NM Wraparound CARES

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Children Youth & Families Department
CYFD’s Mission

Improve the quality of life for our children.
CYFD Operating Principles

- Be kind, respectful and responsive
- Be child/youth-centric
- Create a culture of accountability and support
- Simplify: Do fewer, bigger things that produce results
- Behavioral Health and Program Support strategically enveloped in all programs
- Own mistakes and learn from them
- It’s all about the quality of our workers
What is Wraparound.....
“Wraparound is an intensive holistic method of engaging with individuals with complex needs so that they can live in their homes and communities and realize their hopes and dreams.”

(From The National Wraparound Institute)
Wraparound Approach

- **Philosophy**: based on values and assumptions. It is a way to conceive of youth and families and an orientation toward how you practice.

- **Intensive Coordination Process**: utilizing specific actions and steps, which are grounded in the philosophy, as a way to organize people’s care.
Why Wraparound in NM is Important.....
Prevalence of Child Behavioral Health Disorders

• An estimated 13-20% of children in the U.S. (up to 1/5 children) experience a mental disorder in a given year.

• About 1/10 youth is estimated to meet the Substance Abuse and Mental Health Services Administration (SAMHSA) criteria for Serious Emotional Disturbance (SED), defined as a mental health problem that has a significant impact on a child’s ability to function socially, academically, and emotionally.

• 13% of 15 year olds and 9.8% of 17-18 year olds have a need for SUD treatment.
Mental Health - Costliest Health Condition of Childhood

- Mental Health Disorders: $8.90 billion
- Asthma: $8.00 billion
- Trauma Related Conditions: $6.10 billion
- Acute Bronchitis: $3.10 billion
- Infectious Diseases: $2.90 billion

High Behavioral Health Costs for Children in Medicaid

• BH expenses are almost 5x higher than for Medicaid children in general.
  ◦ TANF enrolled: 3x higher
  ◦ Foster Care: 7x higher
  ◦ SSI enrolled/disabled: 9x higher

• Children in the top 10% of BH expenses are nearly 18x more expensive than Medicaid children in general.

Cost Drivers for Children in Medicaid

• Residential Treatment and Therapeutic Homes
  ◦ Number one cost driver in 2005 and 2008
  ◦ Represents about 20% of all BH expense for under 4% of children using BH care

• Psychotropic Medication
  ◦ 2nd highest cost driver in 2008
  ◦ 3rd highest in 2005

Cost of Out-of-Home Behavioral Health in NM

**Treatment Foster Care**
- Approx. $165/day
- Approx. $60,200/year

**Residential Treatment**
- Approx. $243/day
- Approx. $88,700/year
Do Benefits Outweigh Costs?

- The best predictor of future out-of-home placement is past out-of-home placement. \( (\text{Pfeiffer et al, 1990}) \)
- No research base on effectiveness of residential treatment / psychiatric hospitalization.
- 33% of youth in RTC’s back in restrictive placement within one year; 75% back within 6 years \( (\text{NACTS study}) \).

\( (\text{Exerpts from “the Evidence Base and Wraparound” Eric Bruns, Ph.D. 2004}) \)
Behavioral health services most likely to be used
Use of Traditional Outpatient Therapies

“Based on current evidence of the effectiveness of interventions in community mental health settings, there is no reason to assume that the outpatient mental health services provided to foster children are effective in improving outcome”

(James, S., Landsverk, J., Slymen, D. and Leslie, L. Predictors of Outpatient Mental Health Service Use—The Role of Foster Care Placement Change, Ment Health Serv Res. 2004 September; 6(3): 127–141)

“Results indicate that children who have experienced long-term foster care do not benefit from the receipt of outpatient mental health services”

Wraparound Outcomes

For nine states implementing High Fidelity Wraparound over their first three demonstration years for which cost data were available:

- There was an average savings of 68%
- Waiver services cost only 32% of services provided in PRTFs, with an average per child savings of between $35,500 and $40,000 across the states
Wraparound Outcomes

- Increased access to services
- Fewer placement changes
- More rapid closure of Protective Services involved cases
- Fewer days incarcerated (in one study comparison group was 3x more likely to commit felony that group in Wraparound)

(Exerpts from “the Evidence Base and Wraparound” Eric Bruns, Ph.D. 2010)
The cost of providing services for the youth in Wraparound/REACH (REACH youth are not under a court order) is less than the cost of care in alternative children’s mental health systems and other systems of care.

The overall total number of youth serviced in some capacity from 1/1/15 – 12/31/15 was 1,848.

The average overall cost per month/per enrollee was $3,124

(This cost includes the provision of Care Coordination services in addition to all other authorized provider network services.)
Listed below are several program cost comparisons as it relates to the provision of services.

The monthly cost for Wraparound type services may also include providing care to other family members in addition to the identified enrollee.

- **Wraparound Milwaukee**: $3,124
- Group Homes: $5,926
- Corrections: $8,898
- Residential Care: $10,050
- Psychiatric Inpatient Hospital: $38,100
Wraparound Outcomes
Wraparound Milwaukee 2015 Quality Assurance/Quality Improvement Annual Report

• **Improved Functioning** (Child Behavior Checklist (CBCL) and the Youth Self-Report (YSR));

• **Increased School Attendance** (Youth in Wraparound are attending school approximately 86% of the time, while those in REACH are attending school approximately 90.5% of the time);

• **Increased Permanency** (Of the 256 Wraparound youth, 236 or 92% achieved permanency);

• **High Youth and Family Satisfaction Levels with Care Coordination and Provider Network Services**; and

• **Increased Informal/Natural Support Participation in Wraparound Teams** (From 2/1/15 – 1/31/16, for Wraparound Teams, an average of 40.5% of the Team members were informal/natural supports. For REACH Teams the average was 45.9%).
Who is Wraparound for in NM .....
Children/Youth Appropriate for Wraparound in NM

• SED diagnosis
• History of unsuccessful multiple placements
• Juvenile Justice & Protective Service involvement
• Children/Youth at-risk of or in an out-of-home placement
• Lack of significant progress through involvement in services
## Service Coordination Continuum

<table>
<thead>
<tr>
<th>Children/youth needing only brief short term services and supports</th>
<th>Children/youth needing intermediate level of services and supports</th>
<th>Children/Youth needing intensive and extended level of services and supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and referral help</td>
<td>Service coordination System navigation</td>
<td>Intensive care management</td>
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Wraparound Infrastructure in NM
CYFD’s Wraparound History

- Clinical Homes
- CYFD SAMHSA Systems of Care Grant: 2008–2014
- CYFD SAMHSA Communities of Care Expansion Grant: 2014-2018
- Ongoing Technical Assistance from Wraparound Milwaukee and SAMHSA

= Development of High-Fidelity NM Wraparound CARES Model
Higher fidelity is associated with better child and youth outcomes

<table>
<thead>
<tr>
<th>Percent showing improvement</th>
<th>High Fidelity (&gt;85%)</th>
<th>Adequate Fidelity (75-85%)</th>
<th>Borderline (65-75%)</th>
<th>Not wraparound (&lt;65%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% showing reliable improvement on the CANS</td>
<td>82%</td>
<td>69%</td>
<td>65%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Average level of fidelity on the Wraparound Fidelity Index

Effland, McIntyre, & Walton, 2010
NM Wraparound CARES Facilitator Pathway

- 18-month intensive training/coaching program
- Over 100 hours of in-person training with CEUs provided
- Continuous in person coaching
- On-call coaching
- Opportunities for supportive feedback
- Opportunity to train and mentor future facilitator trainees
Wraparounds’s Theory of Change

People will make positive changes if they are honored for who they are, for the strengths they have, and if they get their underlying needs met.
NM Wraparound CARES Principles

Child, Youth and Family

- Strengths-based
- Community-Based
- Perseverance
- Outcome-Based
- Cultural Humility
- Team-Based
- Individualized
- Natural Supports
- Youth/Family Voice & Choice
- Collaborative
Wraparound Practice Core Elements

- Holistic
- Team Based
- Vision Inspired
- Needs Driven
- Strengths Based
Best predictor of service use is not symptom severity but family burden.  

*(Angold, et al 1999)*

Addressing “family burden” and not just mental health symptomology will create more meaningful and sustainable outcomes.
Families Deserve...

• To feel listened to and seeing that their concerns, needs, priorities, etc. are being taken seriously;

• To know that their family/supports are going to be meaningfully involved in the process and that they are not alone;

• To feel confident that their opinion will be considered in crafting help;

• To have a sense that real help based on who they are (culture), what they need and what is likely to help will occur (outcome);

• To see the process of coming together as fair and about their priorities (vs. really driven by what the professionals want); and

• To know we will not give up.
Wraparound Intensity

• Intense family engagement
• Long term commitment
• Small case loads
• High flexibility and adaptability
• Building on momentum
• Flex funding
The Process

• Engaging with children/youth and their families
• Regular and consistent family contact and team meetings
• Managing crisis
• Maintaining consistent contact with the Team
• Building and reviewing strategies consistently
• Constant reviewing of unmet needs and on-going progress
• TRANSITION: When families learn to problem solve and manage their issues more effectively – we fade out.
CYFD is working to create systems and cultural change by implementing the following initiatives:

• Development of Wraparound Unit in CYFD Behavioral Health Services (3 grant-funded staff);

• CYFD (BHS, JJS, & PS) staff serving as Facilitators;

• Practice Improvement (NM Decision Making Training, Navigating MCO training);

• Youth Engagement– Youth MOVE NM, Youth Engagement Trainings, Dedicated position for Statewide Youth Coordinator who also served on the CYFD Executive Leadership Team;

• Dedicated Family Engagement Position focused on Family Engagement Training, Family Peer Support Worker, and bringing family members to the table; and

• CANS (Child and Adolescent Needs and Strengths) implementation
Successful Implementation in NM

- Health Home initiative
- 1115 Waiver innovate programs and approaches;
- Shared value base across stakeholders;
- Pay-for Performance demonstration project - collaboration between MCO, CYFD and Provider;
- Development of Family Peer Support;
- CYFD Leadership commitment and support; and
- Technical Assistance provided via CYFD SAMHSA COC grant.
Wraparound in Action
For More Information, Please Contact:

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Thank You!

Q & A