Systems of Care Reform: Implementing High Fidelity Wraparound

PRESENTATION TO SPECIAL POPULATIONS WORK GROUP

JOINT SUBCOMMITTEE TO STUDY

MENTAL HEALTH SERVICES IN THE TWENTY-FIRST CENTURY,

JULY 1,2015

Joseph Wilson, MSW

Director

Defining Systems of Care

The definition first published in 1986 (Stroul &Friedman) states that a system of care is:

*A comprehensive spectrum of mental health **and other necessary services** which are organized into a **coordinated network** to meet the multiple and changing needs of children and their families (p.3).*

System of Care Approach: What and Who?

Philosophy and Guiding Principles for SOC Stakeholders and Partners
Infrastructure
Services and Supports

Community Services Boards   Family Services Agencies

Juvenile Court Service Units   Juvenile Domestic Relations Courts

Local Public School Systems   Community-Based Private Providers

Community Policy Management Teams (CPMT)

System of Care Approach: Why?

- Increasing Need for COLLABORATIVE Approach to Service Delivery
- Addresses three key reasons why resources aren't well utilized:
  - Services are provided to individuals who don't understand the relevance or need
  - Services are provided to individuals in ways which do not "fit" with their ability to access the service
  - Services are provided to individuals according to "mandates" which can restrict or even prohibit full and sustained engagement.
- Promotes Effective and Efficient Use of Existing Resources
- Identifies Gaps in Service Delivery System and Supports A Prioritized Approach to Developing Services and Supports

System of Care Approach: How?

- Resource CSBs to be System of Care Champions
  - CSBs are designed to be collaborative care coordinators
  - Develop care coordination into best practice model (replacing targeted case management)
- Develop Collaborative Infrastructure – engaging partners at the local, regional and state levels
  - Create team-centered approach to service delivery at ALL levels
  - Engage individuals and families as partners in care
- Promote Effective and Efficient Use of Existing Resources
  - Remove barriers to blending/braiding funding
  - Resource programs and teams at the LOCAL level
  - Creative application of flexible resources to meet identified needs and promote sustainable supports
- Identifies Gaps in Service Delivery System and Supports A Prioritized Approach to Developing Services and Supports

System of Care Implementation Team

□ Goal

   ◘ Provide collaborative support and direction for Systems of Care Reform Initiative in Loudoun County (including but not limited to HFW Implementation)

□ Membership

   ◘ Child-Serving Agencies (DFS, JCSU, MHSADS, LCPS, LCHD, LCPR, LCL)

   ◘ Community Stakeholders (Parents, Youth, Private Providers)

   ◘ Policy-Makers (County Administration)

□ Function

   ◘ To monitor and support all Systems of Care Reform

   ◘ Support the development of collaborative approaches

High Fidelity Wraparound Practice

- □ Definition
  - ◘ A process NOT a service.
  - ◘ Foundation of Practice
  - ◘ 10 Guiding Principles
  - ◘ High Fidelity Wraparound - an evidence-informed practice utilizing a team-based approach which is collaborative, culturally competent, strengths based, community based, outcomes based, develops natural supports, individualized, unconditional and includes a family's voice in developing a comprehensive plan of care to address prioritized needs with effective and sustainable resources and interventions.

- □ Know What it is NOT
  - ◘ Case management
  - ◘ Services Not Typically Reimbursable
  - ◘ A Categorical Approach
  - ◘ Time Limited (typically)
 - ◘ Perfect

High Fidelity Wraparound Practice

- ☐ Developing Virtual Collaborative Care Platform
  - ◘ Development and Implementation of dynamic, interactive, collaborative space to maintain CFT cohesion, participation, and connection to the HFW process
  - ◘ Interagency Team will plan/develop tool which will provide 24/7 access to:
    - ■ Team Information (Plan of Care/Crisis Plan)
    - ■ Communication Log (detailing successes, developing strengths, emerging needs, barriers to service connections)
    - ■ On-line community of support (family-to-family connections/access to provider information and referral)
- ☐ Comprehensive Training for Stakeholders and Community Partners
  - ◘ Wraparound 101 Training – Understanding the Wraparound Process and Your Role as Team Member
  - ◘ Collaborative Care Platform Training for All Agency and Community-Based Users (including providers)

High Fidelity Wraparound Outcomes

Children/Youth Enrolled in Services/Supports
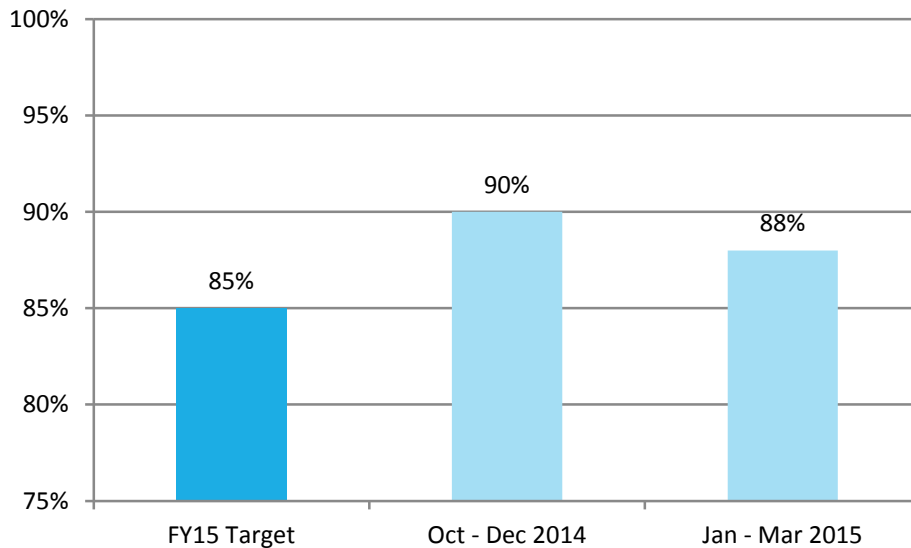
For the second consecutive quarter, Wraparound Loudoun exceeded the target for clients enrolled in the services/supports specified in their POC.

Twenty-three (88%) of the 26 children/youth who were enrolled in Wraparound Loudoun prior to January 2015 (and had a quarterly review completed) were enrolled in at least one service/support specified in their POC.

This highlights the Wraparound Loudoun Team's sustained success at facilitating and enabling their clients and families to connect with available resources.

High Fidelity Wraparound Outcomes

	FY15 Target	Oct – Dec 2014	Jan – Mar 2015
Moved to/maintained a lesser restrictive setting compared to enrollment			
Enrollment to 6 months after POC is implemented	80%	100% (8/8)	100% (5/5)
Enrollment to 12 months after POC is implemented	85%	100% (5/5)	100% (3/3)
Enrollment to Discharge	90%	100% (9/9)	100% (1/1)
Average Informal Supports per Family			
6 months after POC is implemented	1.0	1.2 (12/10)	4 (20/5)
12 months after POC is implemented	2.0	1 (5/5)	2.3 (7/3)
At Discharge	2.0	.25 (1/4)	3 (3/1)

Data on the Restrictive Setting and Informal Supports measures is collected only for those who have been enrolled in Wraparound Loudoun for six months or more.

The data reflects a high level of success in both measures, suggesting that the children/youth receiving services over time have benefited from the program.

High Fidelity Wraparound Outcomes

|	FY15 Target	Oct – Dec 2014	Jan – Mar 2015
Attended 80% or more scheduled school days, work days, or training classes	80%	80% (8/10)	89% (8/9)
Referred to JCSU or Arrested	Less than 15%	0% (0/16)	0% (0/9)

Data is collected on the following School/Work/

Training Attendance and Juvenile Court Services Unit (JCSU) measures only for those who have been enrolled in Wraparound Loudoun for six months or more.

Compared to the most recent fiscal quarter, this quarter, an even higher percentage of clients had strong attendance at school, work and/or training sessions.

Consistent with historical data, no children/youth were referred to the JCSU or arrested during this quarter.

High Fidelity Wraparound Outcomes

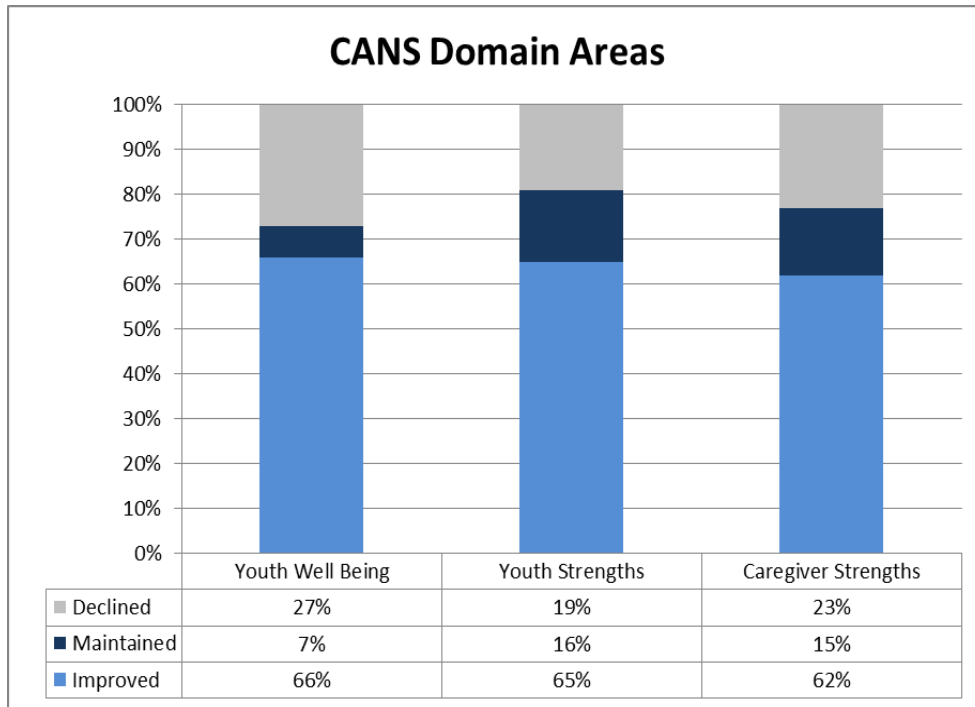**Overall Clinical/Functional Improvement**
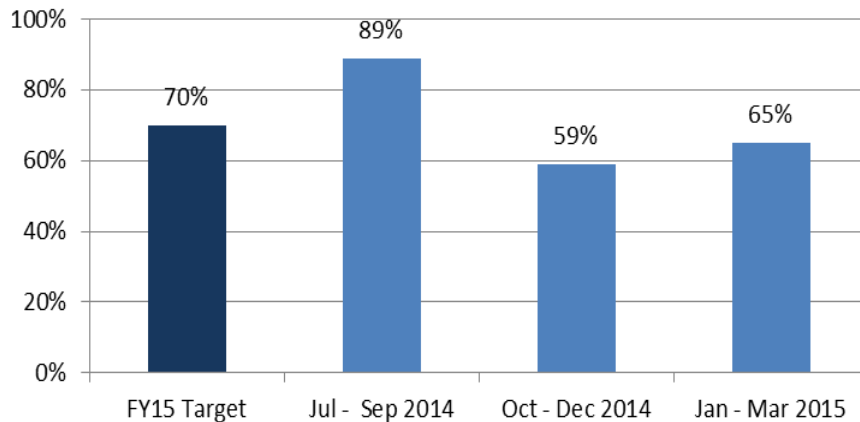
Wraparound Loudoun utilizes the Child and Adolescent Needs and Strengths (CANS) assessment tool as a measure of clinical and functional status.

The CANS is a 38-item survey that assists in identifying areas of strength and need for the child/youth (and the caregiver). It is designed to be used for development and/or review of the individual plan of care and to facilitate decision making regarding services.

CANS items are grouped into general Domain areas to reflect the well-being and strengths of the child/youth and the strengths of the caregiver.

This quarter, 26 children/youth had both a CANS at baseline and a reassessment during the current reporting period. Seventeen (65%) of these showed overall clinical and functional improvement. Notably, a number of children/youth in residential and hospital settings limited the level of improvement apparent across those in the program as a whole.

High Fidelity Wraparound Outcomes

CANS Domain Areas

|	Youth Well Being	Youth Strengths	Caregiver Strengths
■ Declined	27%	19%	23%
■ Maintained	7%	16%	15%
■ Improved	66%	65%	62%

Relative to their status at enrollment, the majority of the 26 children/youth (62% to 66%) demonstrated improvement in each of the three domains (at the time of reassessment this quarter).

The areas with the greatest numbers of children/
youth showing improvement were the Youth Well Being and Youth Strengths domains (17 for each domain). Caregiver Strengths was close behind; the caregivers of 16 children/youth demonstrated increased resources, skills, and level of involvement.

Overall, these improvements suggest that program participants have developed a higher skill set from which they can draw to aid them in managing and coping with life's adversities.

High Fidelity Wraparound Outcomes

**Cost Comparison
Community-Based vs. Residential**
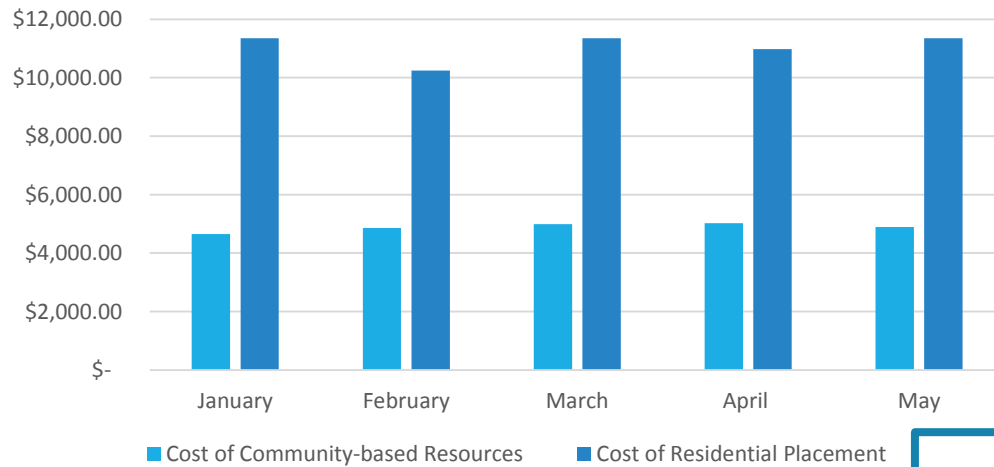
	Community	Residential
Total Cost to Date:	$ 24,417.03	$ 55,266.00
Per Day Cost:	$ 161.70	$ 366.00
Cost Avoidance to Date:		$ 30,848.97
Projected Cost Avoidance (12 months):		$ 74,037.53

Loudoun County Department of Mental Health, Substance Abuse and Developmental Services