

Statewide Children's Wraparound Initiative Biennial Report

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Erinn Kelly-Siel, Director
Department of Human Services



Richard Harris, Director
Addictions and Mental Health Division

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Executive summary

This Statewide Children’s Wraparound Initiative report is in response to the requirement in ORS 418.985 (4) that the Department of Human Services, in consultation with the committee, shall report biennially to the Governor and the Legislature on the progress toward and projected costs of full implementation of the wraparound initiative by 2015. The report fulfills the additional statutory requirement that the state establish at least three local system of care sites.

The goals of the Statewide Children’s Wraparound Initiative (SCWI) are to bring wraparound, an evidence-based practice model, to all communities and serve children with the highest levels of need and their families.

Children have the full array of child welfare and mental health services available to them, as well as other services and supports. Wraparound is fundamentally different. Rather than a model that identifies the existing services a child qualifies to receive, SCWI takes strength-based approach that also is team-based, systems-driven and family- and youth-driven. This model creates a flexible, coordinated plan of services and supports based on each young person’s strengths.

State leadership and support for the SCWI is a joint commitment between the Oregon Health Authority’s Addictions and Mental Health (AMH) division and the Department of Human Service’s Children, Adults and Families (CAF). Accountability is enhanced through engagement of the youth and families we serve, in critical roles to shape policy and practice in their communities through their membership and involvement on committees in the governance structure.

SCWI was launched at three demonstration sites in July 2010: Mid-Valley WRAP (serving 180 youth in Linn, Marion, Polk, Tillamook, and Yamhill counties), Rogue Valley Wraparound Collaborative (serving 100 youth in Jackson and Josephine counties), and the Washington County Wraparound Demonstration Project (serving 60 youth in Washington County).

Early analysis shows significantly improved outcomes within the first 90 days of a child receiving services and supports within the SCWI. Overall, 45 percent of the child and family teams rated the children as demonstrating improvement within the first 90 days of participation in the initiative. In addition, the analysis showed improved outcomes for the following measures using scores from entry into the project to comparable scores after 90 days in the project:

- » More children returning to a birth or adoptive parent (9 percent at entry to 18 percent at 90 days);
- » More children exiting temporary foster care (18 percent at entry to 9 percent at 90 days);
- » Fewer children running away (9 percent at entry to 6 percent at 90 days);
- » Fewer incidents of delinquent behavior within the past 30 days (11 percent at entry to 6 percent at 90 days);
- » Less substance use by children within the last 30 days (12 percent at entry to 10 percent in 90 days);
- » More children producing school work appropriate to their ability (42 percent at entry to 51 percent at 90 days);
- » More caregivers saying they feel supported (58 percent at entry to 77 percent at 90 days).

SCWI's next phase will focus on approximately 1,400 children in the custody of child welfare who have complex needs that can be met only through an integrated system solution of culturally specific services and supports. An additional general fund investment of between \$7 million and \$10 million is required to expand to statewide implementation for the identified population of children in the care and custody of child welfare.

As described in the Early Childhood and Family Investment Transition Report, there are also opportunities within the Early Learning Council for innovative approaches that are very consistent with SCWI.

Introduction

Near the end of the 2009 legislative session, Governor Kulongoski signed House Bill (HB) 2144, and the Statewide Children's Wraparound Initiative (SCWI) became law. This action came as a result of many years of hard work by youth, families, treatment providers, and local and state agencies. The initiative is consistent with Governor Kitzhaber's agenda to integrate and streamline state services such as health care and education to deliver better outcomes and reduce costs. The Statewide Children's Wraparound Initiative has laid the groundwork to meet

The “Jackson” family (name has been changed to protect privacy) was in crisis when they entered Wraparound in September of 2010. The family was homeless, the parents were unemployed, and the family had an open case with child welfare to access intensive services for their child. Six months later, both parents are employed, housing options are being explored, and the family is demonstrating greater self-sufficiency by directing their own Wraparound meeting and plan. Calls to external support, such as police or the child welfare caseworker, for the child with intensive service needs have decreased dramatically from almost daily to an average of once a month. The Jackson family’s experience with Wraparound has been so transformative that they have expressed interest in supporting others as family/peer partners.

that challenge and is consistent with the broad sweeping reforms that are needed in these challenging times.

The state’s vision of a wraparound system of care includes providing services and supports, including informal or natural supports, as early as possible so children succeed. Making services and supports available based on the individual needs of the child and family gives them a primary role in driving their own care.

In statute, the identified state agency partners include the Department of Human Services, the Oregon Health Authority, the Department of Education and the Oregon Youth Authority.

Oregon is building a community-based, coordinated system of services and supports for children with complex behavioral health needs and their families. SCWI is intended to promote system of care values and principles across all child- and family-serving agencies in Oregon. Family- and youth-driven care maximizes the effectiveness of these systems and is rooted in a culturally competent system of care. It helps families connect with natural supports that empower them and decrease their reliance on public agencies.

SCWI will bring the evidence-based wraparound model to all communities and serve children with the highest levels of need and their families by coordinating their plans, services and natural supports.

There is significant consensus for the value of a system of care and a wraparound model among the child mental health and child welfare systems.

Oregon's goal is a fully functioning system of care and a wraparound planning process available in every community. The desired outcomes are family- and youth-driven care that is culturally and linguistically competent, that serves children in their home communities in a family setting, with all systems including financing fully integrated.

Project site implementation

In December 2009, DHS issued a request for applications for the initial SCWI implementation. Three demonstration sites were selected from seven applications in March 2010. Of note is that the seven applications included 28 of Oregon's 36 counties, demonstrating a significant interest in and commitment to system of care (SOC) values and wraparound processes as ways to meet the needs of youth and families.

The clients to be served by the initial demonstrations are youth who have been in the custody of DHS child welfare for at least a year and have been in four or more foster care placements, or youth in their first year of DHS custody whose needs require increasingly intensive services.

The SCWI launched three demonstration sites on July 1, 2010. These sites are Mid-Valley WRAP (180 youth in Linn, Marion, Polk, Tillamook and Yamhill counties), Rogue Valley Wraparound Collaborative (100 youth in Jackson and Josephine counties), and Washington County Wraparound Demonstration Project (60 youth in Washington County).

Mid-Valley WRAP is the largest demonstration site, both in the number of youth and families supported through this planning process and in geographic area. Of the sites, it has the most experience working under a wraparound model that predates the Children's System Change Initiative (CSCI) and has an established staff credentialing process.

The partners in Rogue Valley Wraparound Collaborative (RVWC) have a history of shared working relationships among agencies and system partners; however, organizing around SCWI has provided an opportunity for more comprehensive collaborations and formal relationships, including those with the primary care community.

Washington County Wraparound Demonstration Project also has a history of cooperative working relationships among systems. Some partners, including four school districts, have a Memorandum of Understanding (MOU). Like other sites, Washington County is building on its experience with the care coordination model developed for CSCI. This initiative has accelerated the ongoing effort into a more comprehensive and coordinated project for eligible youth.

The initiative's first quarter (July 1 - Oct. 1, 2010) was focused on identifying an appropriate number of youth to meet the contracts' service requirements. This emphasis strained the state's and individual sites' ability to give robust attention to all aspects of the wraparound principles. The second quarter (Oct. 1 - Dec. 31, 2010) was more focused on putting the principles into practice through workforce development, which will be addressed in a later section of this report.

Governance, accountability and initial outcomes

State leadership and support for SCWI is a joint commitment between Addictions and Mental Health (AMH) and Children, Adults and Families (CAF). Both have assigned state leads and direct support and technical assistance are being provided to each demonstration site. None of the DHS or OHA employees providing leadership or direct support have position responsibilities that are fully dedicated to the initiative. Instead, all are juggling priorities in their regular position duties with those for SCWI. To ensure coordination of the initiative the core implementation team of initiative leads and project site leads meet biweekly with training partners from Portland State University, the Family Partnership Specialist, DHS Transformation, and DHS field representatives.

An advisory committee has been established as required by statute. This committee includes representation from the statutory partner agencies, stakeholders, youth and families, and SCWI providers. An interagency steering committee includes leaders from DHS, Department of Education, Oregon Commission on Children and Families, OHA, the Oregon Youth Authority, and the family partnership specialist from AMH. These two committees are focused on identifying inter-systemic challenges and creating solutions.

SCWI demonstration site representatives meet quarterly. Included in these meetings are representatives from child welfare, mental health, families and youth, each site's service delivery systems, our PSU training partners, and representatives from other SOC or wraparound efforts throughout the state that are not specifically designated as demonstration sites. These meetings provide an opportunity for discussion about the practical applications and practice of wraparound at the community level. Not only does this experience enhance peer learning across the sites, it has formed a basis for a network of support as work proceeds toward full implementation by 2015 as required by statute.

Each demonstration site's collaborative chose its mental health organization (MHO) as the demonstration's administrative service organization (ASO). All three sites had or created an

“Sean” had been stable in his foster home for years when it suddenly ended, including his relationship to his foster siblings. Additionally Sean lost his connection to his neighborhood and school. Using the Wraparound process and team Sean was able to develop a placement and a plan that will allow him to focus on his goals of completing his education and developing the skills he will need as an independent adult.

advisory committee that includes representation from youth and families, provider agencies, partner agencies, and advocates.

The initiative has adopted individual and system indicators to measure progress and success and to ensure accountability to youth and families. An Internet-based progress review report was developed to collect information from the child and family team. The report covers key progress indicators, such as residential stability, academic performance, risk of harm to self and others, risk or history of running away, risk or history of delinquency, substance use, caregiver supports, estimation of progress and ratings on the Behavioral and Emotional Rating Scale (BERS-2).

Each youth is entered in the online review tool at intake and quarterly thereafter. This measures a youth’s progress toward his or hers ability to be at home, in school and out of trouble.

All of the sites reached capacity as of Oct. 1, 2010, and the first quarterly progress reviews have been received. Using scores at intake into the initiative and comparing them to scores at 90 days, early analysis demonstrates significant progress within the first 90 days among several measurable outcomes:

- » More children returning to a birth or adoptive parent (9 percent at entry to 18 percent at 90 days);
- » More children exiting temporary foster care (18 percent at entry to 9 percent at 90 days);
- » Fewer children running away (9 percent at entry to 6 percent at 90 days);
- » Fewer incidents of delinquent behavior within the past 30 days (11 percent at entry to 6 percent at 90 days);
- » Less substance use by children within the last 30 days (12 percent at entry to 10 percent in 90 days);

“Michelle” was in a long term foster placement. Like many children in her circumstance she had become estranged from her birth parents. The Wraparound process provided an opportunity to reengage Michelle’s mother Janet who was now able to be a safe parent to Michelle, and work toward a plan of reunification. Janet remarked that she was able to engage with child welfare because she felt like she had finally been asked what she wanted for herself and her child.

- » More children producing school work appropriate to their ability (42 percent at entry to 51 percent at 90 days);
- » More caregivers saying they feel supported (58 percent at entry to 77 percent at 90 days).

Overall, within 90 days of entry into SCWI, 45 percent of the child and family teams rate the child as improving.

Fidelity to the wraparound model is being measured through the Wraparound Fidelity Index. System level indicators are being measured by the National Wraparound Initiative’s Community Supports for Wraparound Inventory (CSWI), which assesses readiness to operate within a system of care.

The sites are expected to complete the CSWI to determine a baseline on which to measure progress toward system of care (SOC). This community-level measurement of systemic accountability is an important component of SCWI and SOC success.

Full analysis of results from all of the demonstration sites is pending at the time of this report.

Family- and youth-driven model

While it is important to measure outcomes, authentic accountability is enhanced through engagement of the youth and families we serve. This is a core principle for national wraparound models and for SCWI. This means that in addition to their role on the child and family teams, youth and families have a critical role in shaping policy and practice in their communities through their membership and involvement on committees in the governance structure. Youth and family members serve in this capacity at every site, though not in numbers recommended under wraparound models (at least 51 percent).

It is a fundamental quality of system of care and wraparound that family and youth drive the services and supports in their plan. The child-serving systems are responsible to come to the table with an ability to hear solutions created by the youth and family to meet their identified strengths and needs, partner with the family and youth's natural supports and deliver services based on these qualities. Families and the youth themselves are seen as a core element of the solution.

Project sites have, or are actively hiring, family and youth support partners to act as peers. Peers are family members or youth with personal experience, training and credentials who work directly with the child and family team as part of the planned services and supports.

Families and youth are increasing their roles in policy and oversight. The state has partnered with the Oregon Family Support Network and Youth M.O.V.E. Oregon to increase the system's capacity for meaningful youth and family involvement.

Work force development

Portland State University's Center for Improvement of Child and Family Services was selected to design, deliver and adapt the state and local training that will put policy into practice. PSU worked with each demonstration site and the local training advisory committee to tailor training to each site's needs. Service provider and community strengths and needs were assessed to ensure the training was specific to building community capacity, ameliorating challenges and barriers, and building collaboration.

The PSU partnership launched a platform to share knowledge among and between partners in and outside the SCWI. The DHS Learning Center was selected based on its availability both in and outside the agency, and because it is a vehicle that can and should be sustained by DHS.

Other workforce activities have focused on transformation and the use of lean management principles to improve efficiency. Since launching the demonstration sites in July 2010 the transformation activities have focused on referral processes and effectively creating and supporting a single coordinated plan of care.

Since Jan. 2011, transformation staff have worked with all three sites to develop a single coordinated plan of care. Initial work has focused on the planning, service and documentation requirements for youth who are in both SCWI and behavioral rehabilitative services. It will expand to include documentation requirements for all systems that may be involved with SCWI

youth including child welfare, education and juvenile justice. A unified and coordinated plan of care will help conserve resources by eliminating redundant efforts and will ensure that youth are targeted with the right services in the right sequence.

Service array

In each demonstration site, the authority to coordinate the service array rests in the local community through the Child and Family (wraparound) Team. Children in the project have the full array of child welfare and mental health services available to them as well as other child serving system services and supports. However, wraparound is fundamentally different. Rather than identifying the existing services a child qualifies to receive, wraparound takes a strength-based approach that is team-based, and systems-, family- and youth-driven. This model creates a flexible, coordinated plan of services and supports that draws on each young person's strengths and meets his or her needs. Families and youth in partnership with a care coordinator, family and youth partner, natural supports and other professionals devise a plan and are all accountable for carrying it out. There is a strong emphasis on accountability in this plan, with its major components of independence, natural supports and removal of barriers.

The implementation of high-fidelity wraparound requires intensive and active care coordination. The initiative has established a caseload ratio of one care coordinator for up to 15 children. This ratio is important to effectively facilitate the wraparound team, coordinate the service array, and monitor to ensure that necessary services and supports are developed and provided.

Data sharing

The law outlines requirements to collect and evaluate data by establishing a committee to review and select outcomes or performance measures, create data-sharing agreements and support the acquisition of information technology that allows local entities to share real-time data.

A fundamental need (and a requirement in the law) of an integrated system of care is the ability to share information across child-serving systems. Ideally, the development of a Web-based information interface will allow such sharing of case- and system-level data. Sustained and focused attention needs to be given to integrate numerous information system initiatives throughout state government.

“Mary” was a pregnant teen with a significant history of running from placements, drug use, behavioral problems, and intensive services. Wraparound provided the context in which to build a team that included and expanded her family support system to help Mary make safer decisions for herself and her baby. The health of Mary’s pregnancy improved and she was able to be a parent to her baby.

A Children’s Outcomes Workgroup developed a core set of outcomes and indicators, and methods of collecting and tracking the data. Metrics and process-level measures have been established at the child and system level. The project sites have now been operating long enough that very preliminary data can be collected and analyzed to determine the initiative’s progress.

The Internet-based Progress Review Report described earlier is the first step in creating the ability to collect and share real time data between the demonstration sites and the state. See the “Cost of Full Implementation” section of this report below for a discussion of future information system developments and requirements.

Development of standard data-sharing agreements at the state and local levels is still needed. Numerous barriers associated with confidentiality laws and information systems technology need to be resolved with consensus from all agencies. The Interagency Steering Team will focus on creating state-level data sharing agreements this year. These agreements can then be used as a foundation for local agreements.

Cultural competence

The initial work of the Outcomes Measurement Committee included significant efforts to establish uniform standards to describe and evaluate culturally competent services and supports as part of a system of care. A particular challenge was identification of easy-to-measure metrics for the purpose of establishing a baseline and regular reporting.

This committee was further challenged to reach consensus on definitions of cultural competence, bicultural, and culturally specific services. The CAF diversity manager and the Office of Multi-cultural Health and Services determined that no department wide definitions of those concepts exist.

“George’s” behavior was rapidly becoming more challenging to manage in a community setting. He was frustrated with feeling like he was always told what to do by his parent or caseworker. The requirements George felt were placed on him by these two authorities was overwhelming him. A family partner was able to connect with George and help him express his experience and frustration to the Wraparound team. Other team members responded positively and shifted their focus to a strengths-based model of planning. In the end the team created a plan that was realistic, achievable, and guided by George.

This struggle to define terms related to cultural competence is not unique to DHS/OHA. The concepts of culture, ethnicity and race and the meaning of cultural competence continue to evolve. That said, cultural competence is a key philosophical value of the SOC movement and with an increasing population of children of color in Oregon we cannot effectively implement a system of care and wraparound initiative without a tangible plan of action.

SCWI leadership will establish a short-term work group to provide definitions and an implementation plan by July 1, 2011. Members will include representatives from the DHS Diversity and Equity Committee, the Office of Multicultural Health and Services, and, to the extent possible, the diverse communities and cultures we serve, including families and youth.

Cost of full implementation

DHS and OHA have reinvested current financial and staff resources to initiate the implementation schedule. However, new resources are required to maintain the current sites, continue implementation and expand project sites and populations as intended by the law.

The Governor’s Balanced Budget provides funding to continue the enhanced care coordination in the three project sites. The GBB does not allocate resources for other critical work that is not currently in agency budgets for covered services. These unfunded items include needed workforce development and training, flexible case level resources, support for family and youth peer-delivered services, enhancing culturally specific services, further information system integration, and state agency staff positions.

The next phase will focus on approximately 1,400 children in child-welfare custody who have complex needs that can only be met through an integrated system of culturally specific

services and supports. Nearly every county has developed a multi-agency community plan to better organize and administer its local system of care so that children and their families receive the necessary services and supports to be at home, in school, out of trouble and with friends. In order to expand to statewide implementation for the identified population of children in the care and custody of child welfare, an additional general fund investment of between \$7 million and \$10 million would be necessary.

There are opportunities within the Early Learning Council as described in the Early Childhood and Family Investment Transition Report. The innovative approaches outlined in that report are very consistent with the Statewide Children's Wraparound Initiative. The council will focus on a system for children ages 0 to 5 to provide early identification and support, family navigation, shared measurement and accountability, and regionalized and state budget and governance structures. While this work and early intervention are important, a focus limited to this age range could have a significant impact on an effective service and support infrastructure that has been developed for children age 6 to 18.

Additionally, the Oregon Health Authority's work to integrate health care services into regional coordinated care environments across payer sources will provide further structure to implement SCWI.

To fully comply with the requirements of ORS 418.975 to 418.985 by 2015, all partner agencies will need to take significant action. This includes analysis and re-evaluation of the current spending levels and resources already being dedicated to children who meet the law's defined targets. They are youth who have emotional, behavioral or substance use-related needs or are at risk, and who are involved with two or more child-serving systems.

To meet the statute's intent, partner agencies need to further analyze their mandates and missions for the flexibility to incorporate the law's principles and practices. This work is also critical to improving the outcomes for children and their families.

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