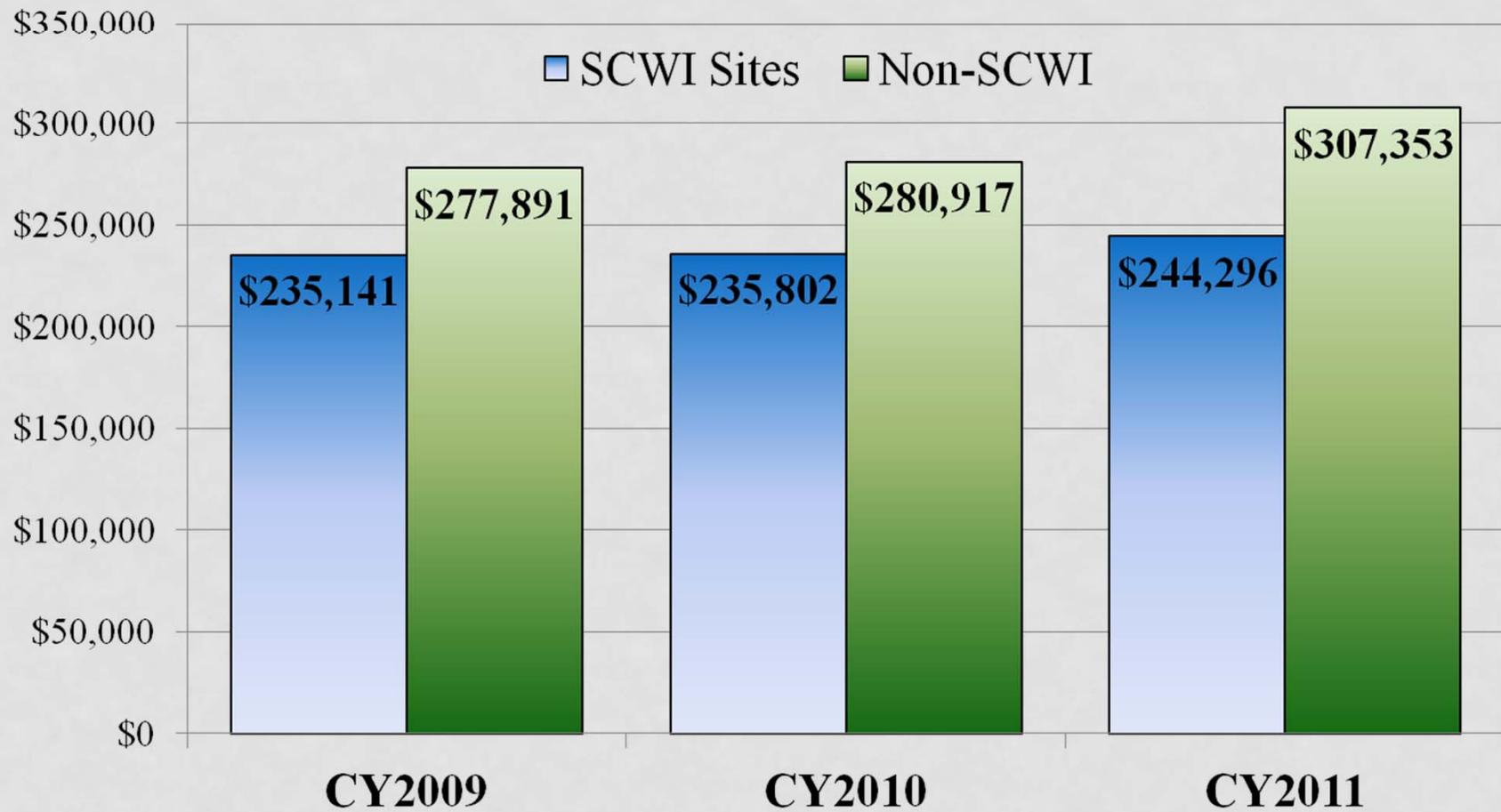
★ Comparison groups – 2 **SCWI**: Washington County, MVBCN, JBH (Josephine, Jackson only)
Non-SCWI: 7 other MHOs and JBH (Douglas, Coos, Curry counties)

★ Population – ALL children age 0-17 enrolled with an OHP MHO at any time during each year



All levels of service

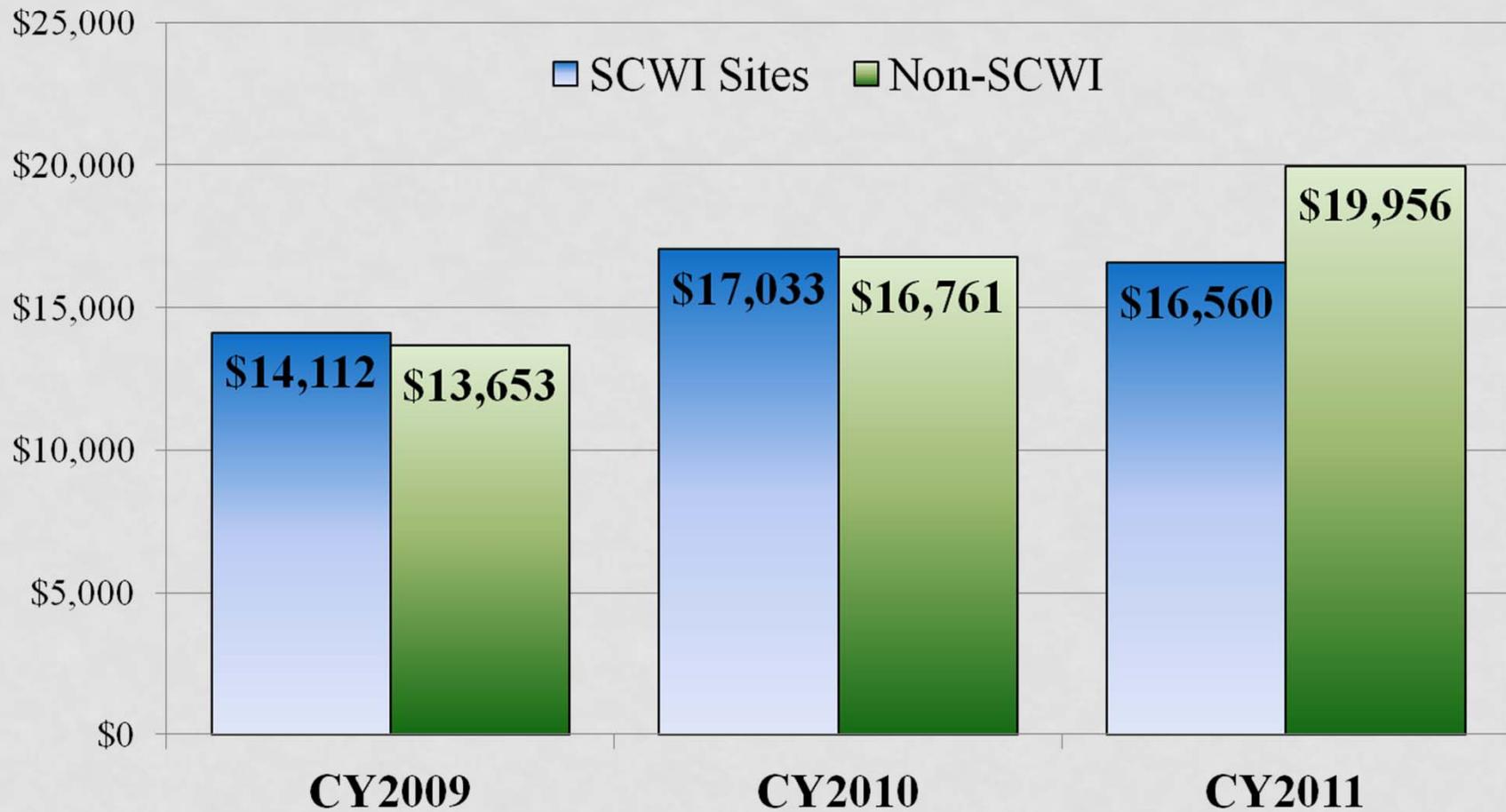
Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Acute/Hospital Care

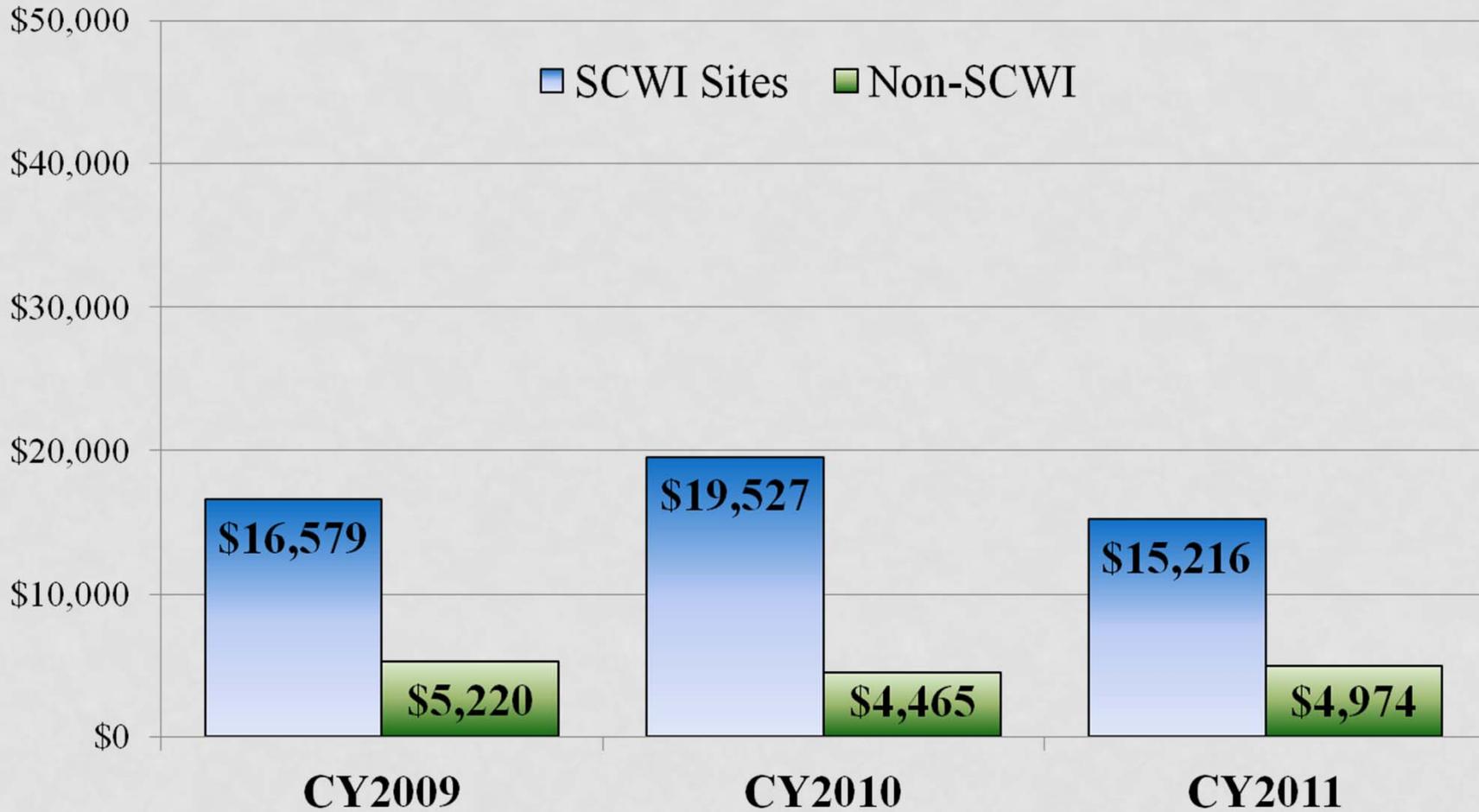
Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Subacute Care

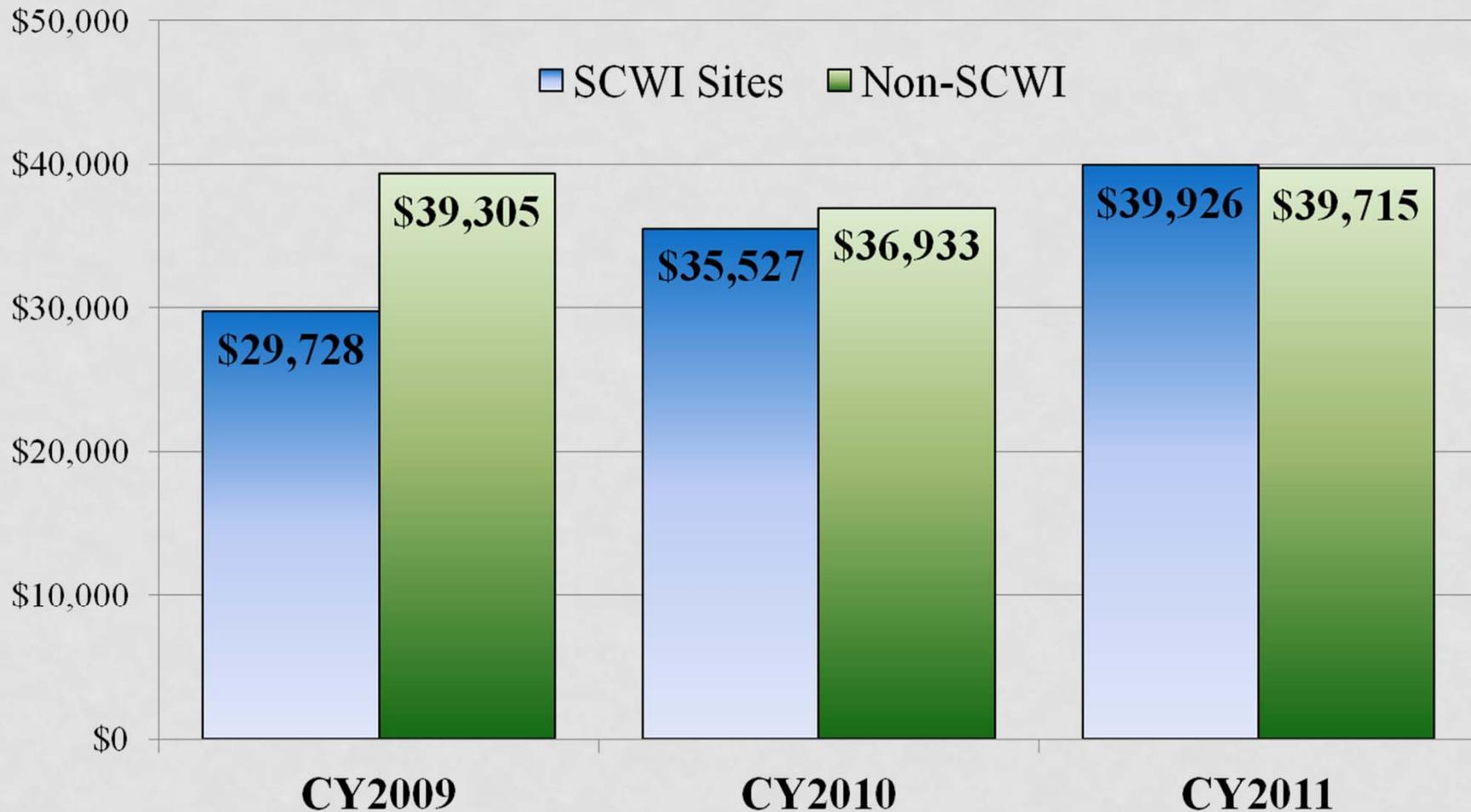
Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Psychiatric Residential Treatment (PRTS)

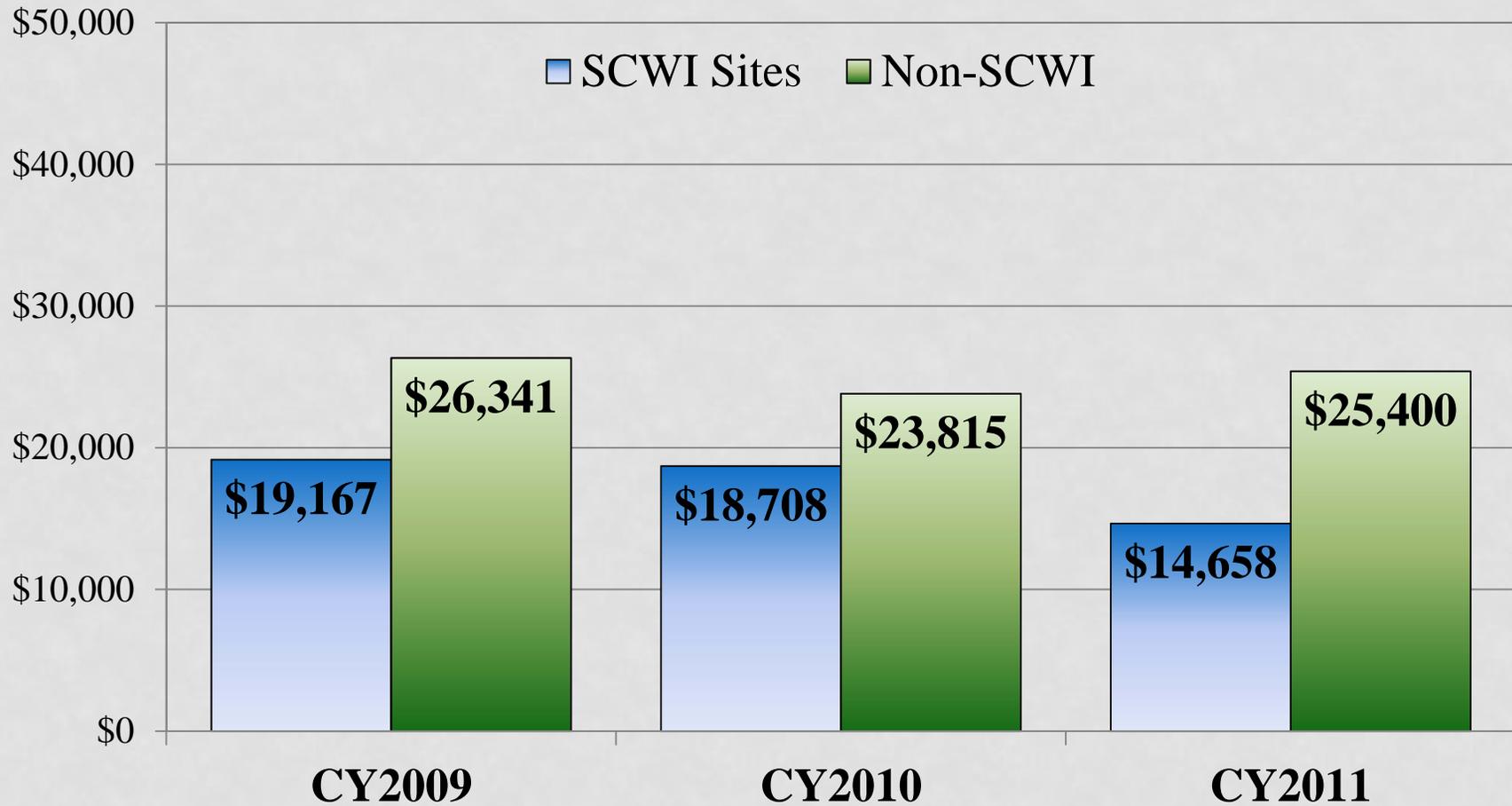
Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Psychiatric Day Treatment (PDTs)

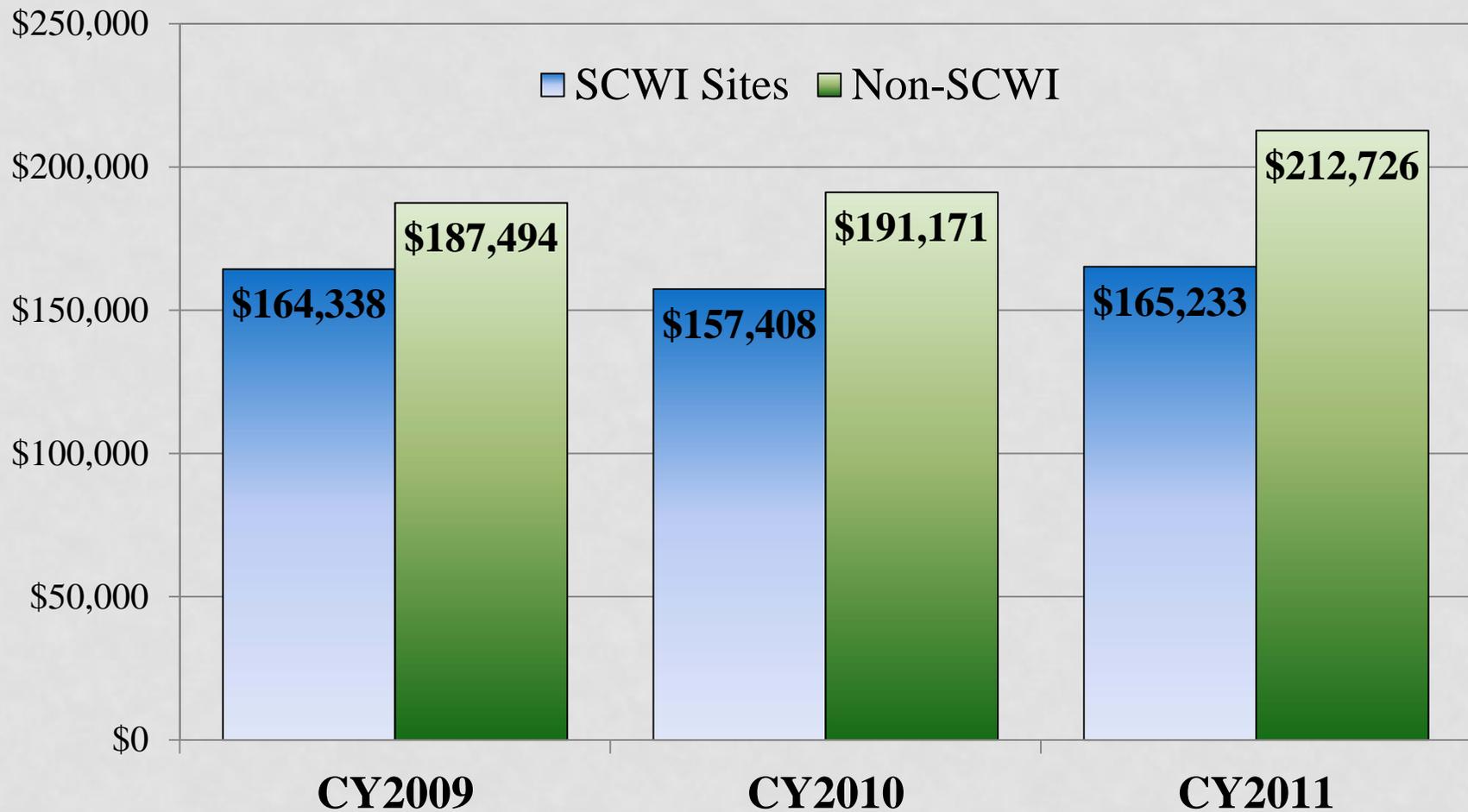
Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Outpatient Services

Total Billed per 1,000 Members age 0-17
Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

SUMMARY

During the three years studied...

- ☺ Combined costs for children's mental health services increased much less at SCWI sites, relative to Non-SCWI
- ☺ Outpatient and Acute care cost increases were smaller in SCWI, especially in 2011
- ☺ Costs for Psychiatric Day Treatment decreased in SCWI, not in Non-SCWI



SUMMARY

BUT...

- ⚡ SCWI costs for Subacute care were two to three times higher than Non-SCWI costs
- ⚡ SCWI Residential treatment costs rose by a factor of 30% between 2009 and 2011



DISCUSSION

- ❓ Why were subacute care costs so much higher in the SCWI populations?
- ❓ What might explain increasing PRTS costs?
- ❓ Would the difference between billed amount and actual expenditures affect these results?
- ❓ What other information could we use to learn more about the fiscal impact of Wraparound?
- ❓ How do these results compare with other studies of Wraparound and Systems of Care?

WHAT NEXT?

