

MEMORANDUM

TO: The Honorable Sen. Elizabeth Steiner Hayward, Senate Co-Chair
The Honorable Rep. Dan Rayfield, House Co-Chair
Subcommittee on Human Services

FROM: Janell Evans, Budget Director, Oregon Health Authority

DATE: February 16, 2017

SUBJECT: Responses to February 14 Public Hearing Questions

During OHA's presentation before your committee on Tuesday, February 14, committee members asked questions that required additional follow-up. Here are those questions and our responses:

Rep. Buehler: How many federal dollars does Oregon receive for each state dollar for the ACA expansion population?

For the 2017-19 biennium, Oregon receives \$15.67 for every state dollar for the ACA expansion population, based on 94% average federal match rate.

Sen. Winters (6 min): What do those federal Medicaid expansion dollars produce economically? (In follow-up to Rep. Buehler's questions)

There has been some analysis of the impact of the Medicaid expansion on Oregon's economy. Here are some results from that analysis:

- In State Fiscal Year 2016, Oregon received approximately **\$2.75 billion** for the Medicaid expansion group. (Source: OHA budget analysis of state fiscal year 2016 expenditures)

- Since the implementation of the ACA expansion in 2014, Oregon’s health care sector has grown by more than **23,000 jobs**. Additionally, as employment in the health care sector grows, Oregon’s General Fund revenues grow as the tax base expands. (Source: State Economist – employment data comparing 2013 to subsequent years post-2014)
- Federal investments in the Medicaid expansion population flow through OHA and coordinated care organizations to health care providers and hospitals across the state. These federal funds have played an important role in **reducing hospital and health care providers’ uncompensated and charity care**. (Source: OHA’s hospital reports)

Rep. Rayfield (8 min): For 19-21 biennium, what’s the average federal match rate? Will that be close to 90% for the expansion population? One of the numbers that would be helpful longer term would be the match rate over the next two biennium - in terms of maintaining the same service level and what type of a funding shortfall we’ll have in the next two biennium.

Here are the federal match rates for both the traditional Medicaid populations and the ACA Adult expansion group:

Biennium	Regular Medicaid (biennial average)	ACA Adult Expansion (biennial average)
2015-17	64.37%	98.75%
2017-19	63.26%	94.00%
2019-21	61.30%*	90.75%
2021-23	60.78%*	90.00%

*Estimated match rates

Sen. Gelser (16 min): what are your quality metrics for the wrap around services for kids? We hear about lack of access to adolescent mental health, crisis services, to foster homes... What is the role of wrap around in that? What do we describe as the outcome we hope for those wrap arounds and the investment, the actual dollar amounts? Can we look at that across CCOs? How do you hold CCOs accountable? **Sen. Winters** (17 min): what services are embedded in wrap around?

Wraparound aims to creatively meet the needs of youth and their families in a coordinated process in order to maintain youth in their community and out of higher and more intensive levels of care.

Role of Wraparound:

- Wraparound is not a specific set of services or an entry point to services. Wraparound is an intensive care coordination process that is individualized

and for youth involved in multiple systems – juvenile justice, DHS, behavioral health, etc., therefore, this is not the youth’s first encounter with behavioral health services.

- Wraparound is a team-planning process, the team includes individuals who are relevant to the well-being of the youth (family members, services providers, teachers, and representatives from any involved agency such as DHS Youth Welfare, DHS IDD, Oregon Youth Authority, special education, juvenile justice, other).
- Interventions are developed to meet the goals and objectives set by the youth and family.
- Wraparound is generally considered among the most effective processes for youth with emotional, behavioral and mental health needs and is essential to supporting families impacted by multiple systems who have complex needs. Studies have found that youth make substantial improvements when provided the Wraparound process. National research shows these youth:
 - Are hospitalized less often;
 - Have fewer arrests and stays in detention;
 - Sustain their mental health improvements;
 - Have less suicidal behavior; and,
 - Have better school attendance and achievement

Wraparound “Quality Metrics”:

- From 2009 to 2016, OHA collected and reported in the Children’s Progress Review System (CPRS) with use of the Behavioral and Emotional Rating Scale (BERS) and outcome measurement tool. (See the attached *OHA 15-17 System of Care Wraparound Report.*)

Wraparound objectives:

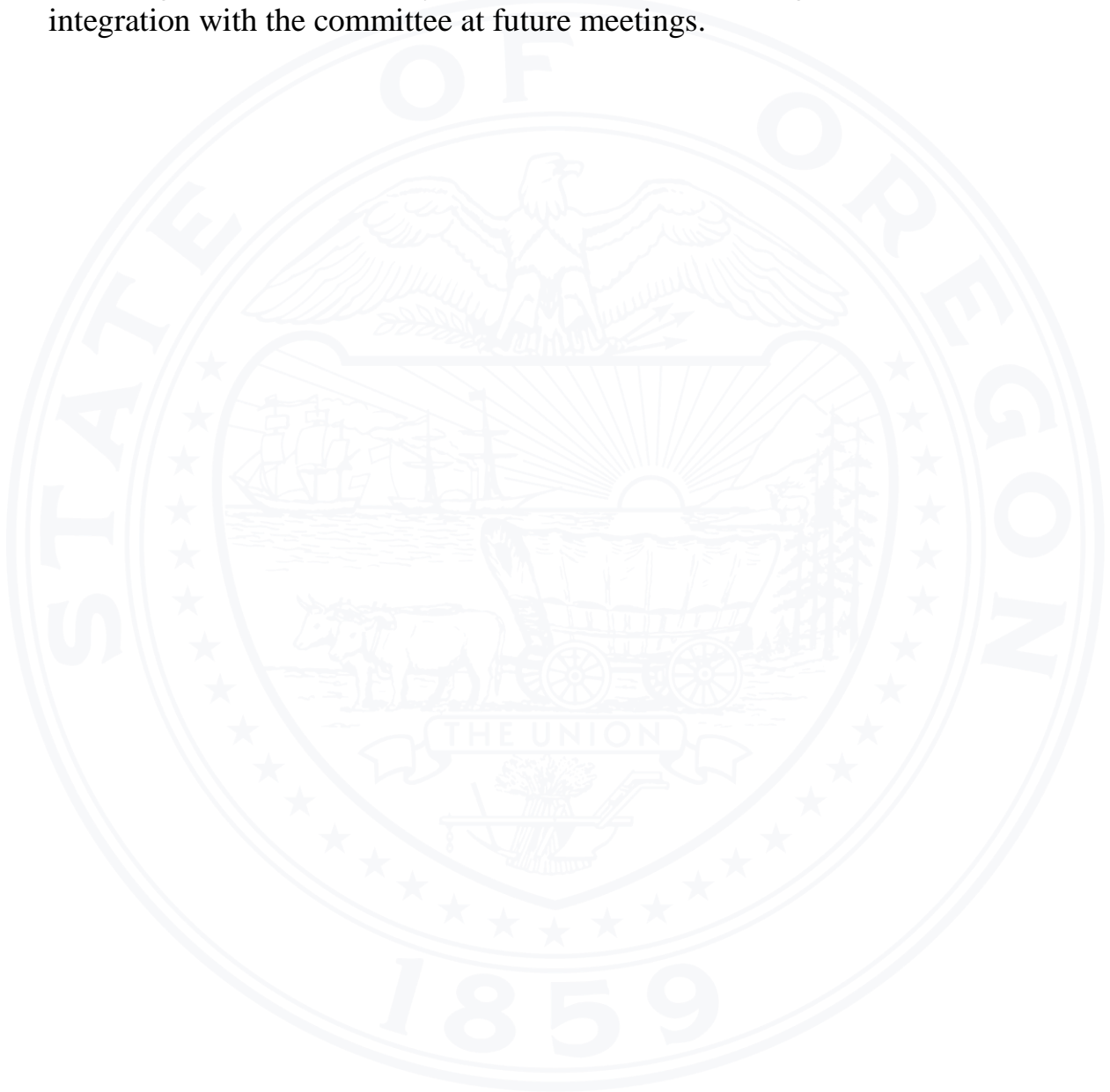
- More youth in permanent or long term placements, caregivers are experiencing increased sense of support, youth are less likely to be engaged in self-harm, harm to others or delinquent behaviors, and overall, youth are experiencing some improvement fairly quickly after entry into SOCWI.
- “Progress Review” measures progress with use of the BERS tool
 - Percent of youth with long term living arrangement or permanency
 - Percent of youth with adequate or excellent natural supports
 - Percent youth with injury or risk of injury within in the past 30 days
 - Percent youth with risk to others or injury to others within the past 30 days
 - Percent of youth with delinquent behavior in the last 30 days

In 2017, OHA will implement a new reporting and analytics system “eCANS” that will utilize the Child and Adolescent Needs and Strengths (CANS) tool to measure

outcomes across Wraparound and children’s intensive behavioral health services. The CANS is already utilized in the Wraparound process. eCANS will allow for real time analytics and reporting on youth outcomes at the individual, provider and CCO levels.

At this point in the hearing, the Subcommittee engaged in a robust discussion about behavioral health services, what is aspired for a behavioral health system versus the reality of very difficult crisis cases, and individuals with complex conditions not able to receive primary care, let alone specialty care. The discussion also touched on non-Medicaid versus Medicaid and the delivery of services through CCOs and counties.

The Oregon Health Authority looks forward to discussing behavioral health integration with the committee at future meetings.





Statewide Children's Wraparound Initiative Biennial Legislative Report

January 2017

Prepared by



For the
The Oregon Legislature

Table of Contents

Executive Summary..... 3

Introduction..... 4

Training and the Wraparound practice model within a System of Care 4

Project site implementation—through CCOs 5

Governance and accountability..... 6

Cultural competence in a family- and youth-driven model 7

Costs of full implementation 8

Youth and family outcomes..... 8

Recommendations..... 10

Success story..... 11

Summary..... 12



Executive Summary

This Statewide Children’s Wraparound Initiative (SCWI) report fulfills the requirement in ORS 418.985 (4). That statute requires the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA), in consultation with the Advisory Committee, to report biennially to the Governor and the Legislature on progress toward implementing the Statewide Children’s Wraparound Initiative.

The focal point of SCWI has been to bring Wraparound, an evidence-based practice and team-based intensive care coordination model, to youth with the highest levels of need and their families. The SCWI model uses a creative and collaborative process to develop a flexible, coordinated and individualized plan of services and supports, in a culturally responsive manner, aimed at meeting each young person’s needs and building upon their strengths.

SCWI was launched at three demonstration sites in July 2010 and accomplished a transformation across youth mental health services, achieving goals consistent with the Triple Aim.

In 2014, the System of Care Wraparound Initiative (SOCWI) expansion increased access to Wraparound to 13 of the 15 Coordinated Care Organization (CCO) regions. SOCWI continued to create a child-serving system where system partners collaborate at the community level and change the way youths’ care planning for intensive needs is coordinated and delivered.

In January 2017, SOCWI will be available statewide as each of the 15 CCOs will be funded and supported with technical assistance, training and consultation by OHA and through OHA’s contracted partners.

There continues to be a compelling need, however, for state-level decision makers from Oregon Health Authority, Oregon Youth Authority, Department of Human Services and Oregon Department of Education to develop shared governance and funding of this business model for continued sustainability. Communities have created local System of Care governance structures to support Wraparound practice, address barriers at the local level and address the needs of youth and families within their community.

Introduction

House Bill 2144, passed in 2009, created the Statewide Children’s Wraparound Initiative (SCWI). The initiative has delivered better outcomes at lower cost by supporting the integration and reorganization of state health care services and has provided a foundation supportive of health system transformation. The statute identifies Oregon’s Department of Human Services, Health Authority, Department of Education and Youth Authority as partners in implementation.

The Legislature in 2013 authorized funding to support an increase of HB 2144's initial demonstration sites. This funding expanded Wraparound services and supports and further developed a System of Care¹ (SOC) in Oregon.

Systems of Care philosophy and Wraparound share key core values and principles:

- Family- and youth-driven care;
- Community-based infrastructure;
- Individualized services and supports; and
- Culturally and linguistically responsive agencies, programs and services in a system based on measurable outcomes.

Training and the Wraparound practice model within a System of Care

Fidelity, or an ability to replicate the model to a standard, is critical in achieving the desired outcomes of any evidence-based practice. Fidelity of the initial demonstration sites was measured in early 2012 through the Wraparound Fidelity Index. In the current System of Care implementation under expansion through the CCOs, fidelity is being measured using the WFI-EZ, a condensed and more easily administered tool, and by the Team Observation Measure (TOM), which evaluates the functioning and process of a Child and Family Team, the core vehicle for Wraparound implementation. Both tools are available through the National Wraparound Initiative,² a research center which provides the field with resources and guidance that facilitate high quality and consistent Wraparound implementation. An assessment tool to evaluate the sites’ implementation of Oregon best practice guidelines has been distributed to each regional/local System of Care, as coordinated by CCOs, and is guiding “self-evaluation” in each CCO region. Portland State University (PSU), a contracted partner of OHA, has been instrumental in guiding communities through this evaluation process, which incorporates

¹ A System of Care is a spectrum of effective, community-based services and supports for youth, with or at risk of serious challenges, and their families. System of Care is a philosophy that guides delivery of services and supports within an established infrastructure. It is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses the cultural and linguistic needs of families in order to help them to function in all life domains.

² <http://nwi.pdx.edu/mission-of-the-nwi/>

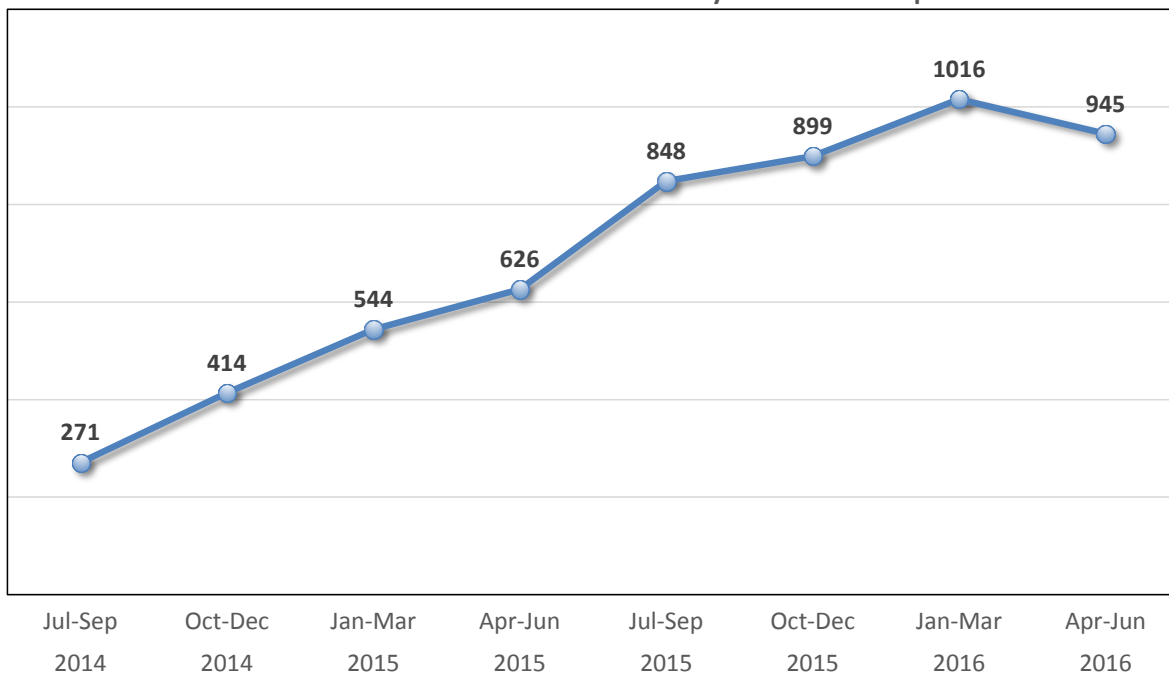
feedback from all system partners, families and youth. This assessment identifies areas of strength and targets areas for further development in the local System of Care.

Project site implementation—through CCOs

Currently, youth must be eligible for the Oregon Health Plan (Medicaid) and be enrolled with a CCO to be served within the Wraparound initiative. Each CCO has set its own criteria for the youth it enrolls in the Wraparound process, based upon minimum standards set by OHA. Several CCOs include youth served in the juvenile justice system, youth served by DHS – Intellectual and Developmental Disabilities and Child Welfare, youth receiving special education services, youth who are medically fragile and youth with intensive behavioral health needs. Some Wraparound programs and CCOs make Wraparound the model of care for *all* youth served who have intensive behavioral health needs and are involved in multiple systems.

CCOs are required to integrate behavioral health and primary care for their members. The SOCWI initiative provides impetus to streamline and better deliver integrated services to youth and families. Innovations and regional approaches to inclusive care delivery are beginning to take place. Family and youth voice informs the process under the SOCWI model, and strengthens and promotes family-driven care.

System of Care Wraparound Initiative:
Total number of clients served by calendar quarter



Data source: Children's Progress Review System (CPRS), 11/9/2016

From 2014 through 2016, the number of youths served in SOCWI increased steadily, doubling in the first nine months and again over the next 12 months, as illustrated in the chart above. Currently, over 1,535 youth are being served by 13 CCOs under the SOCWI expansion. The remaining two CCOs are planning to launch the SOCWI model by January 1, 2017.

Governance and accountability

The OHA Health Systems Division (HSD) provides leadership and support for SOCWI. State site leads provide collaboration, direct support and technical assistance to each demonstration site. Four HSD child and family behavioral health staff positions are dedicated to work directly with the sites or CCO regions to assist them in their efforts to establish a System of Care, with consultants from the PSU Systems of Care Institute, and OHA-contracted Oregon Family Support Network (family run organization) and Youth Move Oregon (youth run organization) personnel also assigned to each site.

Accountability is enhanced through engagement³ of youth and families served, who have a critical role in shaping policy and practice in their communities through their membership on, and involvement with, committees within the System of Care governance structure. Families and youth have increasing roles in policy and oversight. The Health Systems Division, in partnership with Oregon Family Support Network and Youth M.O.V.E. Oregon, expanded capacity for family and youth peer support. This has been a particular focus in the SOCWI expansion and is critical to the establishment of a System of Care statewide.

System partners in the child welfare and children's mental health disciplines value a System of Care and Wraparound model. Other systems such as county juvenile justice, Oregon Youth Authority (OYA) and educational service districts are increasingly requesting Wraparound and Systems of Care approaches to assist the youth and young adults in their respective systems who struggle with behavioral health challenges and are involved in multiple systems.

Governance structure

Community-based implementation is inherent in this model. Coordinated local and state-level guidance and leadership are critical for system change. An advisory committee required by statute includes representation from the statutory partner agencies, stakeholders, youth and families, and Wraparound providers. In September 2016, Health Systems Division and Health Analytics provided a report on the progress in implementing this initiative. The Wraparound Advisory body currently sits within the Children's System Advisory Committee (CSAC). HSD is currently addressing the need to fully integrate the Wraparound Advisory Committee into a

³ <http://www.nwi.pdx.edu/NWI-book/Chapters/SECTION-4.pdf>

state System of Care governing body to ensure that the needs of local System of Care governance structures are met.

System of Care (SOC) is a system-level collaborative framework that creates the needed structure at the agency level to implement comprehensive and effective programs.

Wraparound is a *planning process* that puts SOC into operation in the community where it touches the people who need it most. Creating a clear understanding of SOC framework provides the structure for related initiatives (e.g., SB 964 (2011): Strengthening, Preserving and Reunifying Families; Early Learning Hubs) to thrive and intersect with SOC efforts.

State agency collaboration is a critical Wraparound and System of Care component. Legislation in 2009 identified DHS Child Welfare and OHA Addictions and Mental Health as lead agencies in implementation of this initiative. As work proceeds under the SOCWI expansion, other system partners will need to be more fully engaged in addressing barriers to implementation, coordinating services and supports across systems and solving systemic barriers.

State executive-level oversight and funding commitments from child-serving systems are critical to ongoing development, supporting local communities in providing and creating services and supports based on child and family needs – not on funding or agency parameters. Additionally, multi-system financial contribution will improve commitment to System of Care principles and values. Creating multi-agency, state-level oversight will set the standard for Oregon’s System of Care.

Cultural competence in a family- and youth-driven model

Strategies to develop and support cultural and linguistic competency are inherent to high fidelity Wraparound. Among the strategies being used to develop and support cultural and linguistic competency through Wraparound are family involvement and peer support. A fundamental principle of Systems of Care and Wraparound is that family and youth drive their plan's services and supports. Child-serving systems must be able to hear and act on solutions created by youth and their families. These solutions or interventions respond to identified strengths and needs.

The use of youth- and family-driven care is growing in Oregon, as are peer support services. Wraparound programs have hired family and youth support partners as peers. Peer Support Specialists who are Wraparound Family Partners are family members with personal experience with children who are or were involved with multiple systems. Wraparound Youth Partners are young adults who have lived experience who support youth who are being served within Wraparound. Peer support is a way to engage and retain families and youth in the creation of

their own plans and is associated with more positive outcomes. Peer Support Specialists have completed training and are certified by the state and participate on Wraparound teams.

Creating additional natural supports is a cornerstone of effective Wraparound models. A family's natural supports might be an individual or organizations in the family's community; kinship; and social or spiritual networks including friends, extended family members, ministers, neighbors and others of significance to the family. Although natural supports are not always readily available, they can be critical to a family's ability to move forward and sustain gains when Wraparound services and supports are no longer formally required or needed. A natural support person can offer a distinctly non-professional perspective as a member of the child and family team.

Costs of full implementation

Systems of Care provide cost savings over time⁴. This is primarily accomplished by meeting the needs of youth with complex behavioral health challenges in their own community, and by decreasing reliance on institutional care. A System of Care approach provides a sustainable governance structure, increased effectiveness of available funding, and solutions that are individualized to the youth and family. Initial investments to hire care coordinators and shift an existing system may be higher than maintaining a local system that is appropriately responding to young people and their families. Nationally, existing System of Care sites have demonstrated the cost benefit of preventing incarceration, educational or psychiatric placements, and other expensive services.

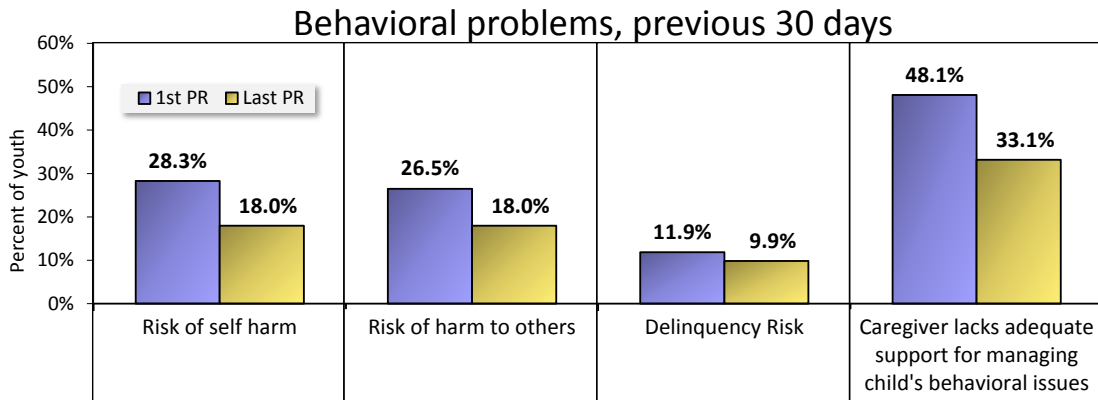
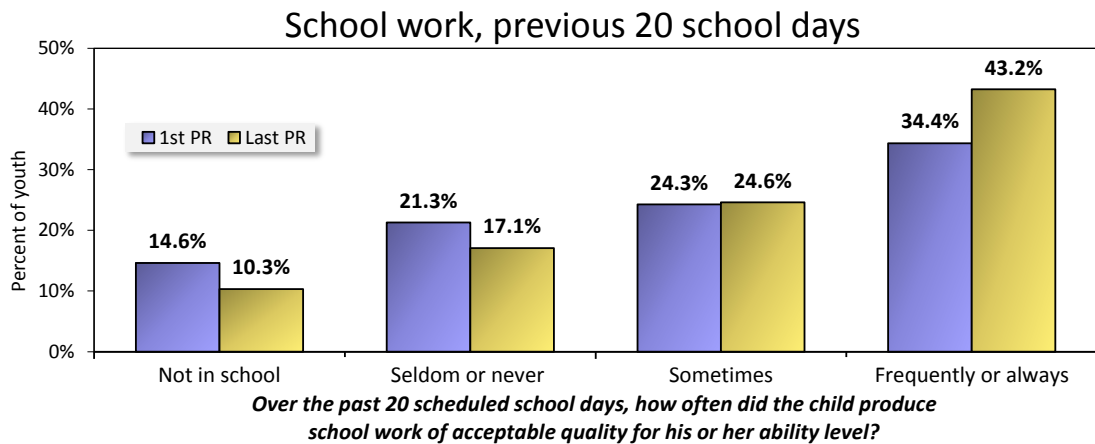
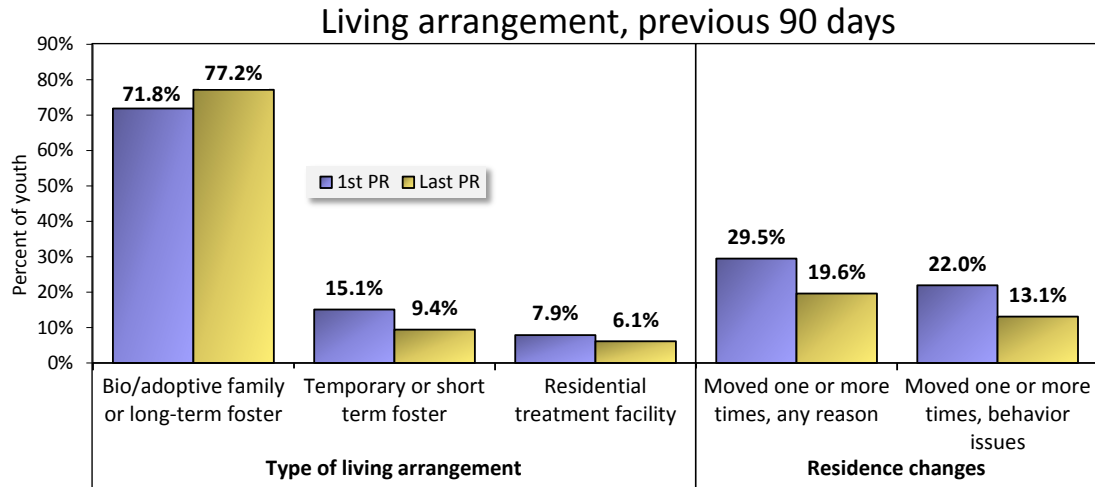
Youth and family outcomes

The state created a quantitative data measurement system to support implementation of Wraparound and drive the developing System of Care. The Children's Progress Review System (CPRS), a web portal, was created to collect and house information from the individual child and family team. The Progress Review measures a youth's progress on indicators of improved stability and mental health, monitoring progress of the young person to reach three key goals: to be at home, in school, and to stay out of trouble. The indicators include residential stability, academic performance, risk of harm to self and others, risk or history of running away, risk or history of delinquency, substance use, availability of caregiver supports, the caregiver's estimate of the child's progress, and ratings from the Behavioral and Emotional Rating Scale-Second Edition (BERS-2), which measures the behavioral and emotional strengths of youth.

⁴ Stroul, B., Pires, S., Boyce, S., Krivelyova, A., & Walrath, C. (2014). *Return on investment in systems of care for youth with behavioral health challenges*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Youth's Mental Health.

The charts below summarize progress of 902 Wraparound participants comparing their first and last Progress Reviews reported in CPRS.

SYSTEM OF CARE WRAPAROUND - First and last Progress Review reports, 7/1/2014 to 6/30/2016, separated by 60 days or more - 902 youth age 0-18 years



Data source: Children's Progress Review System (CPRS), 11/9/2016

These data confirm the benefits of statewide expansion of the Wraparound planning process for these youth and their families. Experience has shown that as SCWI matures, the outcomes continue to improve.

A guiding phrase for the goals of SCWI has been, “at home, in school and out of trouble.” The data reflect that these goals are being met. After entry into SCWI, more youth are in permanent living arrangements, and fewer are in short-term care or residential treatment. Youth show the ability, after entry into SCWI, to produce acceptable schoolwork for their ability level, risk for injurious behaviors to self and others drops, and caregivers garner more support for meeting the challenges of parenting/caregiving these youth. Having a coordinated team, with relevant supports and services being provided, produces better outcomes. Teams are using the Child and Adolescent Needs and Strengths (CANS) tool to specify and target the focus of care for youth in SCWI. The CANS leverages use of individual and family strengths to assist in overcoming barriers to addressing needs driving challenging behaviors.

The CANS tool offers specific parameters for assessing both the strengths, and needs, of youth and their families. It is considered a best practice by national researchers. The (CANS) tool fully assesses the youth served and their families, and assists in designing a Wraparound plan of care which will meet the identified needs and build upon the identified strengths.

Oregon is moving toward and expects to transition to full usage of the CANS, supported by a statewide reporting and analytics web-based data system, and to retire the previously used CPRS system in 2017. CPRS was developed for use in the initial phases of SCWI, and did not offer the scope inherent in the CANS tool. The CANS data system, a statewide portal that will be accessed securely and readily, is being developed to measure outcomes across Wraparound and the children’s intensive behavioral health service system.

Recommendations

- Continue expanding resources for youth and family peer support, which are a key driver of this initiative. Youth and families are a critical voice at all levels of a System of Care.
- Establish a state SOC Steering Committee to address and remove barriers to SOC development and address and remove barriers to effective Wraparound practice.
- Create state agency collaboration at the executive level, already proposed by Governor Brown in her recommended budget through formation of a Children’s Leadership Council. The Council may provide oversight and effective financial support across systems, which is critical for a functional and thriving System of Care in Oregon

Success story

The following story, from Trillium CCO, illustrates how the Wraparound model helped one Oregon family:

The offer of Wraparound came to us at a troubled time. Our child was having a very hard time dealing with how their emotions were affecting them and they were becoming verbally and sometimes physically violent. Their therapist recommended a residency concept and they were admitted briefly for a crisis stay, but we found that the facility was not able to adequately care for their Type 1 Diabetes. As the facility could not comply with adequate training and/or nursing, we found ourselves at a loss as to how to proceed.

An employee of our Coordinated Care Organization (CCO) came to a meeting with all of us and explained that there were no other placement options and not much chance of future compliance within the current program. As an alternative, she presented the Wraparound Program as an option to help our child, and us, to get the help and support needed to get through our time of crisis. We agreed. From our very first meeting we felt a very positive “vibe” from all Wraparound staff. We found ourselves anxious and unsure at first. We were in crisis and wondering if this new approach was going to work. The positivity of the team helped us build ourselves back up while empowering our child to grab hold of their life and mold it in a way they could cope.

The creation of our Wraparound team was ultimately the thing that helped us all the most. Wraparound staff and our local school district staff gave us their full support from start to finish. The feeling that we were supported by a team of people we respected who validated our feelings, our plans, and our successes was invaluable to us as we transitioned through difficult stages in our child's healing. It was certainly difficult at times, as we did experience very extreme changes and difficult phases that I would rather not relive. The most difficult was our child's diagnosis with Bipolar Disorder. Our child was very upset about this diagnosis but at the same time, we finally knew what it was we were fighting. Again, the support was invaluable.

During the hard times, our Wraparound team members helped take some of the burden that accrues when dealing with a struggling child and also trying to work and provide a stable home. Such simple things they did made things immensely easier for us. What I appreciated most about the Wraparound process was the accountability. We felt that all members of the team helped keep themselves, us, and the district accountable for following through on necessary action items. The thorough communication and clarification monitored by the Wraparound Care

Coordinator presented a clear course of action that is undeniable. The Wraparound plan kept everything on track and left little to be forgotten or laid aside. This also empowered us as a family, since with the input of the team we knew what was and was not possible or feasible as a solution to a given problem or concern.

So now, two years later, we are mentally and emotionally healthier than we have been in the last four or five years. Though our child is still dealing with anxiety and the roller coaster of Bipolar Disorder, we now know what is happening instead of wondering. We feel empowered to keep up the fight; we have seen our child achieve many successes, and now see hope on their face where once we saw only fear and doubt. The Wraparound process has undoubtedly made a big impact on our family. Though we have always been close, Wraparound brought us together as a family and taught us to communicate better with each other and come together in times of need. Wraparound taught us to set aside our own doubts and fears to more clearly see that we were doing the right thing all along and will strengthen us into the future with a stronger sense of purpose and vision.

We chose to close our Wraparound process at our last team meeting because we feel our goal has been accomplished. Without placement options, Wraparound provided us the tools, support, and a chance to help our child in our care through their time of crisis. We all move forward now together, to support our child as they move into their sophomore year of high school. We are confident in our ability to adapt to new circumstances and help them move into the future.

Summary

Wraparound has significantly improved care coordination across child serving systems in Oregon and has deepened agency, stakeholder and community collaboration focused on youth with complex needs. Oregon has met its legislative goal to expand Wraparound statewide. Through the expansion, we continue to realize cost savings and improved outcomes for families and youth. The Oregon Health Authority is committed to ensuring high fidelity delivery of the Wraparound model and will continue to partner with Coordinated Care Organizations and local communities to provide access to Wraparound intensive care coordination. Sustaining and continuing to build local System of Care structures will support and strengthen Wraparound practice. Systems of Care provide an organizational infrastructure for communities as they partner and collaborate to meet the intensive needs of youth and their families with multiple system involvement.