Systems of Care and High Fidelity Wraparound:

The Journey to Implement an Evidence-based Practice Model in Virginia

Annual Statewide CSA Conference

Wednesday, May 1, 2019

Systems of Care & High Fidelity Wraparound

- DBHDS awarded a SAMHSA System of Care (SOC) Expansion & Sustainability Grant

- Project Period is 4 years: 9/30/16-9/29/20

- Grant builds on the successes of the 2011 SOC Planning Grant and the 2012-2016 SOC Implementation Grant

- The focus of the grant is to expand the SOC philosophy statewide through the use of the evidence based care coordination process of High Fidelity Wraparound (HFW).

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Target Population

- Youth with SED through age 21

- MH challenge diagnosable under the DSM

- Complex MH or BH needs served by one or more child serving system

- Each SOC Regional Expansion Center is targeting a percentage of youth in the DJJ system to serve with HFW

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Systems of Care & High Fidelity Wraparound

Goal 1: Develop Community-based Services/Supports

Strategy 1: Regional SOC Expansion Centers

- Awards to both public and private organizations in all 5 regions of the state to provide care coordination through HFW

Strategy 2: Peer Services

- Contracts signed with previous SOC jurisdictions to pilot the use of Family Support Partners in conjunction with services other than High Fidelity Wraparound; these sites will also continue to provide HFW through CSA funding

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Goal 2: Behavioral Health Workforce Development

- Wraparound Center of Excellence at the VA Office of Children's Services provides all HFW and FSP training

- Partnering with the University of Pittsburgh Youth & Family Training Institute to provide HFW/FSP Coach credentialing training.

- Partner with the Virginia Tech Richmond Center to provide children's behavioral health workforce development opportunities statewide.

Goal 3: Quality Improvement/Outcomes Data

- All local sites reporting the following SAMHSA required data: infrastructure and performance data, National Outcomes Measures, Children's Mental Health Initiative Evaluation data

- Also collecting and reporting Child and Adolescent Needs and Strengths Data, Wraparound Fidelity Index Data

- Contracting with the University of Washington Wraparound Evaluation and Research Team to develop HFW Outcomes and Evaluation Plan

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Significant Achievements

- Surpassed service goal last year and on target this year

- System of Care Expansion Advisory Team's vision is to expand Family Driven Care statewide

- State Family Lead (Cristy Corbin) recently hired at UMFS to lead family voice and choice at the state level

- Number of HFW Credentialed Coaches increasing

- Virginia is a lead state for the implementation of the Open Table Model

- System of Care Logo created and launched System of Care website in March

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# Systems of Care & High Fidelity Wraparound

Anticipated Milestones

- Developing HFW Strategic Analysis & Evaluation Plan
- Release of RFP this year for the Wraparound Implementation Center
- Plan to pilot HFW in one or more Medicaid MCOs

Challenges

- Need for HFW outcomes data
- Data collection, especially beyond baseline
- Need to serve more youth from disparate populations
- Need for diverse workforce
- Federal timelines for access to grant funding and state procurement laws do not align therefore creating delays in services and supports
- Youth involvement in workforce (YSPs) & advisory/policy work

Systems of Care
Regions 1,4,5
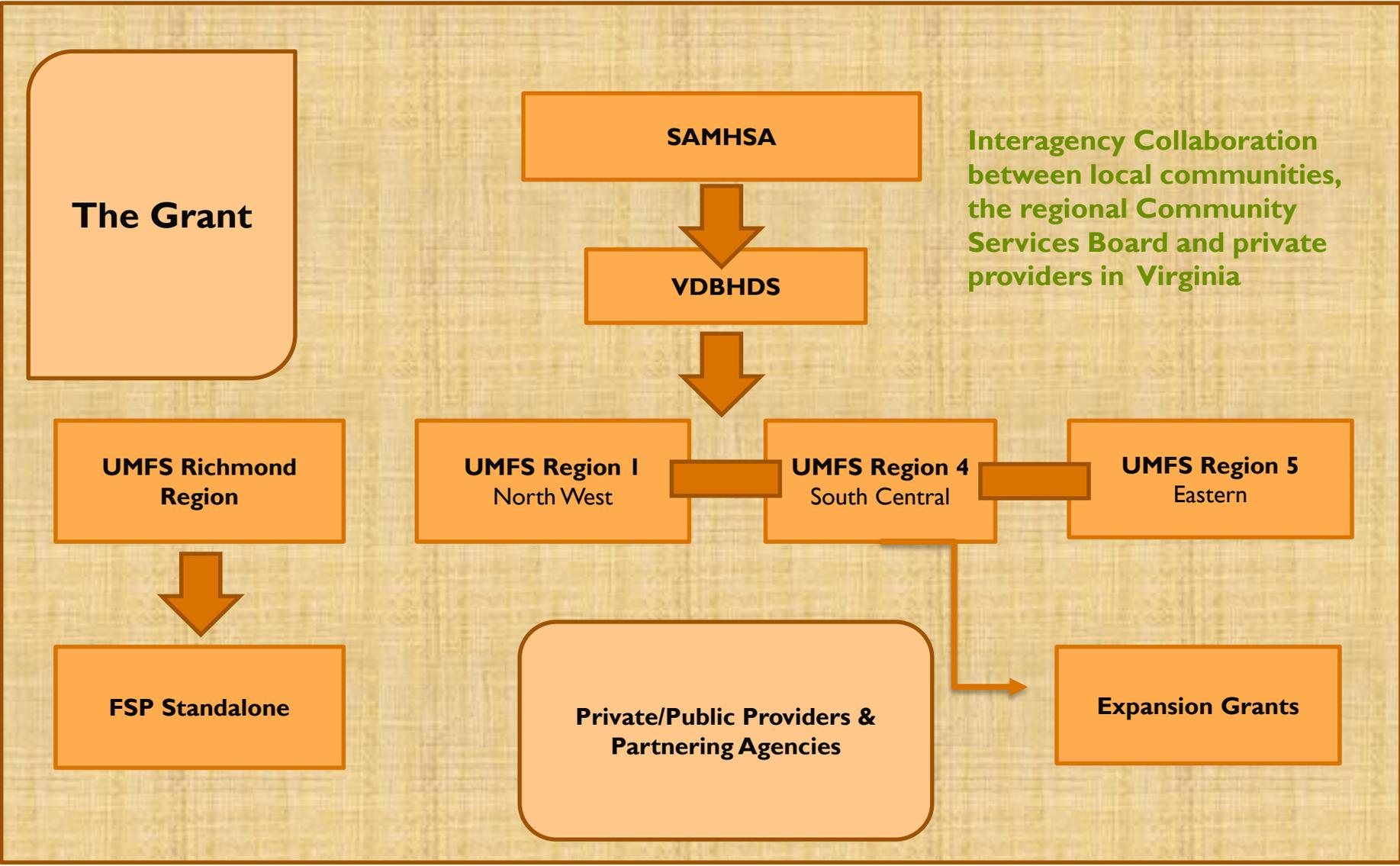
Celebrations

- Increased capacity for ICC

- YouthMOVE group was created & is running in Richmond, 3 more regional groups are in the works in the new grant regions

- 2 Credentialed ICC Coaches already & 2 more in the process currently; 1 Credentialed FSP Coach

- Parents were able to attend CSA Conferences & National Wraparound Conferences

- Open Table initiative to build on Natural Supports in in Richmond, South Central, & Eastern Regions

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UMFS

More Celebrations

- Culture of how we engage families is changing
- FSPs are seen as professionals
- Family Voice is included in decision-making teams (Steering Committee, local SOC teams, FAPT, planning and executing local community events)
- Families feel like they are part of the movement
- UMFS currently employs more than 20 FSPs throughout the state

Opportunities for Growth

- Workforce- difficulty with hiring PRN ICC & FSP

- Turnover within partnering localities- continuous need to gain buy-in

- Staff who carry more than just ICC families struggle to balance demands/change hats/fidelity

- Fidelity concerns

- Data gathering (re-assessments)

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UMFS

Family Voice

"For many years, going through everything with our kids, we felt alone. But now with ICC and FSP involved we don't feel alone anymore."

– Dinwiddie Family

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UMFS

NOTHING ABOUT US WITHOUT US

EMPOWERING FAMILIES TO BRING SYSTEMS OF CARE TO SCALE IN FAIRFAX-FALLS CHURCH

HEALTHY MINDS FAIRFAX
CHILDREN'S BEHAVIORAL HEALTH BLUEPRINT

▶ Continuum from prevention to intensive intervention

▶ Identifies goals, strategies, actions steps, and metrics

▶ Four year plan: 2016-2019

▶ Developed by a 30 person stakeholder group that included representatives of NAMI Northern Virginia, the Autism Society of Northern Virginia, and CPMT parent representatives

HISTORY OF SYSTEM OF CARE DEVELOPMENT

- 2006: System of Care reform undertaken by the CPMT to address the difficulty in meeting the needs of youth and families with the most complex issues and highest risk factors

- Leland House, a short-term crisis stabilization program, was created as an alternative to long-term residential interventions

- CPMT initiated intensive care coordination with a High Fidelity Wraparound model in 2010 to enhance community-based services for youth with complex issues and high risk factors, and their families

INTENSIVE CARE COORDINATION

- Implemented in 2010

- Intended for youth at risk for residential or transitioning out of residential

- Based on principles of High Fidelity Wraparound

- Designed to facilitate collaborative relationships among youth, his/her family, natural supports, and child-serving agencies to support families to meet their needs

- In 2014 implemented the use of Family Support Partners with HFW through a DBHDS/SAMHSA grant

ICC Outcomes
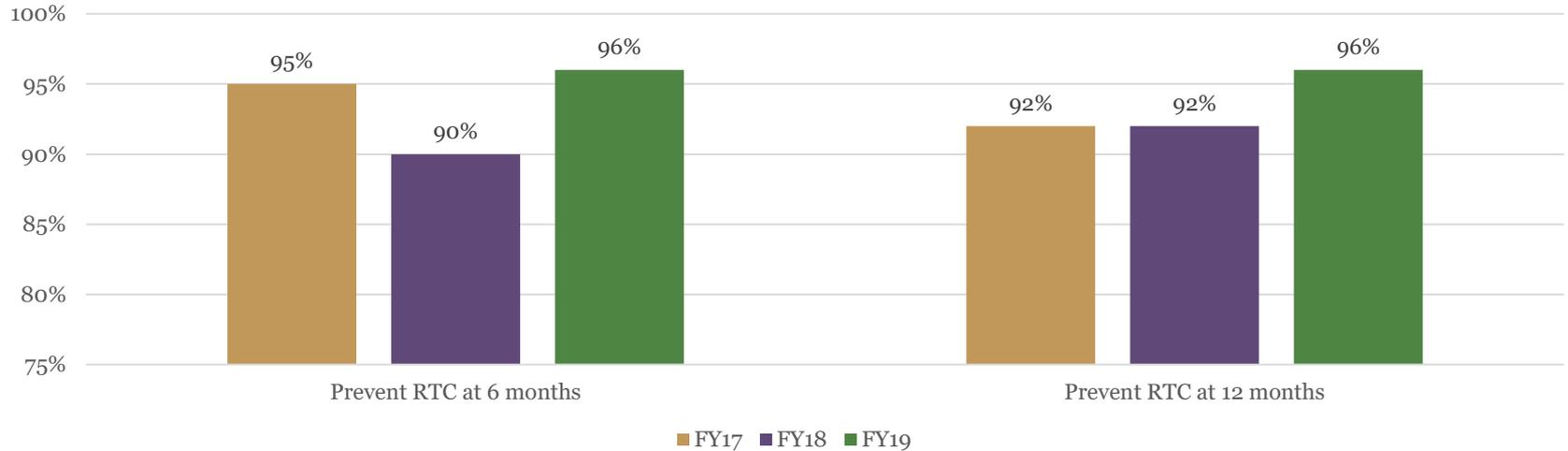
ICC Outcomes (%)	FY17	FY18	FY19
Prevent RTC at 6 months	95%	90%	96%
Prevent RTC at 12 months	92%	92%	96%
Number of children - 6 months	128	87	79
Number of children - 12 months	115	100	64

FAMILY SUPPORT PARTNERS

- Support Partners have been provided to families who are participating in high fidelity wraparound through ICC.

- Beginning in July 2015, Support Partners have been offered to families participating in CSA multi-disciplinary teams and in 2017 all families of children and youth with behavioral health issues became eligible for family support partners.

- Provider is NAMI Northern Virginia

- Support Partners can be linked with parents, youth, extended family, or fictive kin. Selection Criteria:
  - Difficulty engaging in the wraparound process
  - CANS scores on the Planned Permanency Caregiver Domain

PROJECT STRENGTHS

- Inter-agency sponsorship

- Partnership with NAMI Northern Virginia (NOVA)

- NAMI-NOVA involvement in SOC policy & management

- Existing public and private HFW providers

- CSA funding to sustain project services

- Family involvement in project planning & oversight

- State provides training for HFW facilitators and FSPs

- County support for system of care approach

PROJECT CHALLENGES

- Developing a business model that supports provision of FSP services through fee-for-service by a local family organization

- Lack of Medicaid coverage for HFW and FSP services

- Provision of FSP services and HFW by different agencies creates coordination challenges

- Convincing public agency case managers of HFW & FSP value

- Convincing families of HFW & FSP value

- Addressing the needs of families from diverse cultural backgrounds and limited English proficiency

- Efficiently serving a large geographical area

What a CSA Coordinator Should Consider in Implementing ICC/HFW

- The ICC/HFW provider staff need to clearly understand the process of accessing services through CSA.

- Your CSA processes may need to be revised to allow for some flexibility in accessing services and supports through ICC/HFW.

- Access to flex funds to meet specific needs is important; CSA can fund this. Important to have clear rules.

- While in ICC/HFW the primary team-based service planning process becomes the HFW child and family team.

- Develop a FAPT consensus on when it is appropriate to make referrals. Don't wait until the family or others are seeking residential.

Considerations When Deciding to Become an ICC/HFW Provider

- ICC/HFW staff need a strong knowledge of local services and supports and how to access them.

- They need a strong knowledge of how to access services through CSA and Medicaid.

- HFW care coordinators need specialized HFW training and coaching.

- Consult with experienced HFW providers in developing a hiring process for HFW coordinators. They need to be adaptable, have meeting facilitation skills, can delegate, can lead groups, can manage conflict, flexible approach, can hold people accountable.

- Demand data on populations to be served and anticipated number of referrals. Is sufficient CSA funding available?

- ICC/HFW needs to be clearly explained to families by their case managers and others so they can engage.

- A family support partner can be very helpful to families in getting the most out of ICC/HFW and can be paid for through CSA.

- Help families understand that HFW is a process through which plans are developed and services accessed, not a service itself. The monthly child and family team meetings are a great help in keeping everyone working together and responding to changing needs.

- Case managers need to be trained on ICC/HFW.
- Case managers need to participate in HFW child and family teams.
- Determine what populations of children and youth will have access to ICC/HFW, collect data on possible volume of referrals and share with potential providers.
- Will child welfare access HFW/ICC?
- If ICC/HFW is to be funded through CSA, consider exempting it from CSA parental co-pay (although not service purchased). It can be difficult to get parents to pay for a panning process.

Systems of Care Evaluation & Data

Goal 3: Quality Improvement/Outcomes Data

- All local sites reporting the following SAMHSA required data: infrastructure and performance data, National Outcomes Measures, Children's Mental Health Initiative Evaluation data

- Also collecting and reporting Child and Adolescent Needs and Strengths Data, Wraparound Fidelity Index Data

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Grant Data Sources

Assessment	Compliance Procedure
IPP (PC1, PD1, WD2, WD5)	• Outcome data reported from all sites on quarterly basis • Data is compiled into a report template and submitted into SPARS • Other data captured on quarterly reports: Workforce capacity, youth/family engagement
NOMS	• Creation of internal tracking system with baseline, reassessment and clinical discharge data. Dates are cross-referenced with reassessment alerts on SPARS. • Grant sites with approaching reassessment windows are notified via email monthly 1-2 weeks prior. • Regular tracking of reassessment/service goals numbers using TPR report (NOMS only) to show overall service and reassessment grant progress.
CANS	• Received each quarter from localities with progress reports • Data is compiled into one excel for collaboration with WERT on data analysis
WFI-EZ	• Development of Protocol by SOC E&D Coordinator • Regular data checks in WrapTrack currently consists of monitoring which localities are entering data. The SOC E&D Coordinator continues to provide TA to localities in terms of user set-up, data entry etc. • Collaboration with WERT on Data analysis

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Demographics

Description	Percent (FSP Pilot)	Percent (HFW Expansion)
Gender		
Female	38%	38%
Male	**60%**	**62%**
Other	1%	
Transgender	1%	
Age Group		
Birth to 4 years	3%	1%
5 to 9 years old	**26%**	9%
10 to 12 years	18%	21%
13 to 15 years	25%	**39%**
16 to 25 years	**28%**	**30%**
Race/Ethnicity		
American Indian	0.5%	1%
Asian	2%	
Black	**30%**	**23%**
Hispanic	15%	3%
Native Hawaiian	0.50%	
Two or more races	10%	16%
White	**42%**	

Baseline data (2016-2019) collected in the National Outcomes Measures (NOMS) Survey

Baseline Overview: Housing

	Percent (FSP Pilot)	Percent (HFW Expansion)
Number of times arrested		
0 times	**98%**	**97%**
1 time	2%	3%
Number of nights spent in jail		
0 nights	**98%**	**97%**
5-10 nights	1%	1%
Greater than 10 nights	1%	2%
Number of nights spent in detox		
0 nights	**99%**	**97%**
5-10 nights	0%	1%
Greater than 10 nights	1%	2%
Number of nights spent in hospital for mental health		
0- 10 nights	**94%**	**83%**
Greater than 10 nights	6%	17%
Number of night homeless		
0 nights	**99%**	**100%**
30 nights	1%	

Baseline data (2016-2019) collected in the National Outcomes Measures (NOMS) Survey

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Baseline Overview: Functioning
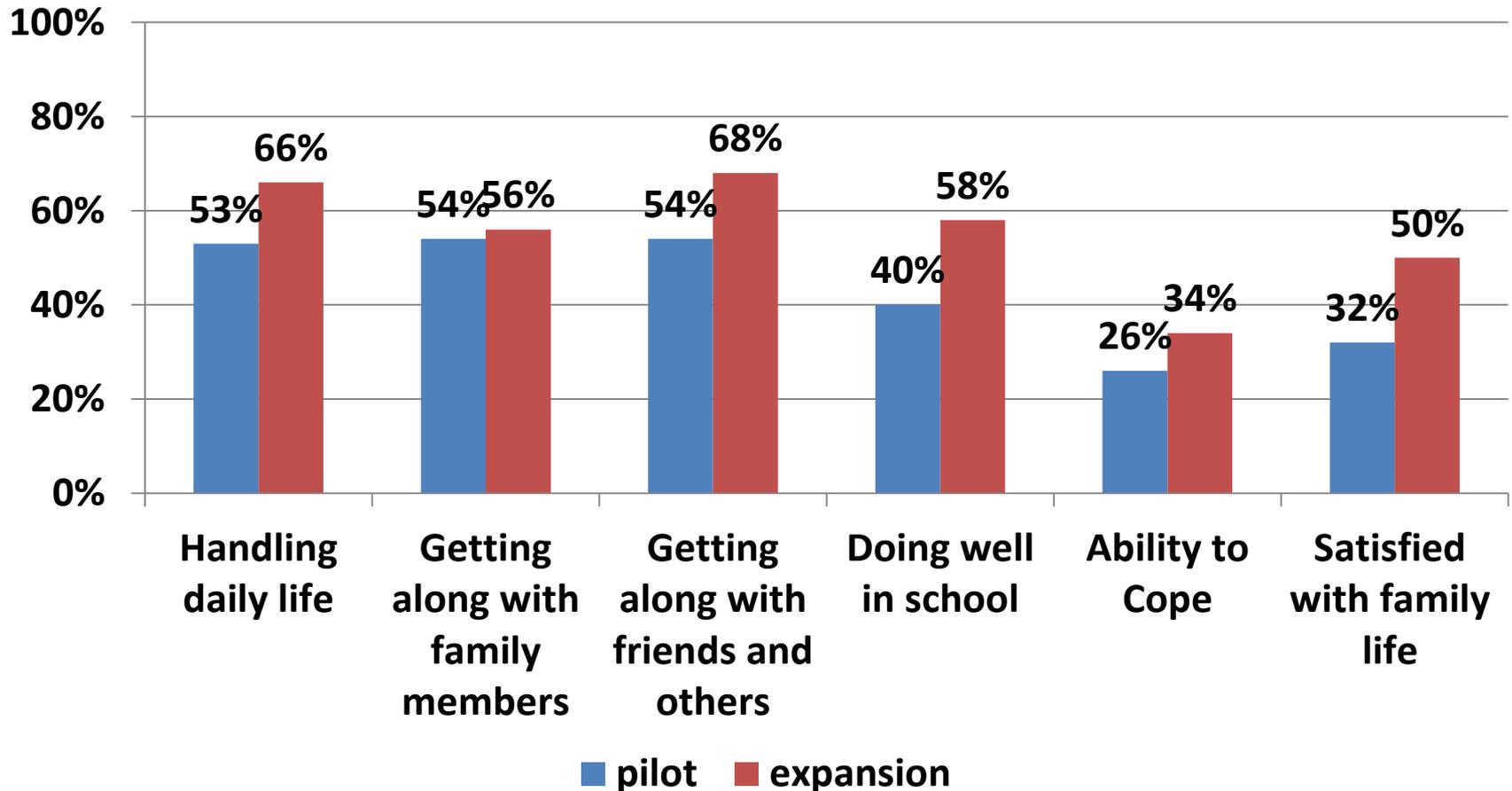
Baseline data (2016-2019) collected in the National Outcomes Measures (NOMS) Survey

Preliminary Data Themes

- Slight majority of services provided to males
- Services appear to be geared toward youth in middle and high school
- Most youth/caregivers report good overall health at baseline.
- At baseline, most youth
  - Were not involved with DJJ/criminal justice
  - Did not spend the night in detox facility
  - Did not spend nights homeless
  - Did not spend the night in a hospital mental health facility
- Ability to cope and satisfaction with family life were the two areas where youth/caregivers felt they had issues with functioning;
  - however, youth/caregivers from both site types felt that generally got along with family, friends and others

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Evaluation

- Biannual review of locality strategic plans
  - Monitoring of locality progress towards service and sustainability
- IPP progress reports
  - Review of workforce training that promotes sustainability and skill building
- Technical Assistance with the Wraparound Evaluation Implementation Center (WERT)
  - Data Analysis
  - Overall grant evaluation efforts

Data/Fidelity Focus for SOC grant

- Focus areas (FA) for Years 3 and 4 to report and highlight SOC outcomes
  - Reassessment Data Collection
  - Continuous Quality Improvement
  - HFW Workforce Fidelity (i.e. Coaching)

Next Steps

- During years 3 and 4, the State SOC team will utilize Technical Assistance from the Wraparound Evaluation and Research Team (WERT) to include:
  - Data to include SPARS, CMHI, CANS, Wraparound Fidelity Index data and other VA partner sources.
    - Determine the outcomes for Wraparound-enrolled youth in Virginia.
    - Compare the fidelity of Wraparound teams who include a Family Support Partner to teams who do not.
  - Creation of a strategic analysis and evaluation plan
- The State System of Care E&D Coordinator will hold discussions with the regional grant sites to determine data reports and analysis needs (including return on investment and youth/family outcomes) and then disseminate reports based on these needs .
- Research Collaboration with OpenTable to explore how use of the model can be one way to provide families and youth with natural supports.

What is Wraparound?

One Family's Experience
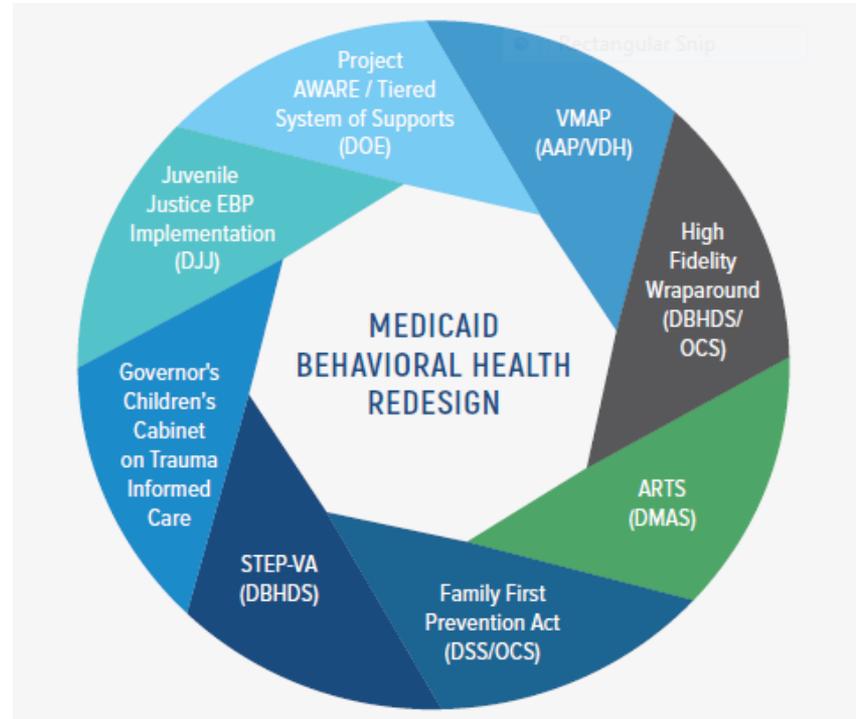# with High Fidelity Wraparound

Exciting Possibilities for High Fidelity Wraparound in Virginia

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Systems of Care & High Fidelity Wraparound

HFW is one of the interagency initiatives that is being included in the Medicaid Behavioral Health Redesign. The Redesign will be implemented in phases. HFW is included in Phase 2 with expected roll-out Spring 2021.

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Family First Prevention Services Act (FFPSA) Eligibility

❖ A child *(and their caregivers)* who is a candidate for foster care who can remain safely at home or in a kinship home & is identified as being at *imminent risk* of entering foster care

❖ A child in foster care who is pregnant or parenting

❖ A child whose adoption or guardianship arrangement is a risk of a disruption/dissolution and includes post-reunification services

❖ No income test!

IV-E Reimbursable Services

Trauma Informed & Evidence-Based

- Mental Health Prevention Treatment Services

- Substance Abuse Prevention Treatment Services

- In-Home Parent Skill-Based Programs

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Guidelines for FFPSA Evidence-Base
- HFW falls under the promising category
- New Federal Clearinghouse in Development
- SAMHSA has recommended to include HFW in the service array.

Well Supported	Supported	Promising
• Improved outcome must be based on the results of at least 2 studies that used a random control or quasi-experimental trial • Carried out in a usual care or practice setting • Sustained effect for at least one year beyond the end of treatment • **50% of expenditures must meet the requirements for well-supported practices starting in FFY 2020**	• Improved outcome must be based on the results of at least one study that used a random control or quasi-experimental trial • Carried out in a usual care of practice setting • Sustained effect for at least 6 months beyond the end of treatment	• Improved outcomes must be based on at least one study that use some form of control group

Q & A

For Further Information, visit the Virginia System of Care Website at:
http://www.systemofcare.virginia.gov/homeIndex

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