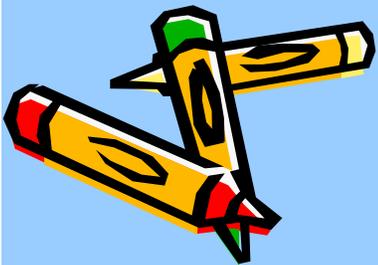


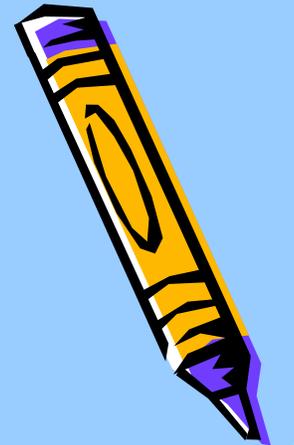
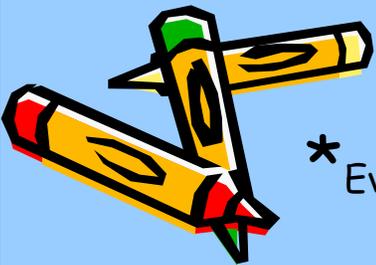
Statewide Wraparound Initiative

**BUILDING A COORDINATED SYSTEM OF
SERVICES FOR CHILDREN WITH COMPLEX
BEHAVIORAL HEALTH NEEDS
AND THEIR FAMILIES**



Mental Health Diagnosis Prevalence

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



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

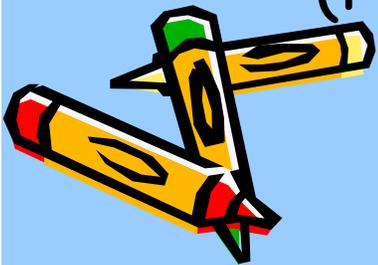
System of Care Definition

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



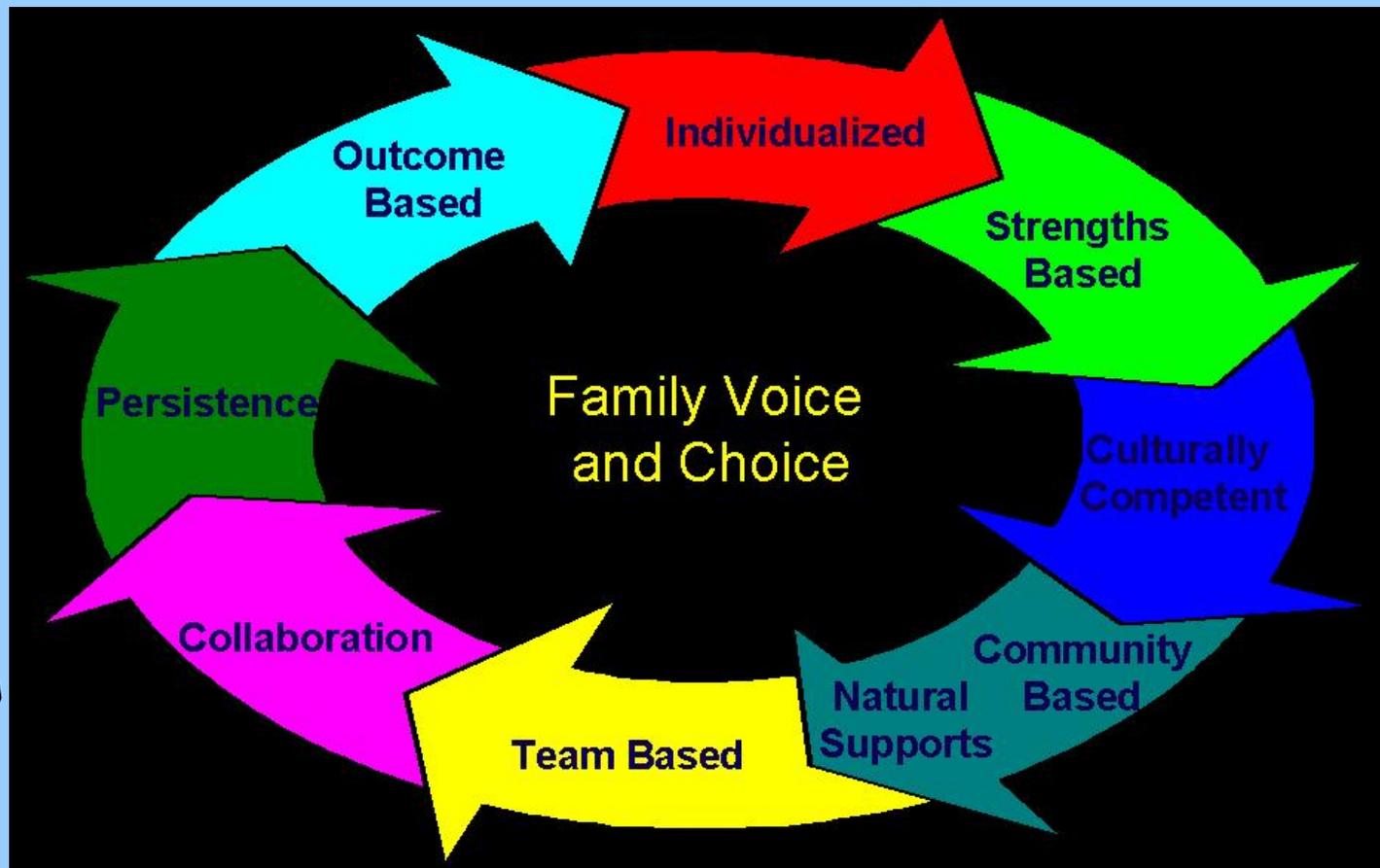
System of Care Principles

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



10 Principles of Wraparound

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



System Reform

FROM

TO

Fragmented service
delivery



Coordinated service delivery

Categorical
programs/funding



Blended resources

Limited services



Comprehensive service array

Reactive, crisis-oriented



Focus on prevention/intervention

Focus on "deep end,"
restrictive



Least restrictive settings

Children/youth out-of
home



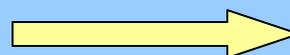
Children/youth within families

Centralized authority

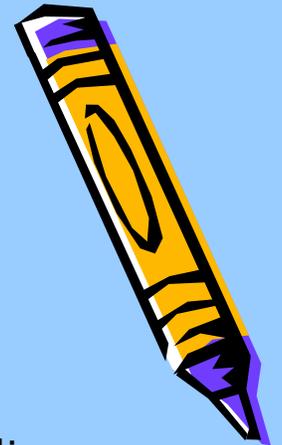


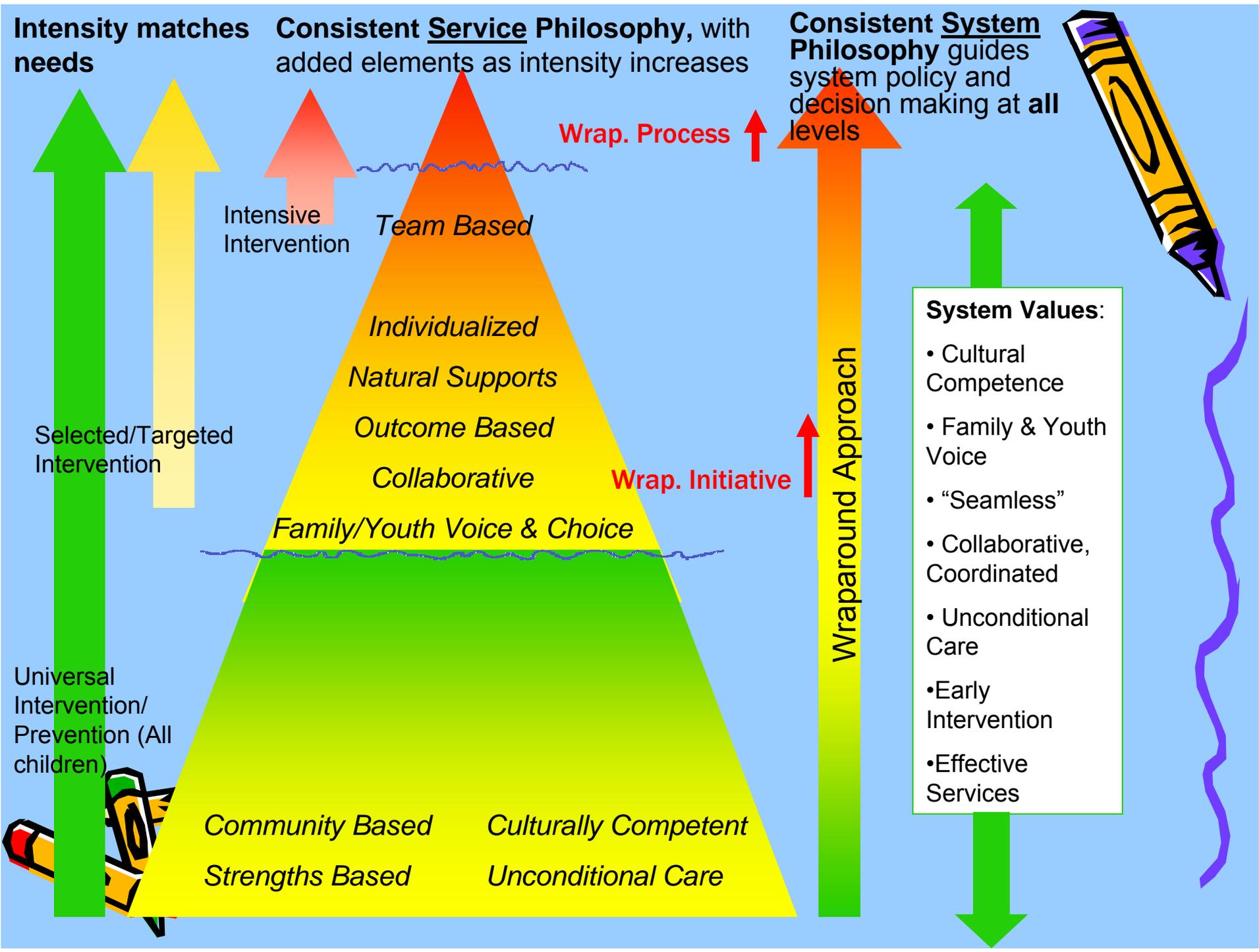
Community-based ownership

Creation of "dependency"

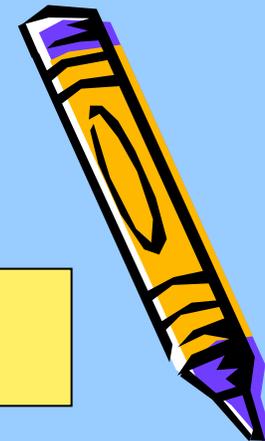


Creation of "self-help"





Creating "win-win" scenarios



Child Welfare

Medicaid

Alternative to out-of-home care
high costs/poor outcomes

Alternative to IP/ER-high cost

System of Care

Alternative to detention-
high cost/poor outcomes

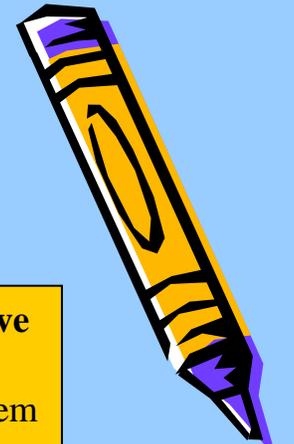
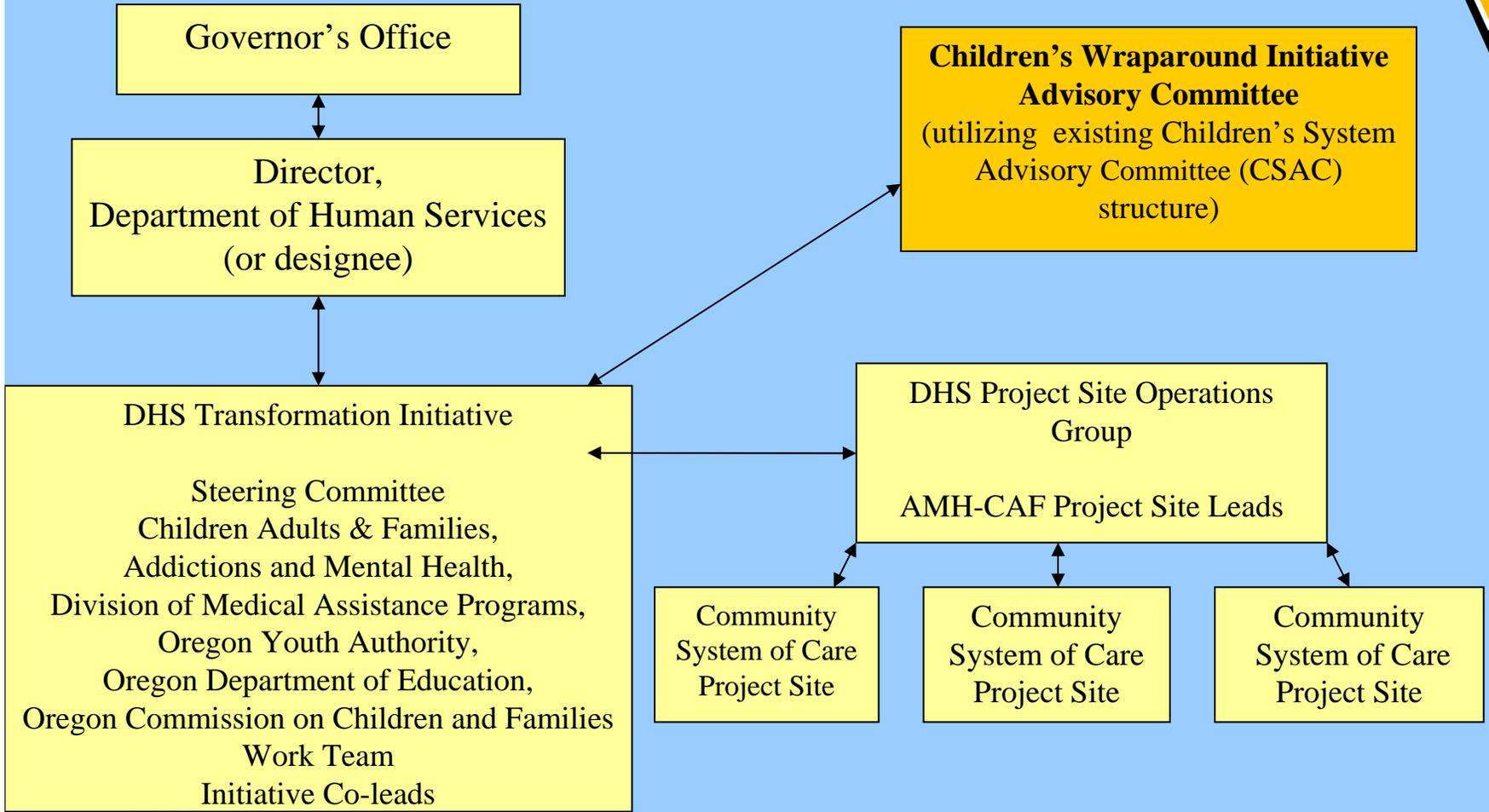
Alternative to out-of-school
placements - high cost

Juvenile Justice

Special Education



State Level Governance Structure



**DRAFT Statewide Wraparound Initiative
Pilot Site Governance Structure
November 18, 2009**

State Governance Structure

- HB 2144 lead agencies: DHS, OYA, ODE, OCCF
- SWI Advisory Committee
- DHS Transformation Initiative (AMH/CAF)
- Statewide Purchasing Collaborative

Administrative Service Organization (ASO)

Establish Policies & Procedures for:

- Referral/Access/Screening/Assessment
- Financing
- Benefit design/service array/contracting
- Family/Youth Involvement
- Information Technology (IT)
- Workforce Development
- Quality Assurance/Quality Improvement & Utilization Review
- Evaluation

ASO Advisory Group

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

**Entries & Transitions
Approved by Review
Committee**

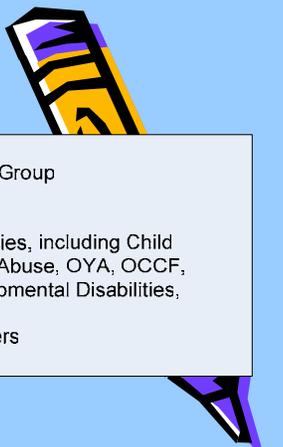
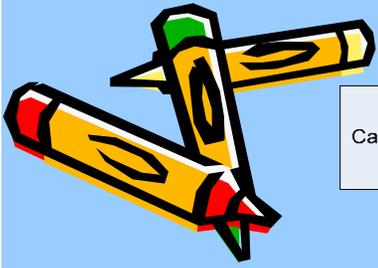
Care Management Organization (CMO)

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

Care Coordinator

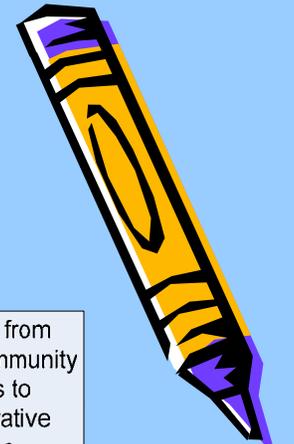
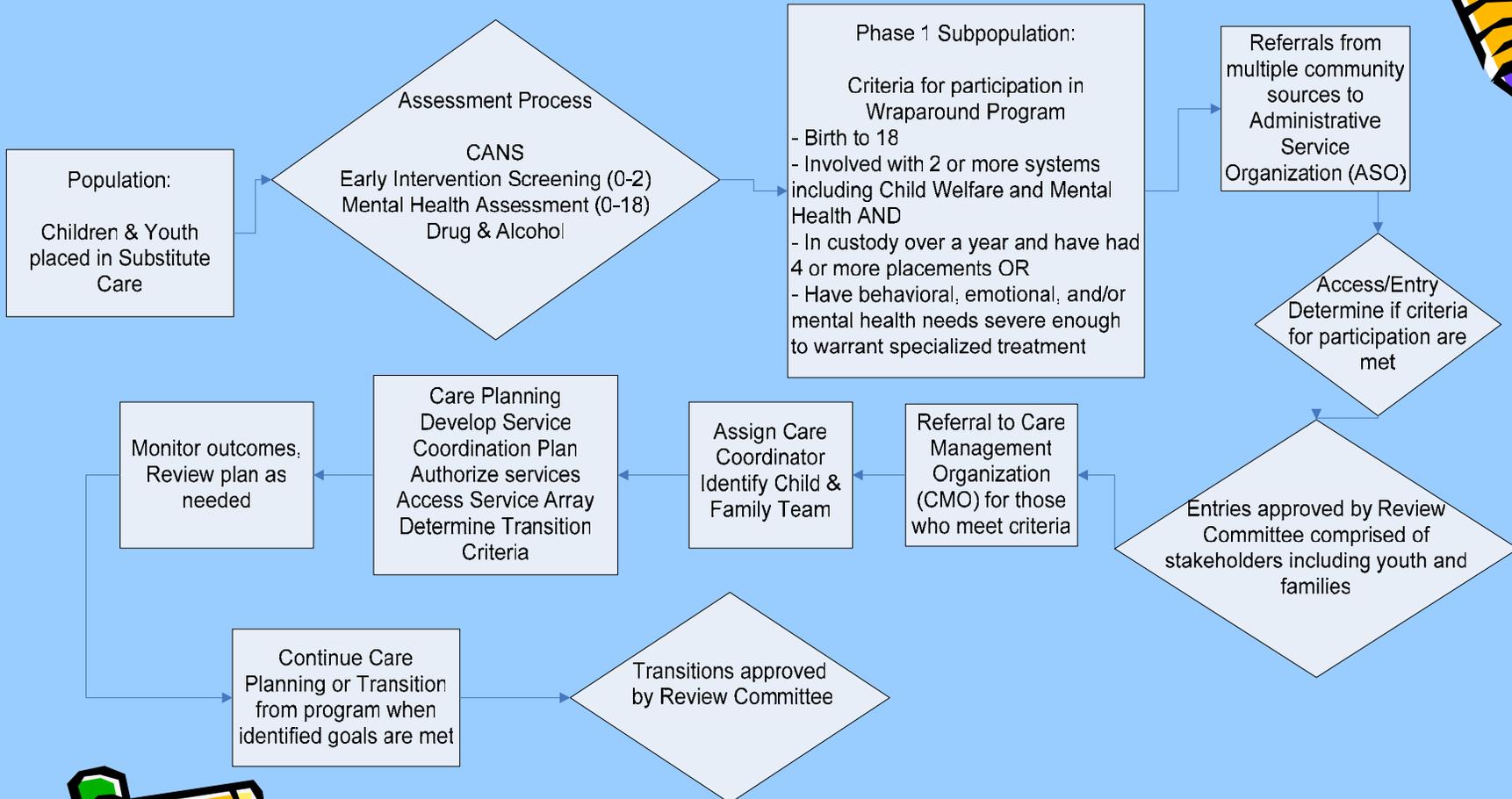
**Child & Family
Team**

**Service
Coordination Plan**



11/18/09

Wraparound Initiative Case Flow Model



System Change In Oregon

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

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

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



CSCI Results

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



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



CSCI Results

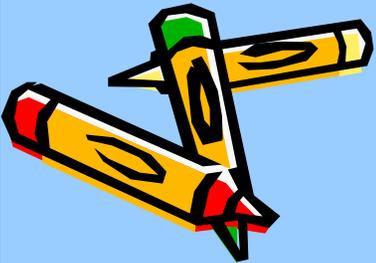
- Children with mental health issues are served in their local communities
- CSCI fundamentally changed the services children and their families receive:
 - 90 percent of the children were served in a community setting
 - The number of children admitted to psychiatric day treatment settings *decreased*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



*data from 2008, Program Analysis & Evaluation Unit, AMH

Governor's Executive Order

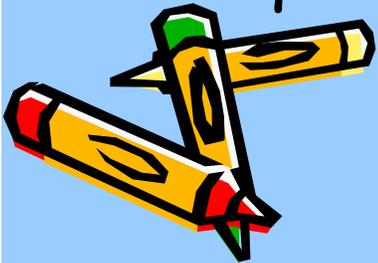
- Issued in March 2007
- Created a Steering Committee
- Called for a plan to:
 1. Provide supports as early as possible.
 2. Base plans on individual needs (not system requirements).
 3. Maximize resources.
 4. Hold systems accountable for outcomes.



Statewide Wraparound Legislation



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



Statewide Wraparound Transformation



Phase 1

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



Statewide Wraparound Initiative Goals

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



Project Submission Process

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



<http://www.oregon.gov/DHS/mentalhealth/wraparound/main.shtml>

