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NWI 2010 Webinar Series #4:

Supporting Wraparound Implementation – Emerging Themes for Developing Your Program or System

June 29, 2010

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Michelle Zabel, Director,
University of Maryland Innovations Institute
Janet S. Walker, National Wraparound Initiative
www.nwi.pdx.edu

Outline of this session

- **Introduction and Overview**
  - NWI's framework for understanding and measuring implementation
  - Resources from the NWI
- **Wraparound Milwaukee– Bruce Kamradt**
  - Implementation themes and what we did
- **Supporting Wraparound In Maryland– Michelle Zabel, University of Maryland Innovations Institute**

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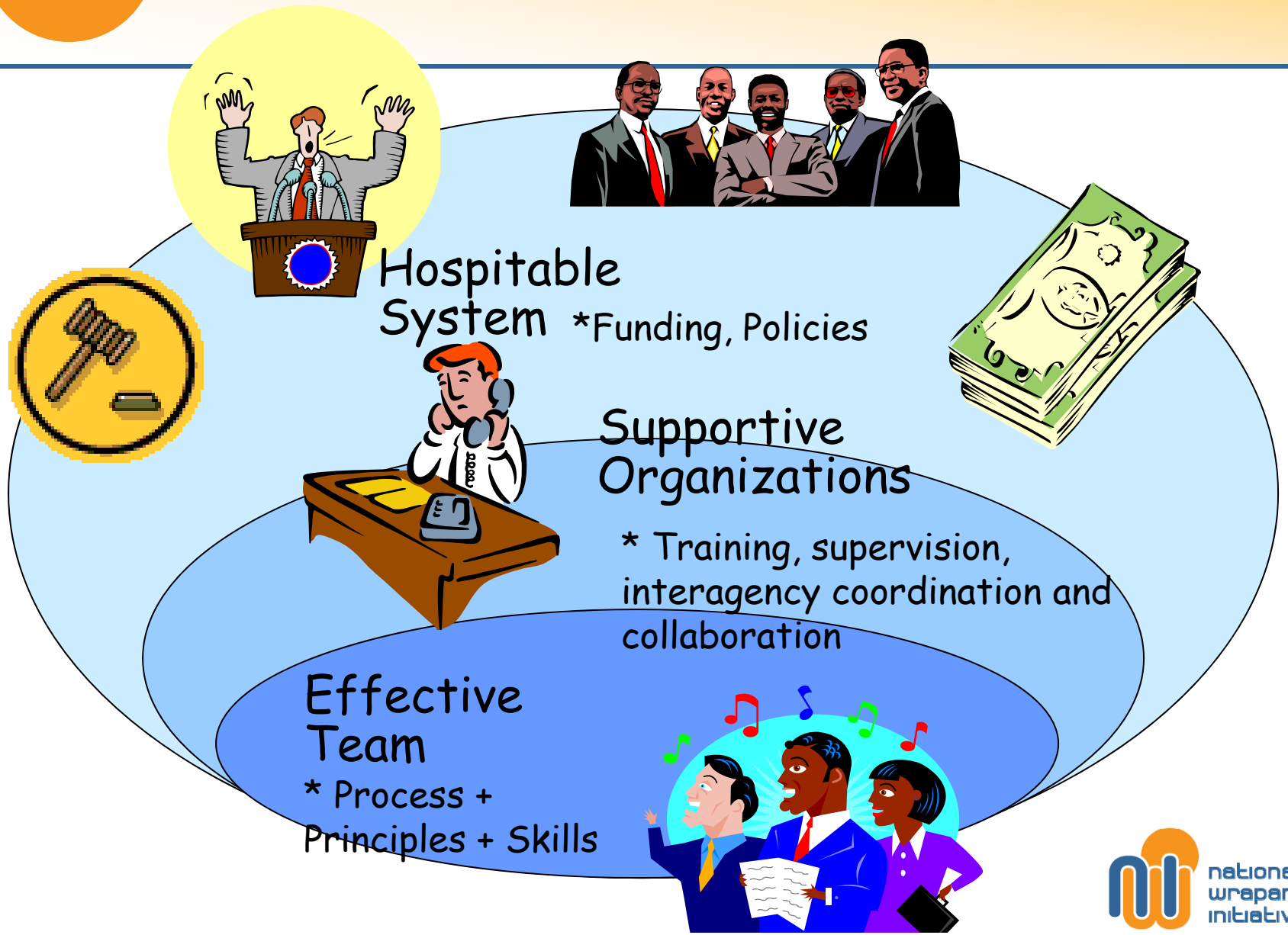
The implementation context



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Assessing the Implementation Context

Goal—to provide communities with reliable data about how well the system and organizational context is supporting wraparound, and the particular areas of strength and challenge

- Initial research using a "backward mapping" strategy, qualitative approach
- Stakeholder consensus building through the NWI to generate and refine items
- Total of 23 communities nationally have used the *Community Supports for Wraparound Inventory*, data has provided evidence of reliability and validity
- Designed as an efficient, low-cost way to provide useful information to communities *while also* yielding high quality data for research purposes.

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Community Supports for Wraparound Inventory: What is it?

- Web-based stakeholder survey comprising ~40 items grouped within six implementation themes (factors)
- Each item has two descriptions that anchor each end of a Likert scale
  - One anchor describes “least development”– what conditions in a community look like in the absence of a collaborative effort to provide comprehensive care
  - The other anchor describes “fully developed”—what conditions look like when there is an effective, collaborative effort in place
- Locally-nominated stakeholders rate each item on a scale from “least developed” to “fully developed”

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References

- Resource Guide– Chapter 5a-1
- Walker, J. S. & Sanders, B. (in press). The *Community Supports for Wraparound Inventory*: Assessing the system context for interagency implementation of wraparound. *Journal of Child and Family Studies*.
- Walker, J. S., Koroloff, N. K., & Bruns, E. J. (2010). Defining "necessary" services and supports: Why systems of care must take direction from service-level processes. *Evaluation and Program Planning, 33,* 49-52.
- Walker, J. S., & Koroloff, N. (2007). Grounded theory and backward mapping: Exploring the implementation context for wraparound. *Journal of Behavioral Health Services & Research, 34, 443-458.*
- Walker, J. S., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*. Portland OR: Research and Training Center on Family Support and Children's Mental Health. http://www.rtc.pdx.edu/PDF/pbImpHighQualISP.pdf

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Types of program and system support for Wraparound

1. Community partnership: *Do we have collaboration across our key systems and stakeholders?*
2. Collaborative action: *Do the stakeholders take concrete steps to translate the wraparound philosophy into concrete policies, practices and achievements?*
3. Fiscal policies: *Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?*
4. Service array: *Do teams have access to the services and supports they need to meet families' needs?*
5. Human resource development: *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
6. Accountability: *Do we use tools that help us make sure we're doing a good job?*

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CSWI Report to community includes:

- Response rate
- Characteristics of respondents (race, sex, service experience)
- Total score (and how this compares to the mean of the comparison communities) and "grand mean"
- Theme means (and comparison)
- Individual item means (and comparison)
- Particular areas of strength and challenge
- Respondent comments

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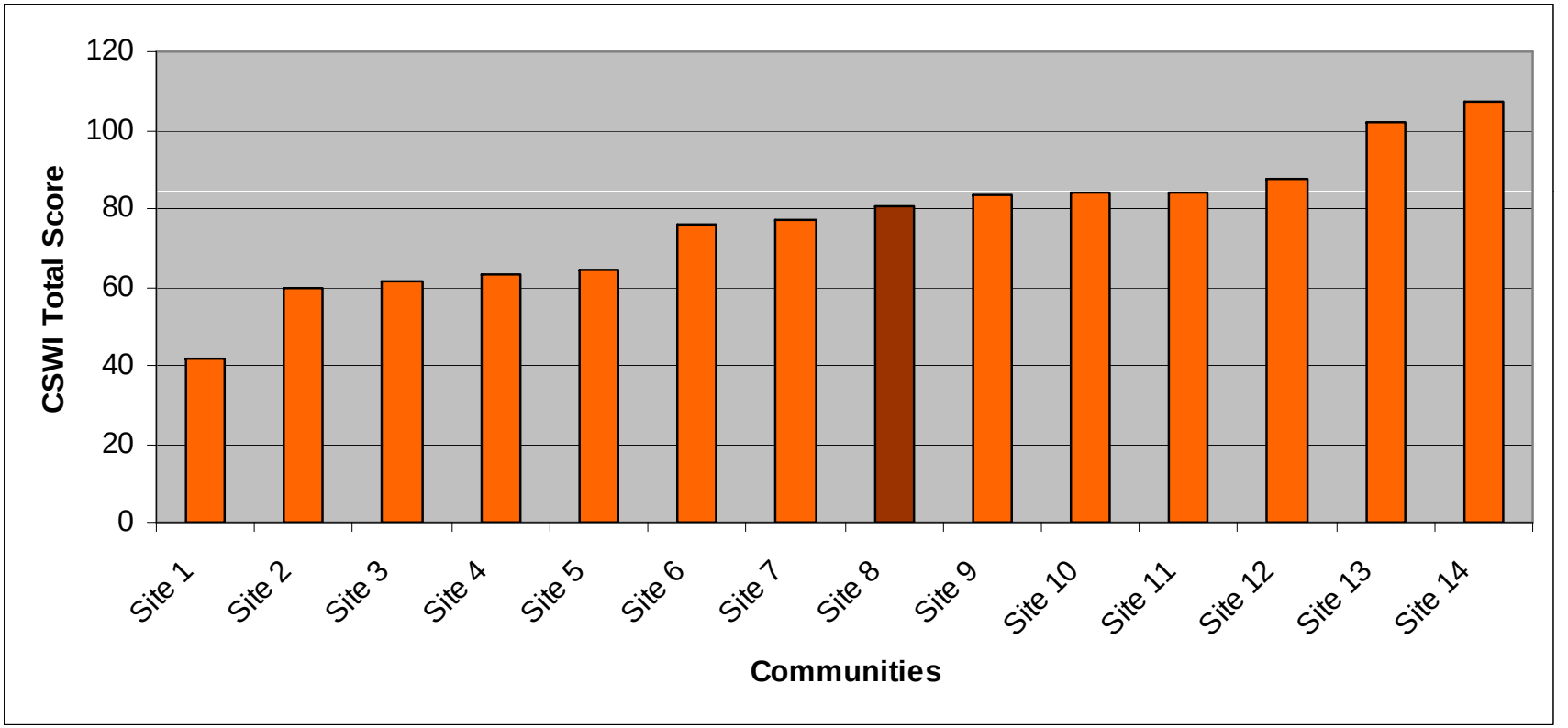
CSWI Total Scores



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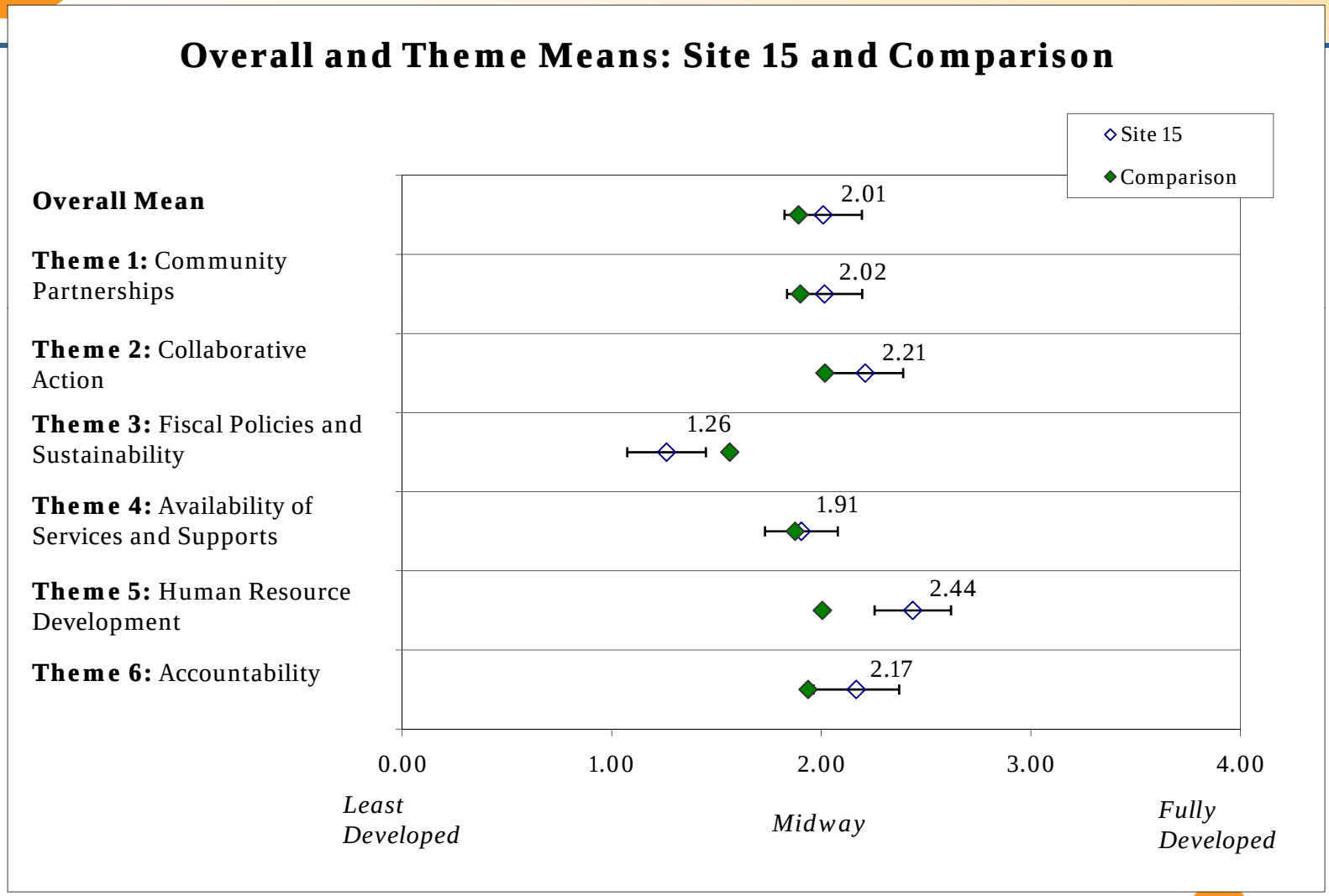
Sample report: Theme means



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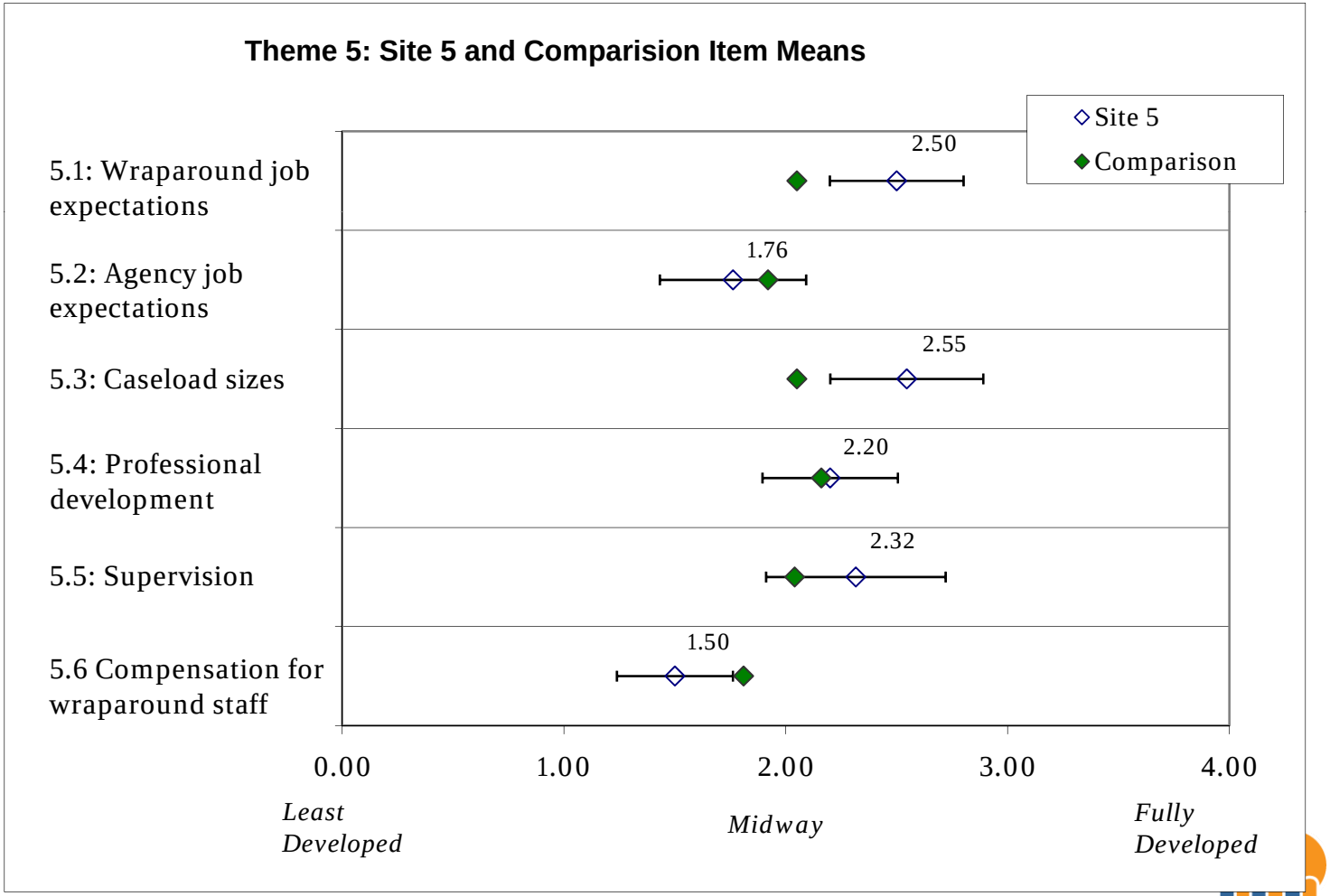
Sample report: Item means



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Resources from the National Wraparound Initiative

- Special issue: Research on wraparound implementation. *Journal of Child and Family Studies*
- www.nwi.pdx.edu
  - Webinars
  - Implementation support resources
  - Resource guide
  - Miscellaneous resources

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sitemap Search

"The NWI works to promote understanding about the components and benefits of wraparound, and to provide the field with resources to facilitate high quality and consistent wraparound implementation."

the national wraparound initiative

In 2004, stakeholders—including families, youth, providers, researchers, trainers, administrators and others—came together in a collaborative effort to better specify the wraparound practice model, compile specific strategies and tools, and disseminate information about how to implement wraparound in a way that can achieve positive outcomes for youth and families. The NWI now supports youth, families, and communities through work that emphasizes four primary **functions:**

- **Supporting community-level planning and implementation**
- **Promoting professional development of wraparound staff**
- **Ensuring accountability**
- **Sustaining a vibrant and interactive national community of practice**

The NWI is membership supported. You can **join the NWI** to help continue this important work!!

wraparound resources

The always-useful **Resource Guide to Wraparound**

NEW! **NWI webinar slides and recordings**

NEW! **Summary of evidence for wraparound**

upcoming trainings & events

NWI presents at California Wraparound Institute – **June 7, 2010**

Webinar: Accountability and Quality Assurance in Wraparound - **June 15, 2010**

top news & new research

KBCS radio featured a **story** on Washington State and the National Wraparound Initiative as the second feature of a two part series "Cruel Choices."

Wraparound Milwaukee in 2009 Visionaries **video**

members & affiliates section

NWI members and affiliates can log in **here** to access job postings, bulletin boards, the NWI blog, members and providers directories, "beta" versions of new resources, archived materials, and more...

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- wraparound basics
- products/publications
- resource guide
- assessment/fidelity
- tools compendium
- implementation support
- consultants

- implementation overall
- community partnership
- collaborative action
- finance/sustainability
- supports/services
- human resource support
- accountability
- state support

sitemap | Search

"This is an initiative that must continue. I believe that the impact of NWI has only just begun to spread, and stopping now would severely hamper the progress that has been made."

—NWI Impact Survey Respondent

imp

This s asic overview of wraparound implementation, and to introduce you to the es that are offered in this "Implementation Support" section of the NWI essed are:

1. entation?
2.
3. What if we need more help

1. What are the main things to pl ation?

Every community implements wrap own unique local conditions. However, each community also ne plementation tasks in various areas, etting goals, funding the wraparound ing and training staff, tracking outcomes, and so on. There are no rules about where a community or initiative must start in terms of building wraparound infrastructure; however, research and experience tells us that it is critically important that a core set of supports gets put in place.

This "Implementation Support" resource is structured around six implementation areas or "themes" that have been identified in research

Introduction

Welcome to the *Resource Guide to Wraparound*—a collection of articles, tools, and resources that represent the expertise, experience, and shared work of the members of the National Wraparound Initiative. In the *Resource Guide*, you will find a variety of different types of contributions, including:

- Central products from the National Wraparound Initiative, including descriptions of the wraparound principles and practice model;
- Examples of how different communities and programs have implemented wraparound and supported its implementation;
- Stories from youth, families, and communities;
- Review articles about the theory and effectiveness of wraparound; and
- Appendices containing tools and resources that can be used in everyday practice.

This *Guide* is a work in progress, and our intention is to update and expand the contents to reflect the ongoing evolution of thinking about

"Youth and parents who have been involved with the wraparound process talk about wraparound as being different and providing them with real hope that life could be better on a daily basis."

From Andrew Debicki's

tions2Adulthood

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- wraparound basics
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- consultants

- theory of change
- ten principles
- phases and activities
- implementation guide
- user's guide
- manual de usario
- family partner/principles
- family partner/activities
- nwi impact
- evidence base
- bibliography
- wraparound research
- implementation overview
- webinars
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What is Wraparound Milwaukee

- It is a unique “system of care” for children & adolescents with serious emotional, behavioral and mental health needs and their families
- Located in Milwaukee County, Wisconsin, a mid-western U.S. city and surrounding county of 1 million people
- The program serves 1,400 families annually

How is Wraparound Milwaukee Structured & Organized

- Publicly operated care management model
- Integrated delivery of services across child serving systems for SED youth
  - Pooled funding
  - Single payor
  - One plan – one case manager
  - Outcome based
- Family directed – youth guided
- It is behavioral health carve-out for Medicaid under a 1915(a) contract between Milwaukee County Human Services & Wisconsin Department of Health (Medicaid)

Background for Wraparound Milwaukee's Design & Development

- What Did Milwaukee County Look Like in 1995 for Youth with Serious Mental Illness?
  - Separate child welfare, juvenile probation, and mental health services for children and adolescents
  - Milwaukee County child welfare and delinquency services had reached an all-time high for youth placed in residential treatment centers
    - Combined average of 375 youth in RTC's
    - $18.4 million in costs with $2 million year end deficit
  - Planning council of Milwaukee reports that nearly 60% of RTC youth upon discharge re-enter either system within 6 months

Background for Wraparound Milwaukee's Design & Development – cont'd

- Milwaukee County Mental Health Division was operating an 80 bed psychiatric hospital for children with limited outpatient and day treatment services
- Three new child/adolescent inpatient psychiatric units had just opened in Milwaukee raising inpatient bed capacity to nearly 240 beds in Milwaukee area
- Wisconsin Medicaid Program concerned with dramatic increase in psychiatric inpatient days for children and adolescents and for increase in emergency room utilization for children and adolescents resulting in inpatient admissions
- Milwaukee County Executive & County Board were publicly critical of child serving agencies regarding increase in residential treatment placements and costs

…**Created Conditions for "Perfect Storm" for change and reform of system**

Emerging Themes Tied to Successful Implementation of Wraparound Initiative – What We Did in Developing Wraparound Milwaukee

1. **Community Partnership**
2. **Collaborative Action**
3. **Finance Sustainability**
4. **Access to Supports & Services**
5. **Human Resource Development & Support**
6. **Accountability**
7. **State Support**

Community Partnership

Steps We Took to Develop Wraparound Milwaukee System of Care

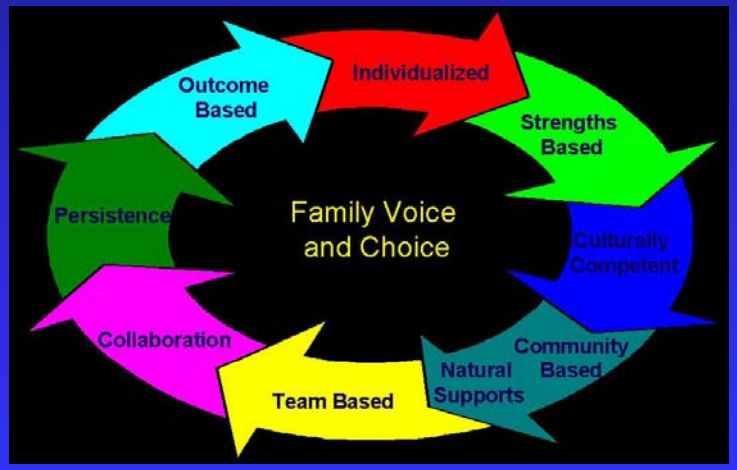
- The Children's Branch of the Mental Health Division, known as the Child & Adolescent Treatment Center (CATC) of which I was the Administrator had received an Integrated Services Grant in 1993 of $80,000 from the State of Wisconsin to pilot case management/intensive in-home services for adolescents with serious mental health conditions – 4 staff chosen to work on pilot
- Identified a key leader in Children Mental Health Bureau at State (Eleanor McClain) and together we wrote SAMHSA grants (Comprehensive Children's Mental Health Program) for Milwaukee County, expanding on ISP grant
- Oct 1994 Milwaukee County awarded, 5 year, $15 million grant from SAMHSA to develop system of care – one of first ten SAMHSA grants in Milwaukee County

Steps We Took to Develop Wraparound Milwaukee System of Care – cont'd

- Assembled local/state team to look at key components of care being used successfully in Wisconsin and other states. Components selected for our model included:
  - Mobile crisis teams
  - Care coordinator (case management)
  - Comprehensive service array
  - Family advocacy/support
- Through work with local consultant and national literature review, we became interested in wraparound philosophy and approach, i.e.. strength-based, individualized, community-based, family focused care and brought in John Vandenberg, Karl Dennis and other national consultants to meet, speak to and work with key stakeholders

Wraparound Milwaukee's Approach

Wraparound is a practice approach for the planning and provision of services and supports that can be applied to any population of children and families with or at risk for intensive service needs – not just to those with the most serious and complex problems.



10 Principles of Wraparound

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

Steps We Took to Develop Wraparound Milwaukee System of Care – cont'd

- Began series of lunch meetings with Presiding Chief Judge at Juvenile Court, head of Child Welfare and Probation to begin to think about a different model of care for children in Milwaukee with the most serious mental health and behavioral needs and those going into residential treatment centers, juvenile correctional facilities, psychiatric hospitals and staying for too long a period of time
- Simultaneously began meetings with State Medicaid Agency help of Children's State Mental Health Director, E. McClain to discuss alternatives to psychiatric inpatient care for children

…Several separate efforts would converge into one coordinated approach…

Key Decisions About Family Involvement In Development of Wraparound Milwaukee

- Families direct the care planning team process – called "Child & Family Team"
- Families are involved on all committees, work groups, training of care coordinators & providers and other activities
- Wraparound Milwaukee initially contracted with State Family Organization but Milwaukee families wanted their own organization. Wraparound Milwaukee supported development of Families United of Milwaukee and had contracted for advocacy services from that organization since 1997 - $325,000 per year
- Wraparound Milwaukee does not use parent partners model as in New Jersey. Families chose whether they want an advocate or not
- Families United has major role in QA/QI conducting satisfaction surveys of care coordinators & providers
- In 2006, Wraparound Milwaukee and Families United added educational advocacy services. Has been hugely effective in securing more IEP's for youth, saving & finding school placements and reducing need for day treatment services

Collaborative Action

Twenty-Five Kid Project

- Developed by small leadership group from Child Welfare, Juv. Justice and Mental Health to test whether the components and philosophy of Wraparound Milwaukee, could successfully reintegrate 25 youth from residential treatment centers who had no immediate plan for discharge
- No “reject” or “eject” from Pilot
- Funded using grant monies, Medicaid TCM, MA fee-for-service, and MA hospital diversion monies
- 3 teams work with the 25 youth in care beginning in early 1995
- 17 of 25 youth returned home in 90 days

…Child Welfare & Juvenile Justice Agencies now see Wraparound Milwaukee as alternative for all SED youth…

Negotiating a Plan with Child Welfare and Juvenile Justice to Create Sustainable Alternative to Residential Treatment Care for Youth with Serious Emotional, Mental Health & Behavioral Needs

- With help of managed care consultant, we costed out potential costs of caring for residential treatment youth in the community including shorter RTC stays, anticipated service needs, etc.
- Proposed $3300 per month case rate versus $5600 average cost of RTC placement (1996)
- 18 month period of time to enroll all existing youth in residential treatment plus all newly identified youth needing RTC level of care
- MHD's Wraparound Milwaukee Program would assume responsibility and risk for all RTC placements and cost

State Support

Medicaid Hospital Diversion – Reducing Utilization of Inpatient Psychiatric Care for Children

- Mental Health Division – Children's Branch proposes to Medicaid to utilize Wraparound's mobile crisis teams to reduce psychiatric inpatient admissions for children
- Medicaid will pay Wraparound Milwaukee, 40% State share of DRG rates paid to hospitals if children remain out of care for 30 days
- Interim approach until capitated arrangement with Medicaid is worked out
- Hospital Diversion Project proves very effective in reducing hospital admissions—CATC closes another 20 beds as result.

Negotiating with Medicaid to Create Special Managed Care Entity – Wraparound Milwaukee

- Dane County (Madison) and Milwaukee County began negotiating with Medicaid in 1995 to create “behavioral health carve-outs” in the two most populous Wisconsin counties proposed model would include access to child welfare/juvenile justice funds though this was not absolutely required under waiver
- Used 1915(a) provision of Social Security Act to create a voluntary managed care program for this defined group of youth
- Ability to access child welfare/juvenile justice funds plus potential of reducing RTC placements offered Medicaid potential cost savings in reduced acute inpatient psychiatric bed days
- Actual Analysis of costs of these RTC/SED youth performed and Wraparound Milwaukee (Milwaukee County) offered 95% of per child per month costs
- Milwaukee County assumes full risk

Administrative and Service Structures of Wraparound Milwaukee as a Special Managed Care Entity

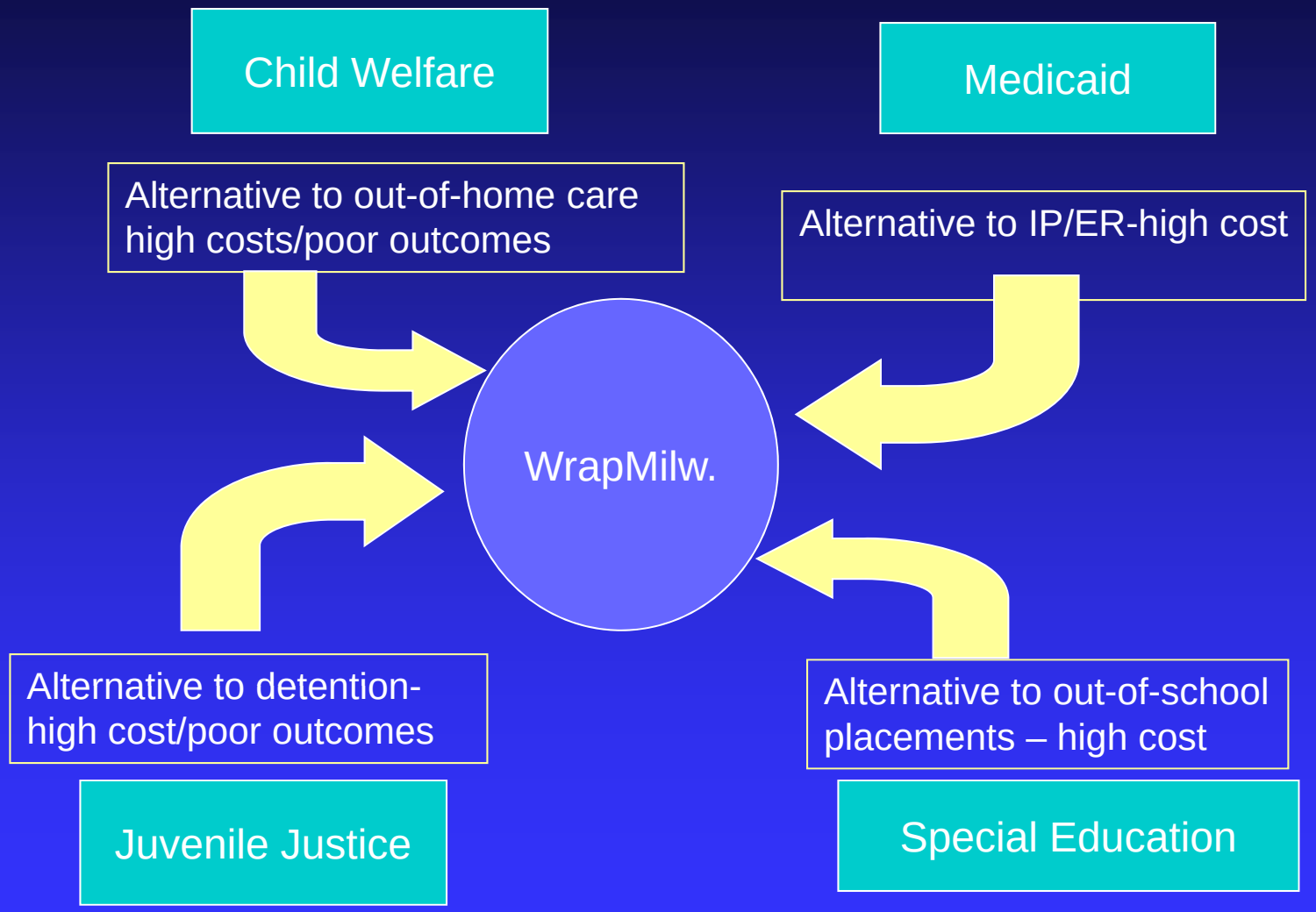
- Screening /assessment of youth
- Enrollment
- Care Coordination
- Develop and maintain a Provider Network
- Crisis Intervention
- Clinical Oversight
- Development of Informal Community Supports
- Quality Assurance
  - Utilization Management
  - Evaluation
- Finance
  - Service Authorization/Claim Processing
  - Reports
- IT
- Contracting with other systems
- Developing and supporting family advocacy organization
- Liaison with court system

Finance Sustainability

Wraparound Milwaukee's Funding Model

- Blended Funding Pool
  1. Medicaid – capitated rate and fee-for-service for crisis services
  2. Child Welfare – case rate agreement with Department of Children and Family Services
  3. Delinquency Services – fixed annual funding and case rate for diversions from juvenile corrections
- Principle approach is to re-direct money from institutional to community-based care
- Contract with Medicaid as a special, publically operated managed care entity
  - Under a 1915(a) waiver
- Wraparound Milwaukee is the single payor for all services for enrolled youth and is at risk for service costs
- Wraparound Milwaukee utilizes a Provider Network, pays providers on a fee-for-service basis and sets rates it pays providers
- All care coordination agencies, mental health and support service providers are on Wraparound Milwaukee's Synthesis IT system
  - Services are authorized, claims processed and providers paid electronically

Creating “win-win” Scenarios



What are Pooled Funds?

CHILD WELFARE
Funds thru Case Rate
(Budget for Institutional Care for Chips Children)

JUVENILE JUSTICE
(Funds Budgeted for Residential Treatment and Juvenile Corrections Placements)

MEDICAID CAPITATION
(1825 per Month per Enrollee)

MENTAL HEALTH
- CRISIS BILLING
- BLOCK GRANT
- HMO COMMERCIAL INSUR

10.0M

10.5 M

14.0 M

7.5 M

WRAPAROUND MILWAUKEE
CARE MANAGEMENT ORGANIZATION
(CMO)
42 M

CARE COORDINATION

CHILD AND FAMILY TEAM

PROVIDER NETWORK
210 Providers
80 Services

PLAN OF CARE

Advantages of Blended or Pooled Funding

- Flexibility
- Adequacy
- De-Categorization of Funds
- Responsive to Changing Needs
- Lends Itself to Managed Care Approaches
- De-Politicalizes Allocation and Awarding of Funds

Access to Supports & Services

List of Available Services in Social / Mental Health Plan

- Case Management
- Referral Assessment
- Medication Management
- Outpatient Individual/Family
- Outpatient - Group
- Outpatient - AODA
- Psychiatric Assessment
- Psychological Evaluation
- Mental Health Assessment/Evaluation
- Inpatient Psychiatric Nursing Assessment/Management
- Consultation with Other Professionals
- Daily Living Skills - Individual
- Daily Living Skills - Group
- Parent Aide
- Child Care
- Housekeeping
- Mentoring
- Tutor
- Life Coach
- Recreation
- After School Programming
- Specialized Camps
- Discretionary Funds
- Supported Work Environment
- Group Home Care
- Respite
- Respite - Foster Care
- Respite - Residential
- Crisis Bed - RTC
- Crisis Home
- Foster Care
- Treatment Foster Care
- In-Home Treatment (Case Aide)
- Day Treatment
- Residential Treatment
- Transportation

Provider Network

- 80 Services
- No Formal Contracting -- services purchased on a fee-for-service basis -- rates established by Wraparound Milwaukee
- Extensive Quality Assurance/Quality Monitoring
- Residential Treatment Vendors were asked to re-engineer institutional services to community-based services
- Consumer Choice of Providers
- All Providers & Care Managers linked through internet-based IT system for authorizations, plan submission, invoicing, etc.

Advantages of Fee-For-Service Provider Network System

- Cost
  - No guaranteed volume of business or expenditures
  - Pay only for delivered units of service
- Flexibility
  - Funds follow client needs
- Levels “Playing Field” for New Providers
  - Encourages Minority Vendor participation
- Competition Promotes Quality and Responsiveness
- “De-Politicalizes” Contracting
- Families Offered Choice of Providers
- One Network can Service Multiple Programs
- On-Line resource Directory for Care Coordinators and Families

Human Resource Development & Support

Mobile Crisis Team

- Available 24/7 to stabilize/resolve a crisis
- Mobile Crisis gatekeeps inpatient care
- Crisis is Defined as a Situation in Which a Child's Behaviors Threaten Removal from School, Home, etc.
- M.U.T.T. Assesses Situation, Identifies Alternative to Hospitalization & Makes Referrals as Needed
- SERVICES:

  Crisis Intervention
  Short Term Case Management
  Intensive Case Management - 30 Day
  Crisis 1:1 stabilization

Care Coordination Services

- Meet the Child and Family
- Strength Based Inventory
- Convene Child and Family Team to Develop the Wraparound Plan
- Establish Goals
- Identify and Prioritize Needs
  - Formal Services From a Provider Network
  - Informal Services Within Family's Support System
- Obtain Commitments to Implement Plan
- Evaluate and Modify Plan as Needed

Care Coordinator's Role

- Meets with the family/hears the story in a new way
- Helps assemble ***child and family team***
- Facilitates monthly meetings
- Prepares written ***plan of care*** based on child and family team meeting
- Searches for community resources
- Authorizes paid services

Care Coordinator's Role – cont'd

- Attends School Meetings (at parent request)
- Coordinates plan with probation child welfare worker, education or other system people
- Advocates or obtains advocacy for families as needed
- Maintains documentation
- Maintains communication among all team members

Accountability

Critical Decisions Around QA/QI Component

- QA/QI component kept “in-house” from start of program
- QA/QI process developed consistent with values and philosophy of our program – not external process
- QA/QI indicators are divided between those measuring program fidelity and those looking at process/structure
  - Fidelity Indicators:
    - Functioning
    - Living arrangement
    - Community safety
    - School performance
    - Family satisfaction i.e.. provider & care coordinator
    - Use of informal vs. formal support
    - Family activities
    - Face to face contacts
    - Care coordinator productivity
    - Child & family team meeting
    - Successful disenrollment
    - Plans for transitioning to adulthood

Critical Decisions Around QA/QI Component – cont'd

- Process Indicators:
  - Plan of care submission
  - Progress note submission
  - Service authorization requests submitted timely
  - Submission of evaluation tools
  - School data
  - RTC/Group Home authorizations
  - Timely submission of legal change of placement
  - Submission of team facilitator reviews
  - Provider credentials
  - Certification training/in-services workshops
  - Number of substantiated complaints
  - Utilization review part of QA/QI program responsibility

Wraparound Milwaukee's Unique Electronic Health Record & Data System

- Wraparound Milwaukee developed one of the most unique information technology approaches in the US specifically designed for managing the data needs of this group of youth with serious mental health & behavioral needs
- Synthesis is an internet based IT system that links all the 200 agencies working with Wraparound Milwaukee onto one system
- All demographic information, care or treatment plans, progress notes, service authorizations, payment, invoicing and report writing is done on one system – we create a single electronic health record

What Does Synthesis Automate

- Enters All Demographic, Diagnostic and health Information
- Assessment/Enrollment into the program
- Crisis/Safety plan

  Provider Credentialling
- Automated Care Planning
- Provider Service Authorizations Entered On-Line
- Electronic Invoicing
- Electronic Claims Processing & Payment
- Progress Notes for Care Coordinator & Providers Done On-Line
- Reports Accessible to Mangers
- Audit
- Family Access to Provider Resource Directory On-Line
- Credentialing Information on Providers

Outcomes - Program

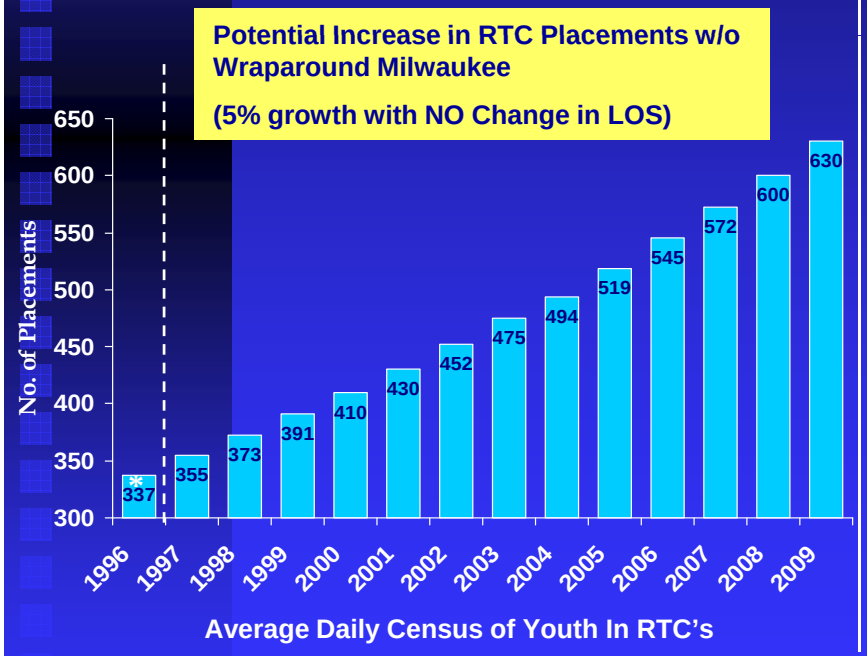
- Average daily Residential Treatment population reduced from 375 placements to 80 placements *(FOCUS Project – 15-20)*
- Psychiatric Inpatient Utilization reduced from 5000 days per year to under 200 days (ave. LOS of 2.3 days)
- Reduction in Juvenile Correctional Commitments from 385 per year to 185

Outcomes - Financial

– Wraparound Milwaukee average monthly costs is $3900 per child per month versus $8600 for residential treatment, $8000 monthly for a correctional placement or $1600 per day for Psychiatric Inpatient Care

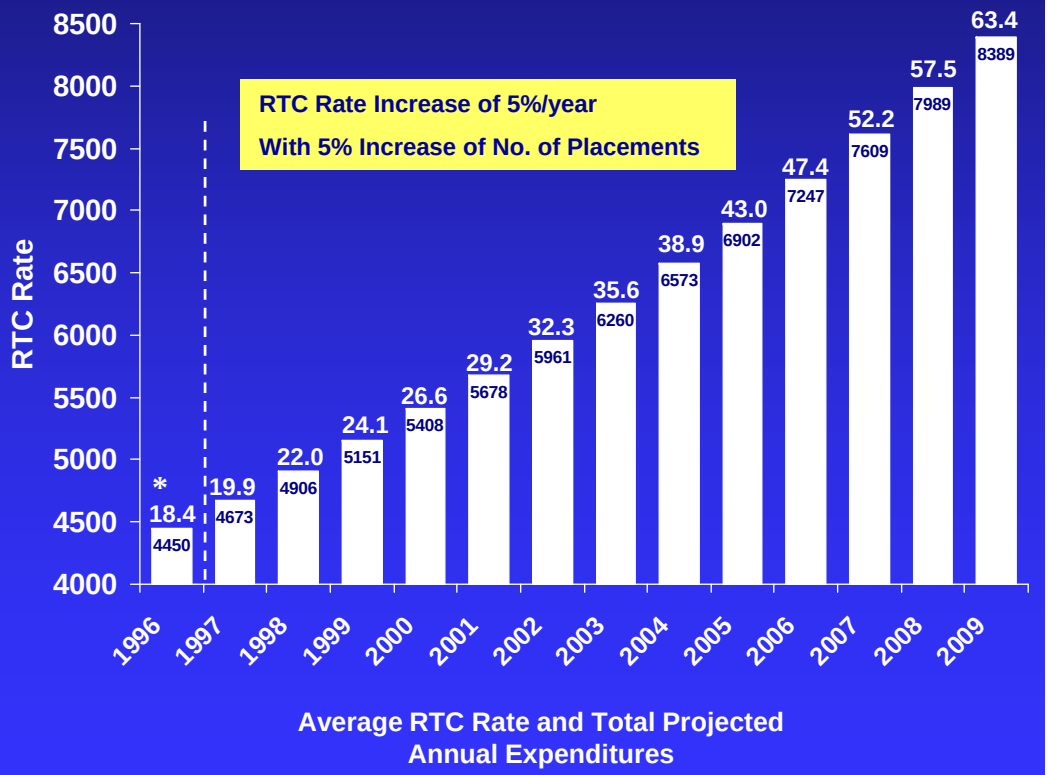
Cost of Doing Nothing
Residential Treatment Placements & Costs Without Wraparound Milwaukee

RTC Placements

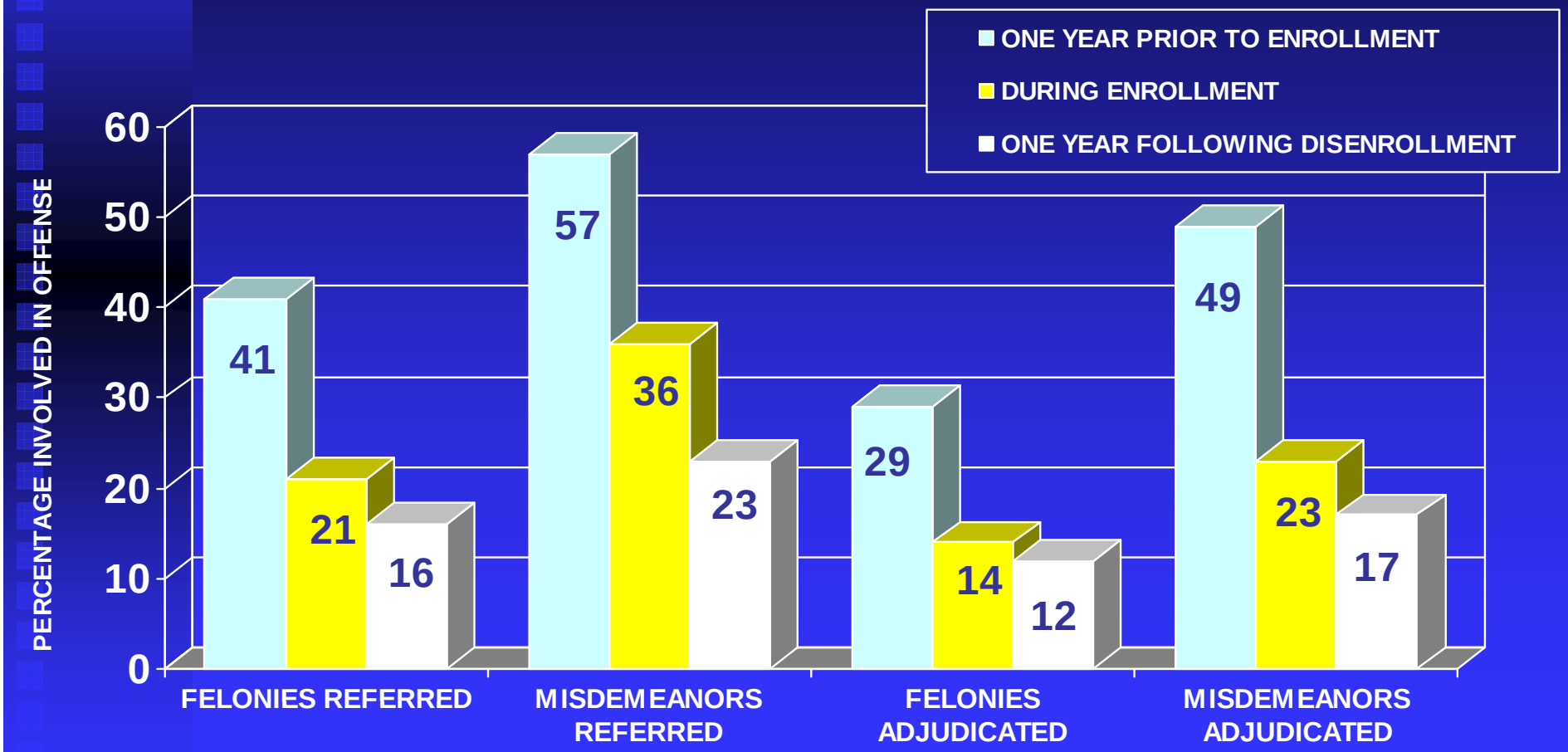


*Actual Number of Placements and Costs for That Year

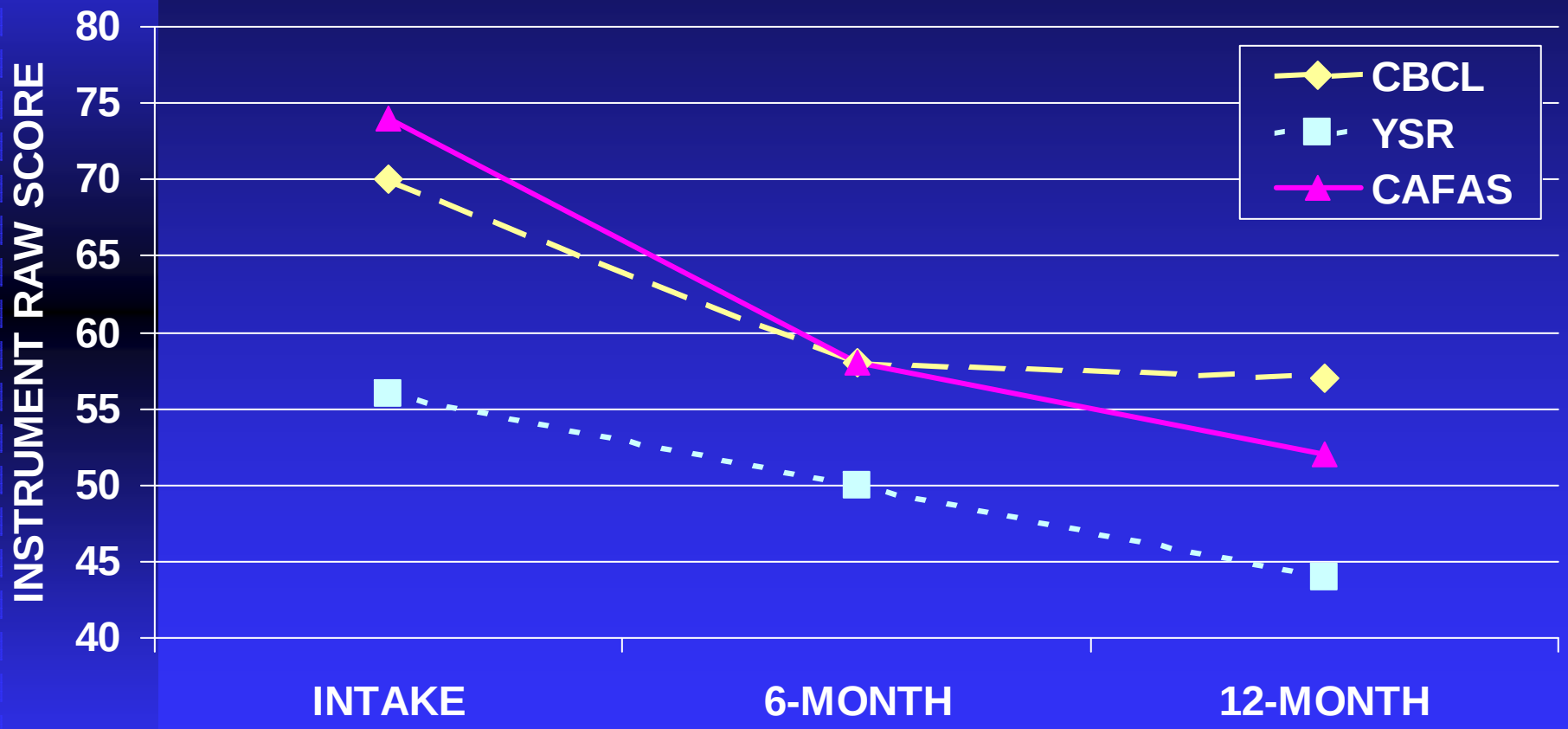
Child Welfare/Juvenile Justice Expenditures for RTC without Wraparound Milwaukee



Legal Offense Referrals & Adjudications One Year Prior to Enrollment, During Enrollment, & One Year Following Disenrollment

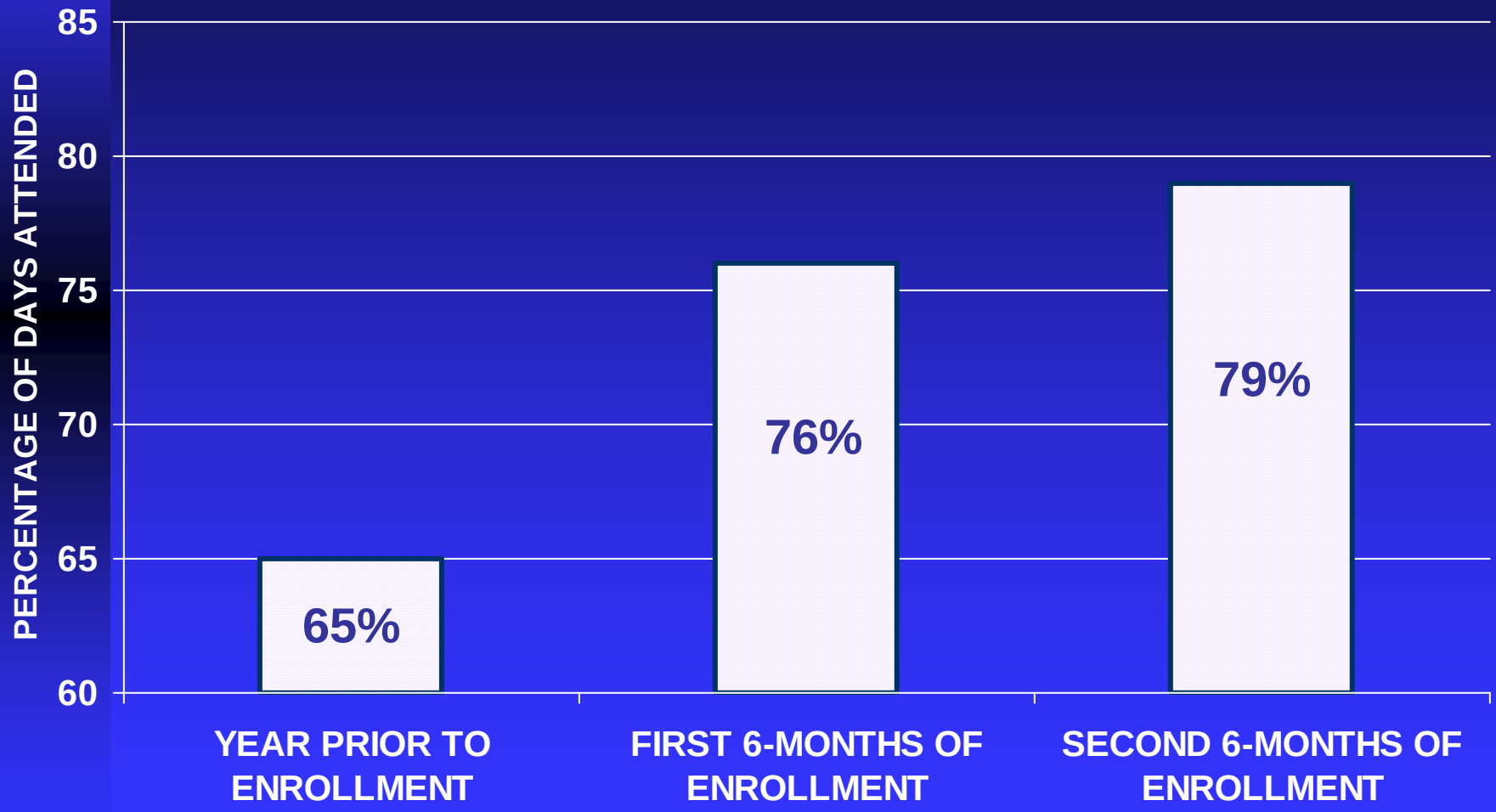


Caregiver, Care Coordinator, & Youth Reported Improvement In Functioning For Clients Discharged In 2008



Child Behavior Checklist (CBCL), n=136; Youth Self-Report (YSR), N=109; Child & Adolescent Functional Assessment Scale (CAFAS), N=210. Reductions are significant at the p<.001 level of significance using a repeated measures analysis of variance.

Increase In School Attendance For Clients Active In 2008



N = 142

MARYLAND

Connecting the Dots:

Using Systems of Care to Support Families and Youth Involved with or At-Risk of Involvement with Multiple Child- and Family-Serving Agencies

About Maryland…

- Approximately 5.6 million people
- Median age is 37.4
- 24 jurisdictions (23 counties & Baltimore City)
- In 2009, aprpox.102,000 people served by the Public Mental Health System (PMHS); Youth ages 0-21 represent over 50% of the individuals accessing the PMHS
- Median income: $70,050 (ranges in jurisdictions from ($39,900-$100,100)

Where We are Located

Orioles

About Innovations Institute

- Established in 2005
- Part of the Division of Child & Adolescent Psychiatry, University of Maryland, Baltimore, School of Medicine
- Collaboration with the Maryland Coalition of Families for Children's Mental Health and Johns Hopkins University
- Provides research and evaluation, training and technical assistance, and policy and systems design expertise on systems of care implementation across the child- and family serving systems
- www.medschool.umaryland.edu/innovations

COMMUNITY PARTNERSHIP, STATE SUPPORT, and COLLABORATIVE ACTION

Maryland's commitment to implementing a coordinated, interagency effort to support families and youth, particularly those involved with or at-risk for involvement with multiple child- and family-serving systems, is not new.

It has been reinvigorated over the past several years through a data-driven focus on "what works" and a shared vision of a comprehensive system of services and supports that is family-driven, youth-guided, home- and community-based, strengths-based, individualized, high-quality, and effective.

Systems Structures to Support Systems of Care

The Maryland Children's Cabinet and the Governor's Office for Children

VISION

- Children's Cabinet: *All Maryland's children are successful in life.*
- Governor's Office for Children: *Maryland will achieve child well-being through interagency collaboration and state/local partnerships.*

MISSION

- The Children's Cabinet, led by the Executive Director of the Governor's Office for Children (GOC), will develop and implement coordinated State policies to improve the health and welfare of children and families. The Children's Cabinet will work collaboratively to create an integrated, community-based service delivery system for Maryland's children, youth and families. Our mission is to promote the well being of Maryland's children.

COMPOSITION

- The Secretaries of the Departments of Budget and Management, Disabilities, Health and Mental Hygiene, Human Resources, and Juvenile Services, and the State Superintendent of the Maryland State Department of Education.
- Chaired by the Executive Director of the Governor's Office for Children.

Local Management Boards

- Purpose is to "ensure the implementation of a local interagency service delivery system for children, youth, and families." (Human Services Article, Annotated Code of Maryland)
- Composed of public and private community representatives and senior representatives of the local child- and family-serving agencies.
- LMBs are tasked with:
  - Strengthening the decision-making at the local level;
  - Designing and implementing strategies that achieve clearly defined results for children, youth, and families as outlined in a local 5-year strategic plan;
  - Maintaining accountability standards for locally agreed upon results for children, youth, and families;
  - Influencing the allocation of resources across systems to accomplish desired results;
  - Building local partnerships to coordinate children, youth and family services within the county to eliminate fragmentation and duplication of services; and,
  - Creating an effective system of services, supports, and opportunities to improve outcomes for all children, youth and families.

System of Care Functions Requiring Structure

- Planning
- Decision Making/Policy Level Oversight
- System Management
- Benefit Design/Service Array
- Evidence-Based Practice
- Outreach and Referral
- System Entry/Access
- Screening, Assessment, and Evaluation
- Decision Making and Oversight at the Service Delivery Level
  - Care Planning
  - Care Authorization
  - Care Monitoring and Review
- Care Management or Care Coordination
- Crisis Management
- Utilization Management
- Family Involvement & Support
- Youth Involvement & Support
- Staffing Structure
- Training and Coaching Plan
- Orientation, Training of Key Stakeholders
- External and Internal Communication
- Provider Network
- Ensuring Rights
- Transportation
- Financing
- Purchasing/Contracting
- Provider Payment Rates
- Revenue Generation and Reinvestment
- Billing and Claims Processing
- Information Management
- Quality Improvement
- Evaluation
- System Exit
- Technical Assistance and Consultation
- Cultural Competence

Pires, S. (2002).*Building Systems of Care: A Primer*. Washington, D.C.: Human Service Collaborative.

Administrative Service Organization

Key Functions Include:

- Care Authorization
- Provider Credentialing and Enrollment
- Billing/Reimbursement and Provider Payment
- Utilization Management
- Continuous Quality Improvement
- Outcomes Data
- Information Management

CARE MANAGEMENT ENTITIES AND WRAPAROUND

The consistency of the principles of high-fidelity Wraparound, combined with the many functionalities of a CME, offer consider potential and opportunity for Maryland's child-family serving agencies to improve permanency and well-being for youth with complex needs and their families.

This can be supported in particular by ensuring that there is a comprehensive continuum of care availability in each community, to include evidence-based practices, promising practices, practice-based evidence, and promising service delivery approaches.

Care Management Entities

- A CME is a structure that serves as a "locus of accountability" for youth with complex needs and their families.
- The CME is not a service provider.
- **Provide Supports to Youth and Families:**
  - Child Family Team Facilitation using Wraparound Service Delivery Model
  - Care Coordination using Standardized Assessment Tools
  - Care Monitoring and Review
  - Peer Support Partners
- **Provide System Level Functions:**
  - Information Management & Web-based Information System
  - Provider Network Recruitment and Management
  - Utilization Review of Service Use, Cost, and Effectiveness
  - Evaluation and Continuous Quality Improvement
  - Cross-System and Jurisdiction Financing

A recent history of Care Management Entities in Maryland…

- For several years, some Maryland jurisdictions offered care coordination using Wraparound to the PRTF-eligible population, a few using a locally selected Care Management Entity (CME). Baltimore City and Montgomery County were both previous recipients of federal systems of care grants.
- 2007: Maryland is a 1915(c) PRTF Demonstration Waiver State, using the CMEs to provide intensive care coordination to all Waiver participants.
- 2009: Maryland's Children's Cabinet decides to develop CME capacity across the state, in part to support implementation of the 1915(c) PRTF Medicaid Waiver.
  - The Children's Cabinet divides the state into 3 regions, each of which would have its own CME.
  - The Governor's Office for Children (GOC), acting on behalf of the Children's Cabinet, issued an Request for Proposals for Care Management Entities.

Serving Youth Across Systems

Maryland's CMEs work with three primary populations, each with its own funding mechanism, one example of blended funding:

- **1915(c) PRTF Medicaid Waiver population**: Youth who meet a series of technical eligibility criteria, quality for Community Medicaid/MCHP or are eligible for medical assistance under Family of One, and who meet medical necessity criteria (MNC) for a PRTF but who can be safely served in the community with Wraparound.
- **System of Care (SOC) Grant Populations**: Maryland received two federal SOC grants for Baltimore City and the 9 Eastern Shore Counties targeting foster children with SED at risk of out of home placement or placement disruption.
- **GOC Funded Youth**: Each Region was allocated funds to serve 25 child welfare and 25 juvenile justice youth, targeting those needing placement in a group home or more restrictive setting in order to keep them in a less restrictive setting.
- There are additional youth being served through Children's Cabinet funds that are not available for new enrollees; these youth are also diverted from specific out-of-home placements.

Strategic Integration of SOC Values and Principles

- The "scope" outlined in the Medicaid regulations (COMAR 10.09.79) for the RTC Waiver (1915(c) Psychiatric Residential Treatment Facilities Demonstration Project :

  "The purpose of this chapter is to implement a **home and community-based services** waiver for children and youth 6 through 21 years old who, absent the waiver, would require placement in a PRTF. Waiver participants are served by **care management entities through a wraparound service delivery model** that utilizes **child and family teams** to create and implement individualized plans of care that are **driven by the strengths and needs of the participants and their families.**"

Embedding System of Care values and principles into policy and regulations

- Terms that have been institutionalized with definitions in Medicaid regulations (10.09.79) include:
  - Care Coordinator
  - Caregiver
  - Caregiver peer-to-peer support
  - Care management entity
  - Child and Family Team
  - Family support organization
  - Family support partner
  - Peer-to-peer support
  - Plan of Care
  - Wraparound
  - Youth Peer-to-Peer Support
  - Youth Support Partner
- Other systems of care concepts and processes in the Medicaid regulations include:
  - The components of a comprehensive and individualized Plan of Care
  - The role and responsibilities of the Care Management Entity
  - The role and responsibilities of the Child and Family Team
  - Service descriptions, including caregiver peer-to-peer support, youth peer-to-peer support, and family and youth training
- Rates are provided for family members and youth to bill Medicaid for services provided under the Waiver

Embedding System of Care values and principles into policy and regulations (Con't)

- Children's Cabinet Ready By 21 Initiative
  - Chaired by Secretary of Department of Human Resources
  - Established legislation that allows foster care youth to continue to receive Medicaid services until age 21 even if young adults elects to leave placement

- Rewrote Medical Necessity Criteria for Residential Treatment Center (RTC) Level of Care to include Community-Based RTC Level of Care
  - Emphasis on functioning in the home, school and community
  - Includes the following description of the intensity of services required: "The child or adolescent requires the provision of individualized, strengths-based services and supports that:
    - 1. Are identified in partnership with the child or adolescent, if developmentally appropriate, and the family and support system, to the extent possible;
    - 2. Are based on both clinical and functional assessments; …"

Access to Supports & Services

Overview of the Maryland Child and Family Services Interagency Strategic Planning Process (Completed in June 2008)

- **The process included:**
  - **Extensive Community Input (Listening Forums; Family and Youth Discussion Groups (one conducted in Spanish); Discussion Group of the Leadership of Family Run Organizations; Discussion Group of the Foster Care Advisory Board; and an online Survey (general and one targeted at youth))**
  - **Partners Council with Workgroups**
  - **Document Synthesis of Key Reports and Studies**
  - **Research and Analysis of Current Practices in Other States and Nationwide**

- **The resulting plan created a series of recommendations and action steps under 8 themes:**
  - Family & Youth Partnership
  - Interagency Structures
  - Workforce Development & Training
  - Information-Sharing
  - Improving Access to Opportunities and Care
  - Continuum of Opportunities, Services & Care
  - Financing
  - Education

- **Implementation is occurring at State and local levels, within agencies and across systems**

THEME: ACCESS TO CARE AND OPPORTUNITIES

Prompt access to opportunities and appropriate resources empowers families and youth to address identified needs, build on strengths, and participate in individualized services and supports. Families and youth should receive timely and respectful support to navigate systems.

Recommendation: Families and youth should have access to support and assistance and make connections with appropriate opportunities and resources to address identified needs and enhance strengths and assets.

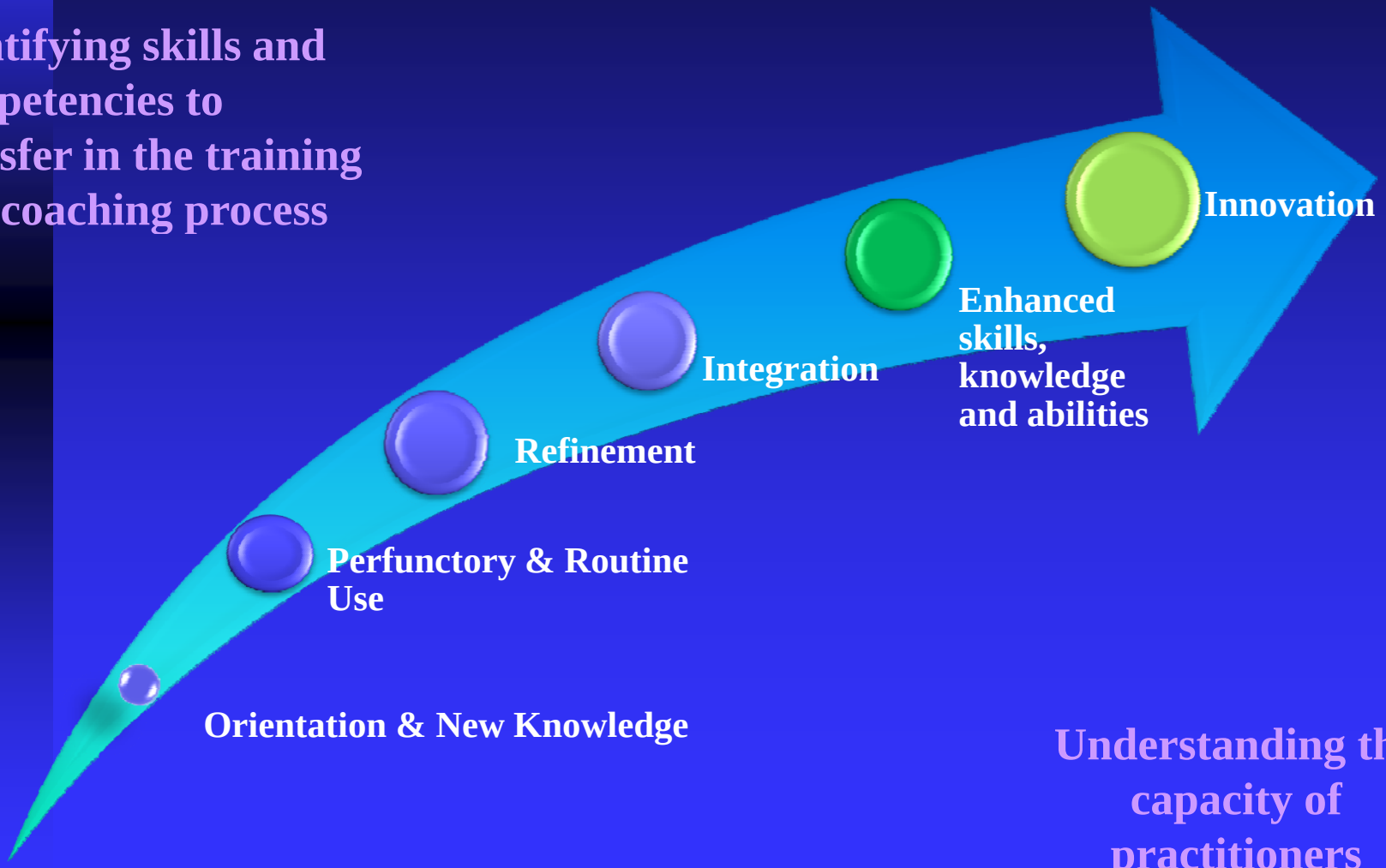
Human Resource Development & Support

"It is relatively easy to change the nature of services being delivered…. It is much more difficult to change the quality of services being delivered and sustain those changes over time; yet improving access to quality services is a major goal of any transformation effort."

National Implementation Research Network (2008)

Knowledge, Skill and Ability Development Process

Identifying skills and competencies to transfer in the training and coaching process



Understanding the capacity of practitioners

(Gingiss, 1992; Blase,)

Wraparound Certificate Program

- Minimum one yearlong process; must be completed within 24 months of hire date
- Applicants must
  - Complete 39 core training hours
  - Complete 12 Wraparound Practitioner Training Units
  - Participate in monthly day-long increments of on-site coaching sessions from Innovations Institute trainer/coach
  - Complete 3 CFT/Initial Visit Observations using the Team Observation Measure.
  - Complete 3 Documentation Review Measures with a combined score that meets fidelity.
- Ongoing Certification Requirements
- Certificate Programs for Family Support Partners and Supervisors

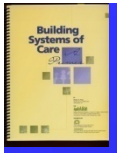
Highlights of Maryland's Innovative Certificate Programs

- Early Childhood Mental Health Certificate Program
- Wraparound Practitioner Certificate Program
  - Certification of Care Management Staff
  - Certification of Youth Support Partners (in development)
  - Certification of Family Support Partners and Supervisors
  - Advanced Practitioner Certification (in development)
- Child and Adolescent Needs and Strength (CANS) Assessment Certification (online)
- Direct Care Practitioner Certificate Program

Evidence-Based Practices

- The Children's Cabinet has prioritized the following EBPs for adoption in Maryland, recognizing that they are only one important component of a complete continuum of opportunities, services, and supports:
  - Aggression Replacement Training (ART)
  - Brief Strategic Family Therapy (BSFT)
  - Functional Family Therapy (FFT)
  - Multi Dimensional Treatment Foster Care (MDTFC)
  - Multi-Systemic Therapy (MST)
  - Supported Employment (SE)
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- FFT, MST, and TF-CBT have been selected for the first wave of EBP implementation.

Finance Sustainability



Strategic Financing Analysis

1) Identify state and local agencies that spend dollars on children's behavioral health services/supports.

- how much each agency is spending
- types of dollars being spent (e.g., federal, state, local, Tribal, non-governmental)

2) Identify resources that are untapped or under-utilized (e.g., Medicaid).

3) Identify utilization patterns and expenditures associated with high costs/poor outcomes, and strategies for re-direction.

4) Identify disparities and disproportionality in access to services/supports, and strategies to address.

5) Identify the funding structures that will best support the system design (e.g., blended or braided funding; risk-based financing; purchasing collaboratives).

6) Identify short and long term financing strategies (e.g., Federal revenue maximization; re-direction from restrictive levels of care; waiver; performance incentives; legislative proposal; taxpayer referendum, etc.).

Pires, S. 2006. Human Service Collaborative. Washington, D.C.

Seizing Opportunities, Being Realistic

- Link grant and other funding/policy opportunities together (as they arise) to build upon one another and leverage further systems change
- Be aware of the fiscal, political, and cultural climate
  - Budget issues
  - Political timeframes
  - Competing pressures and interests

Summary of Funds Supporting CMEs

Maryland has blended a variety of funding sources to support the CMEs:

- GOC (Children's Cabinet)-general funds budgeted for RTC youth
- GOC (Children's Cabinet)-Rehab Option funds available when Maryland chose to use Medicaid to pay for group home health care
- Federal Medicaid-match for Public Mental Health System services and Waiver services
- Federal Medicaid-match for Administrative funding for care coordination
- Title IV-E-federal matching funds for placement cost for eligible youth
- Dept. of Human Resources-child welfare general fund share of placement cost
- Dept. of Juvenile Services-juvenile justice general funds share of placement cost
- System of Care Grants-federal funds awarded to Maryland to carry out specific proposed projects

Questions

national wraparound initiative

The **National Wraparound Initiative** is based in Portland, Oregon. For more information, visit our website:

www.nwi.pdx.edu

The National Wraparound Initiative is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.