

System of Care and Wraparound

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Statewide Children's Wraparound Initiative

Phase 1

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

Three Sites

- Washington County Wraparound
- Mid-Valley WRAP: Marion, Linn, Polk, Tillamook and Yamhill counties
- Rogue Valley Wraparound Collaborative: Jackson and Josephine counties

Care Coordination is at a lower ratio (1:15) than ICTS care coordination to ensure fidelity to Wraparound model and best outcomes.

Value Added with Wraparound

- ❑ Planning is informed by comprehensive knowledge of family and youth
 - ❑ Brings more talent to the table
 - ❑ Offers support and strategies not usually possible within one system
 - ❑ Focus on creating conditions to sustain academic achievement and therapeutic progress in the community
 - ❑ Keeps kids “at home, in school, out of trouble and with friends”
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Frontline Practice Shifts

From:		To:
Control by professionals		Partnerships with families/teams; family choice at practice level
Only professional services		Partnership between natural and professional supports and services
Multiple case managers		One service coordinator
Multiple service plans for youth		Single plan for child & family/cross system integration
Family blaming		Family partnerships
Deficits		Strengths
Mono Cultural		Cultural Competence

What Happens at the Community and Case Level

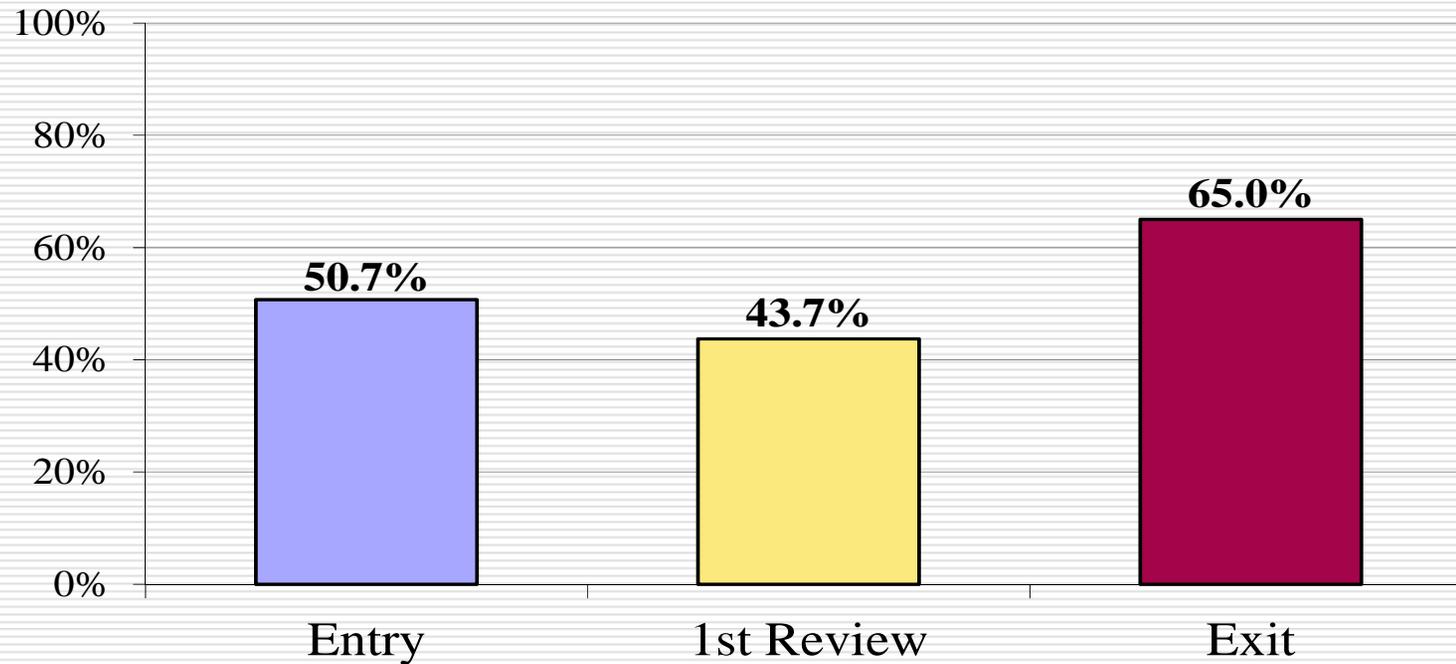
- ❑ A single accountable entity in each community
 - ❑ Uniform referral and determination process
 - ❑ Care coordinator
 - ❑ Family navigator
 - ❑ Child and Family Team
 - ❑ Individualized Services and Supports Plan
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Why Use System of Care and Wraparound?

- National and State experiences demonstrate
 - Better Health
 - Better Care
 - Lower Cost
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Better Health

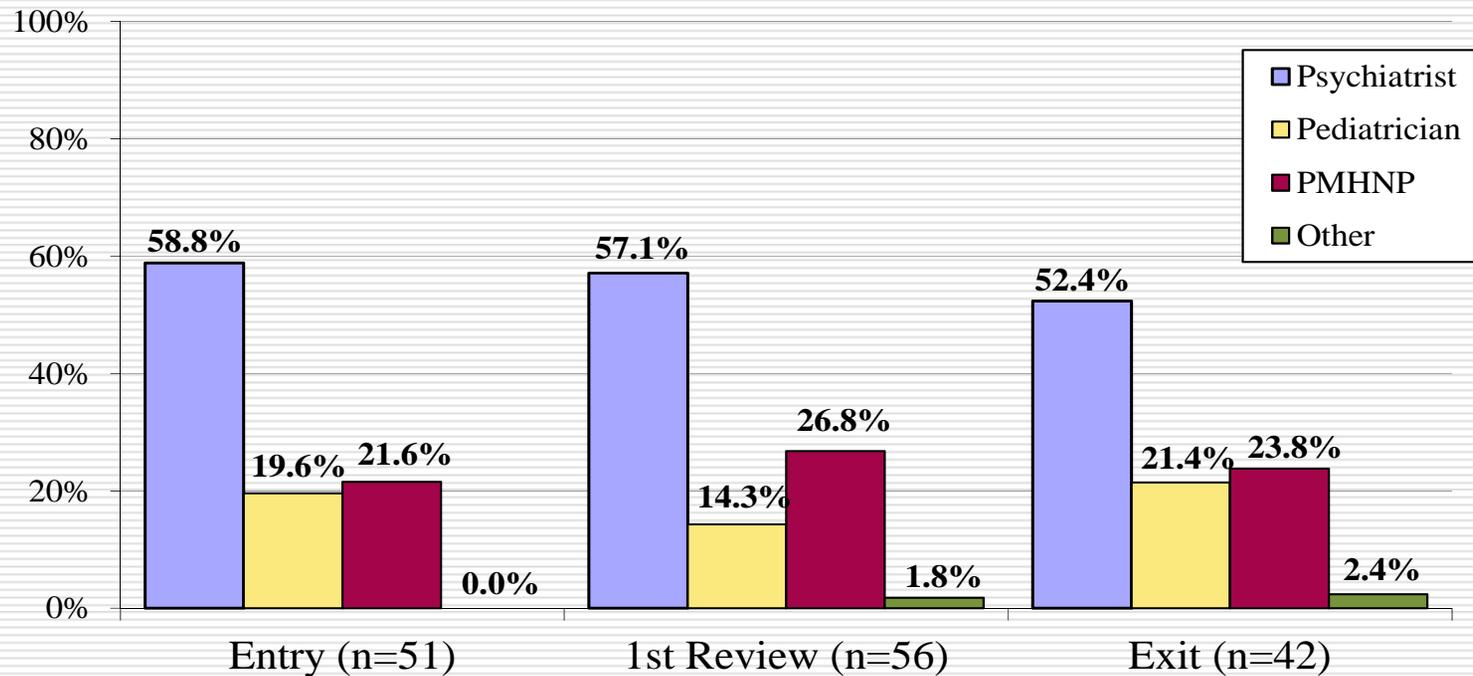
Figure 3b: Children Who Are NOT Currently Prescribed Psychotropic Medications



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Better Health

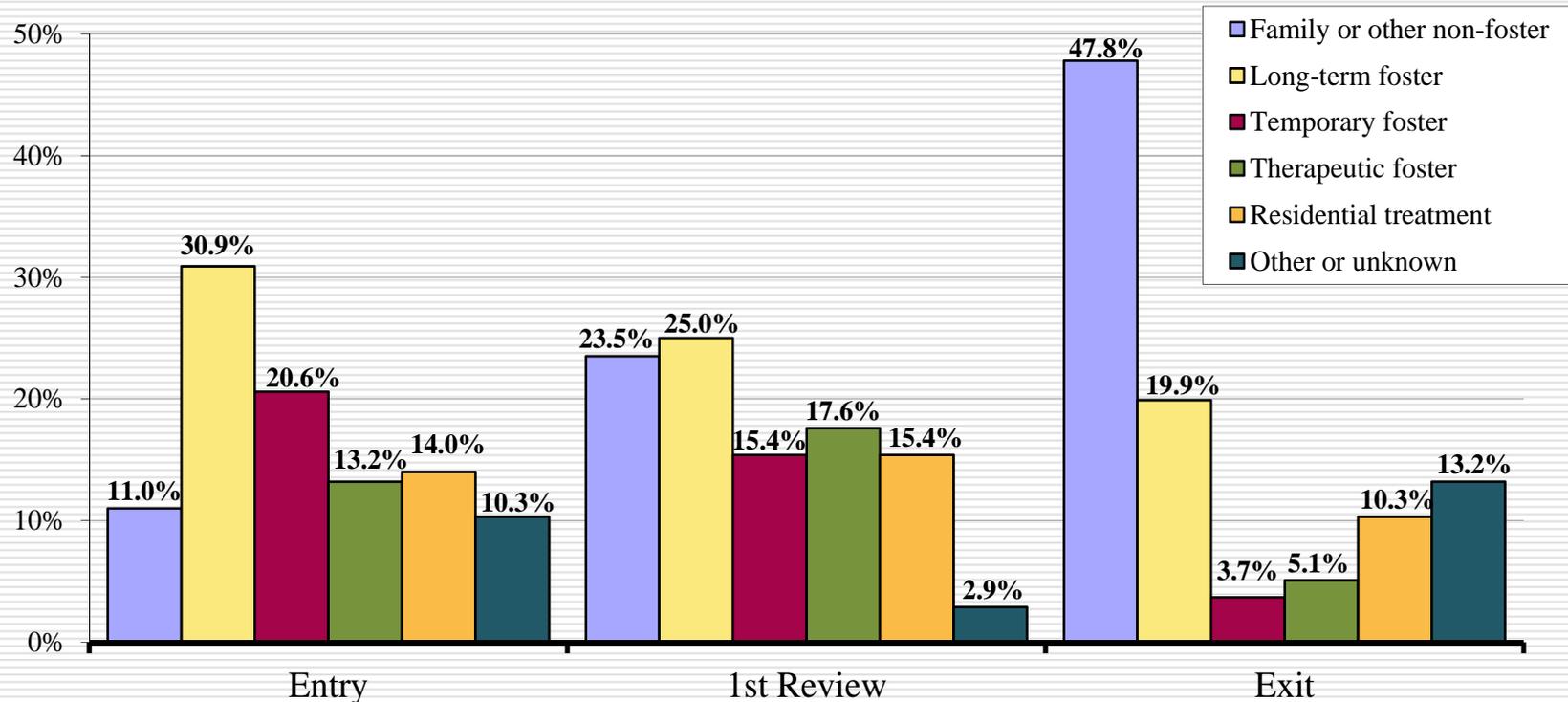
Figure 3c: Type of Provider for Children Currently Prescribed Psychotropic Medications



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Better Care

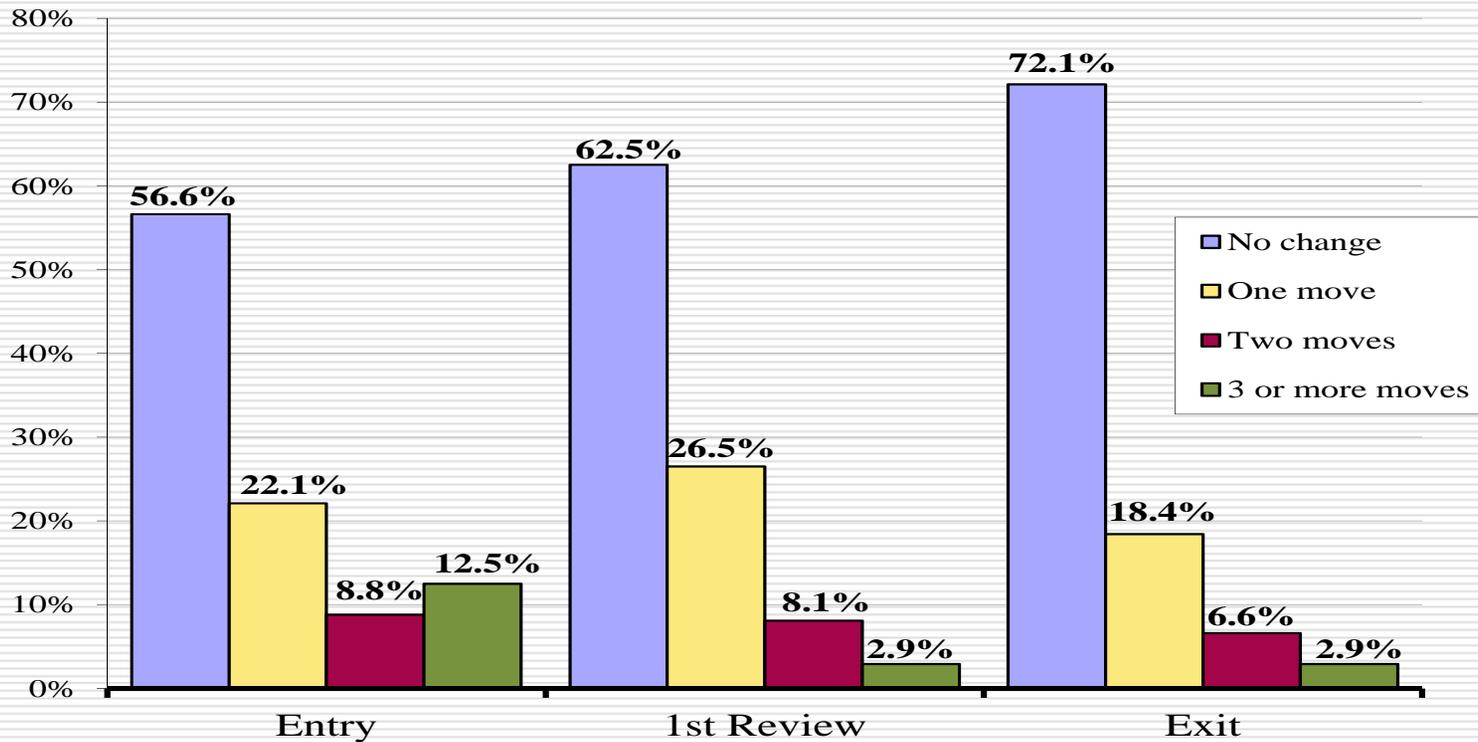
Figure 2: Current Residence



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Better Care

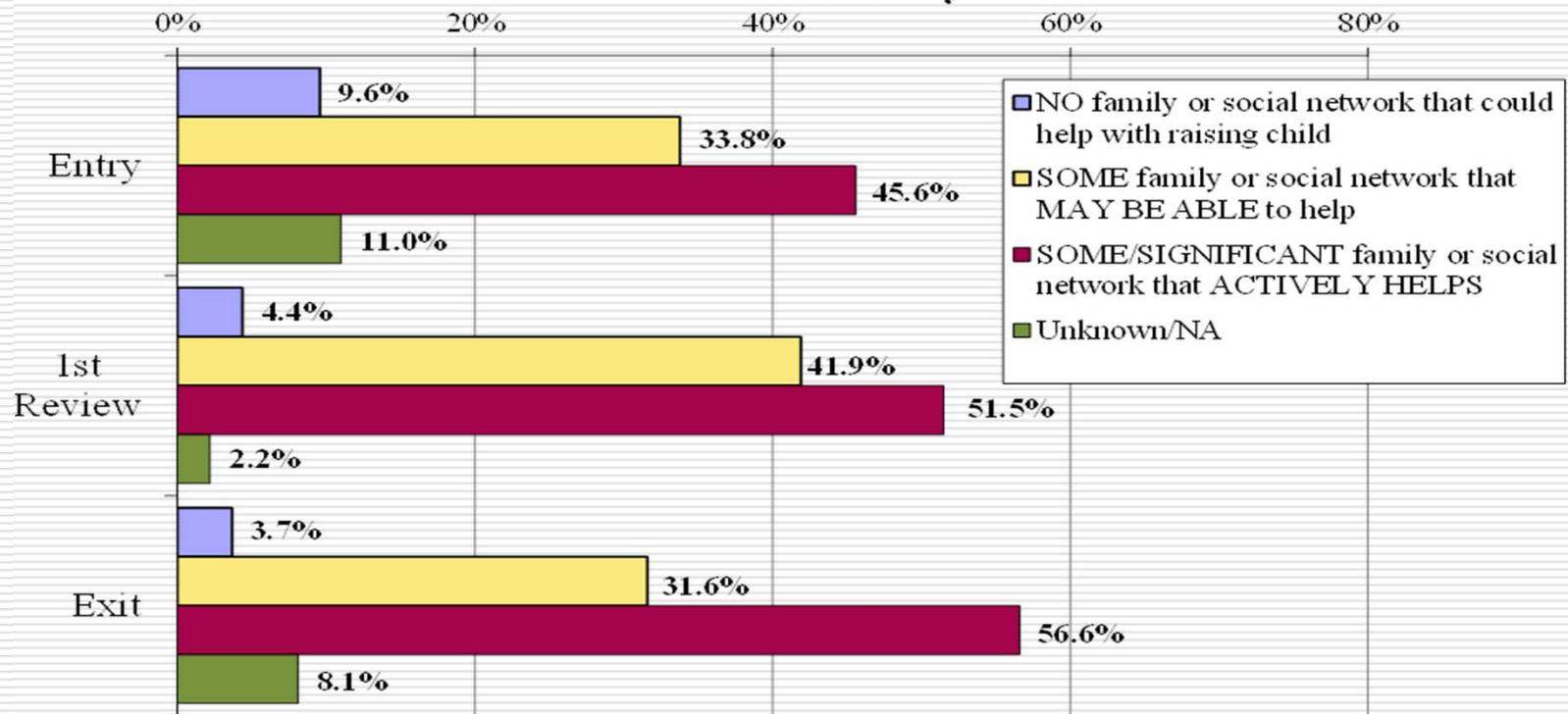
Figure 2b: Residence Changes in Prior 90 Days



Results for 136 children with assessment at Entry, first Progress Review, and at Exit.

Better Care

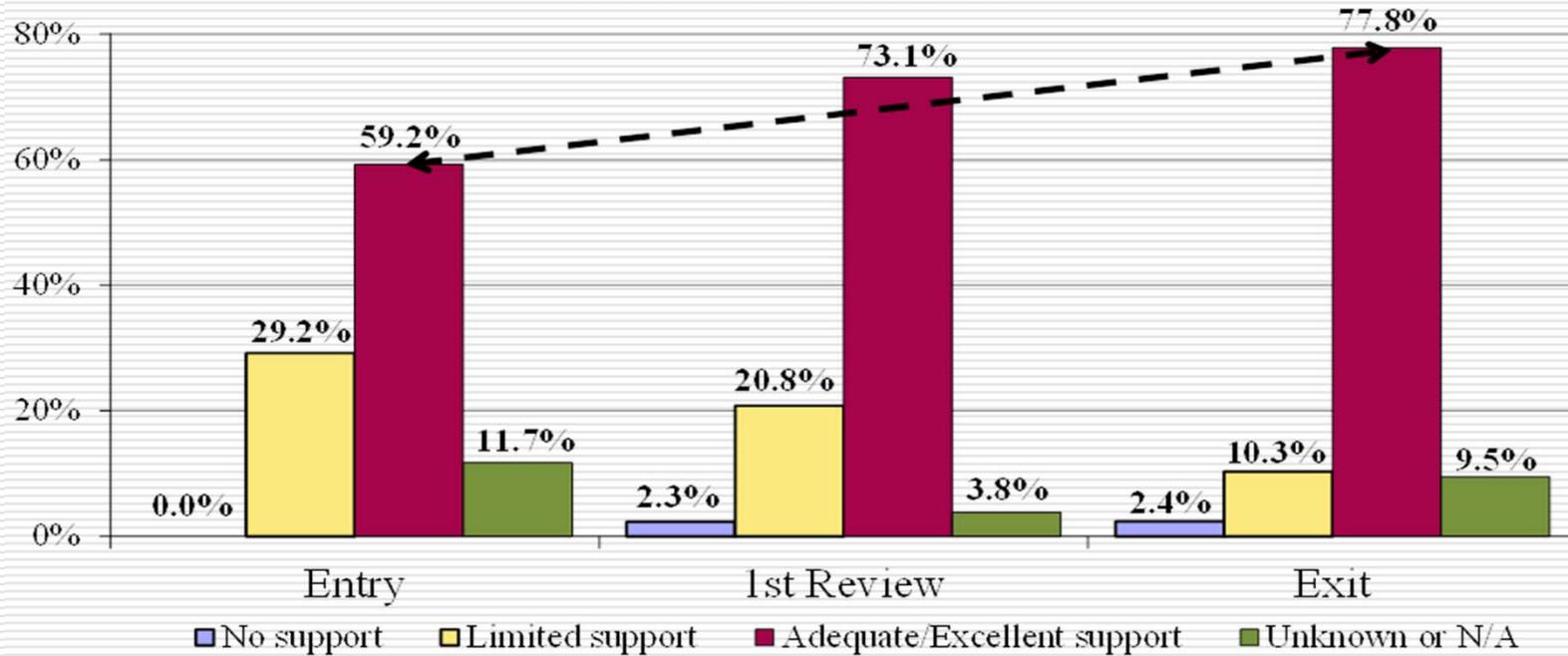
**Figure 6a: Caregiver Family/Social Network Support
Past 30 Days**



Results for parents/caregivers of 136 children with assessment at Entry, first Progress Review, and at Exit

Better Care

Figure 6b: Caregiver Support to Address Problematic Behaviors

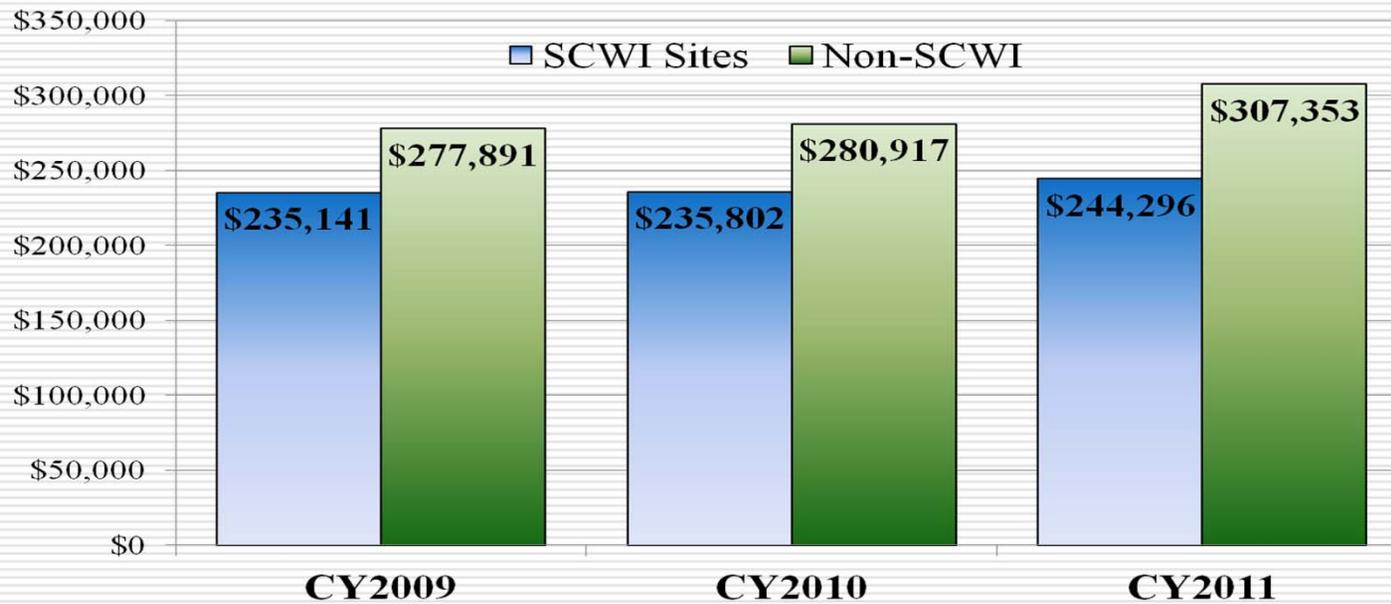


Results for parents/caregivers of 136 children with assessment at Entry, first Progress Review, and at Exit

Lower Cost

All levels of service

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



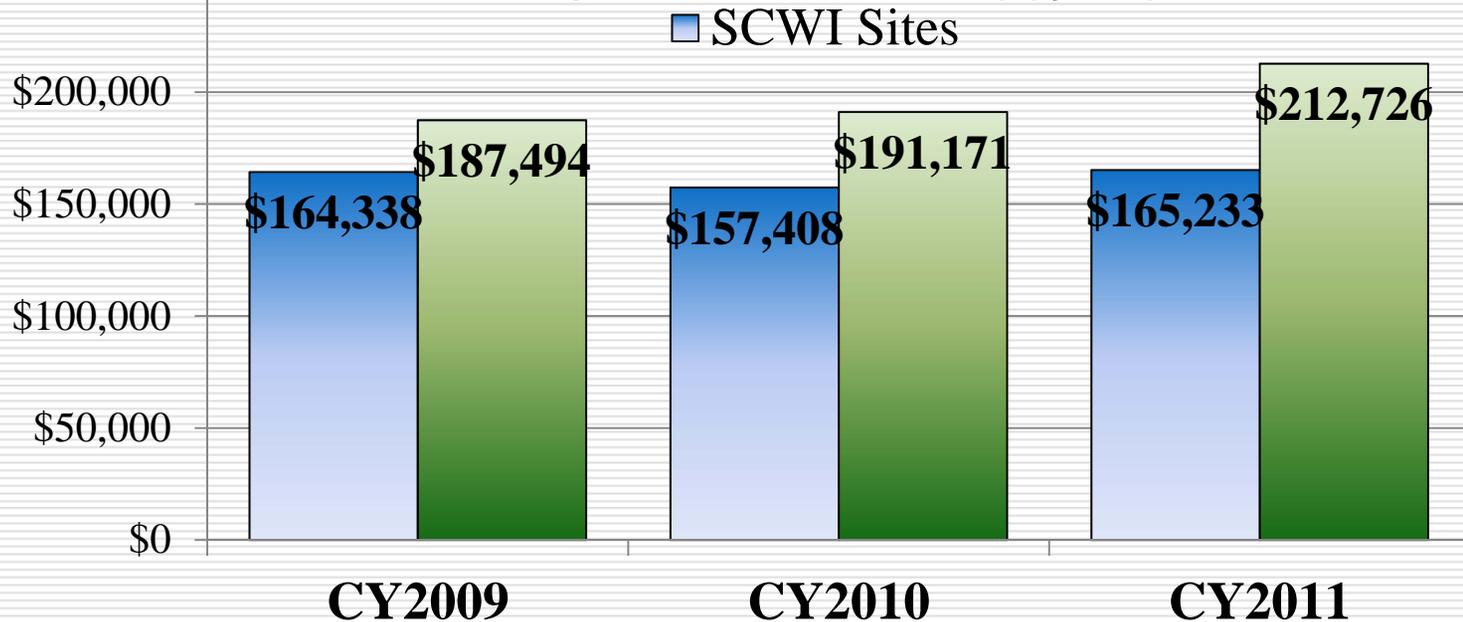
Source: Medicaid Management Information System (MMIS); data pulled on 10/18/2012

Lower Costs

Outpatient Services

Total Billed per 1,000 Members age 0-17

Calendar Years 2009-2011



Source: Medicaid Management Information System (MMIS); data pulled on 10/18/20

CCO Contract Examples

- ❑ Physical Health and Behavioral Health Integration
 - ❑ Children's Mental Health Section: Integrated Service Array is based on Wraparound principles and processes
 - ❑ Children's Wraparound Demonstration Projects
 - ❑ Medication Management
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CCO Contract Examples

- ❑ Intensive Case Management
 - ❑ Member and Member Representative Engagement and Activation
 - ❑ Integration and Coordination:
 - Implementation of a system of care approach, incorporating models such as...Wraparound for children with behavioral health disorders
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CCO Contract Examples

- Access to Care
 - Patient Centered Primary Care
 - Care Coordination
 - Care Integration
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CCO Contract Examples

- ❑ Intensive Care Coordination for Special Health Members
 - ❑ State and Local Government Agencies and Community Social and Support Services Organizations
 - ❑ Health Equity
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CCO Contract Examples

- Performance Improvement Projects
 - Transformation Plan
 - Learning Collaborative
 - Members with Special Health Care Needs
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The Goal: Children are at home, in school, out of trouble and with friends

- Fully developed local and statewide Systems of Care in Oregon are necessary to maximize the efforts of child serving agencies and support their activities on behalf of children and families.
 - It is essential to integrate and coordinate efforts through evidence-based practices like Wraparound to ensure positive clinical outcomes for Oregon's children and their families.
 - Family and Youth voice must inform all levels of the system. Families with shared experience can support each other in being active participants in the planning for their children.
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