



Developing Intensive Home and Community Based Services Using Systems of Care Principles

**Building on Family Strengths
Conference
Portland, Oregon
June 23, 2009**



Introductions

- **John Pavlack, Grant Team
(Quality Improvement)**
- **Bill Morton, Family Member**
- **Shweta Chandra, Research Assistant**
- **Betty Walton, Evaluator**



Objectives

- **Developing Community Alternatives to PRTF Grant Using SOC Principles**
- **Family Perspective**
- **Preliminary Findings**



Community Alternative to Psychiatric Residential Treatment Facility Medicaid Demonstration Grant

**Deficit Reduction Act of 2005 (PL 109-171)
authorized**

**Demonstration grant to use Medicaid HCBS as
alternative to residential treatment**

Demonstrate that:

- 1. Result in the maintenance or improvement in child's functional status**
- 2. On average, cost no more than anticipated aggregate PRTF expenditures in the absence of the demonstration.**

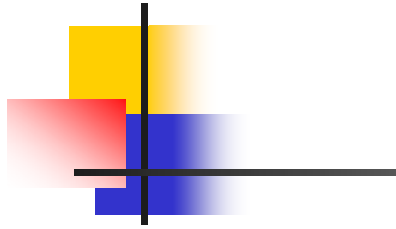
Child & Family Wraparound Teams



Building on Developing Systems of Care (SOC)

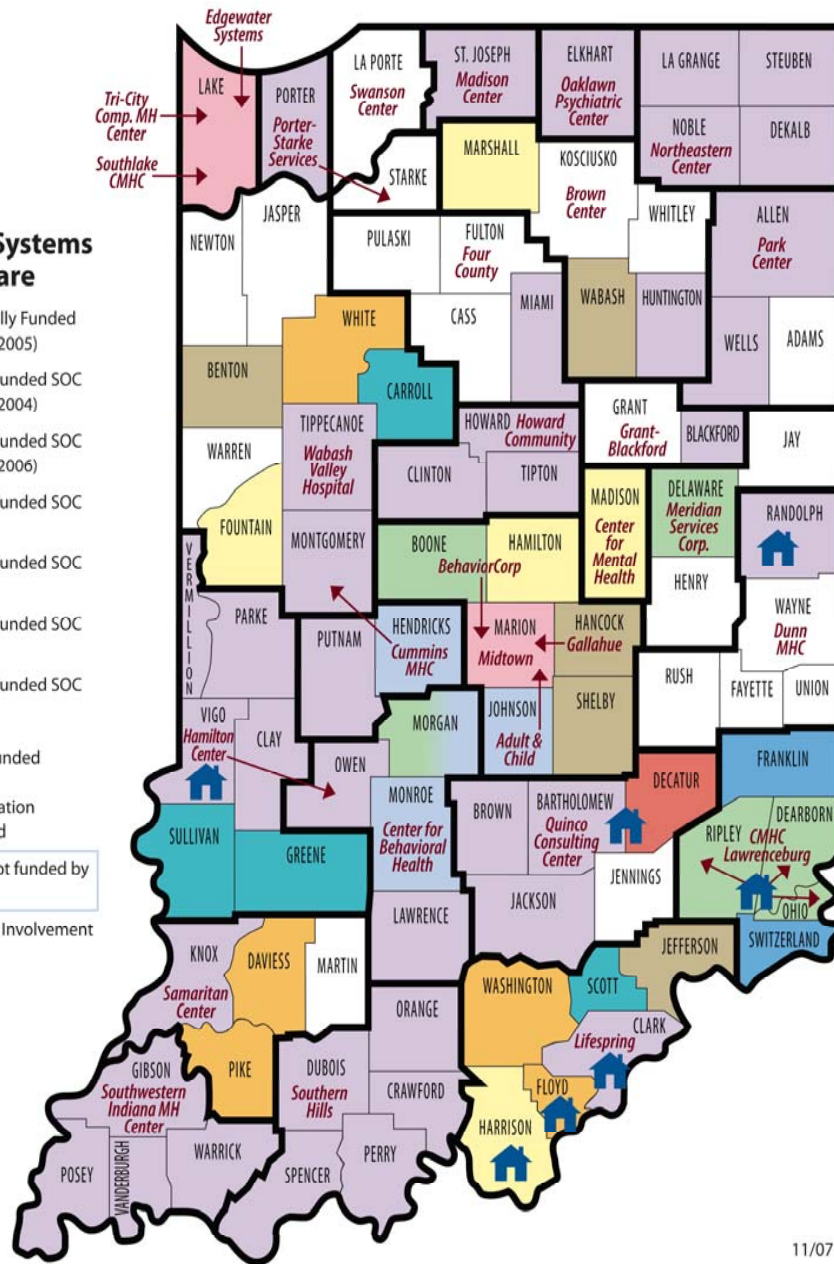
- **SOC Development since mid-1990s**
- **3 federal funded SOC sites**
- **State supported local systems of care – 2 year implementation grants with services through existing resources**
- **Technical Assistance**

Children's Initiatives



Funded Systems of Care

- Federally Funded (1999-2005)
- State Funded SOC (2000-2004)
- State Funded SOC (2004-2006)
- State Funded SOC (2006)
- State Funded SOC (2007)
- State Funded SOC (2008)
- State Funded SOC (2009)
- DCS Funded
- Foundation Funded
- SOC not funded by DMHA
- 🏠 Family Involvement Grant





Child Centered & Family Driven

- **Child and Family Engaged and services Managed through Child and Family Wraparound Team**
- **Youth and Family Voice & Choice**
- **Child and Adolescent Needs & Strengths (CANS) – identify strength & needs**
- **Intervention Plan linked to CANS**
- **Monitor Progress**
- **Plan Next Steps....**



Community Centered

- **Local/Regional “Systems of Care”**
- **Local Grant Access Sites**
- **Wraparound Facilitators**
- **Other Grant Services – Developing Provider Base**
- **Access to Other Medicaid Services**
- **Natural Supports**
- **Partnering with residential providers**

Culturally Competent

- Wraparound Training
- Addressed in CANS... (rate in context of family's culture, acculturation section, decision support)





Family Perspective

- **Our experience with CA-PRTF grant services**
- **Connection between wraparound team and outcomes?**



Early Implementation Preliminary Findings

National Evaluation of grant in 9 states over 5 years.....

Study includes demographic information, service data, needs and functioning information, satisfaction survey and WFI_4.

Began January 2008

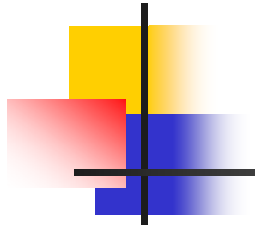


Description of Youth

- Total grantees 331
- Total discharged 85
- Enrolled since 10/1/08 214
- Re-enrolled 7
- Currently enrolled 254

- Gender: 71% Male
- Race 71% White, 15% Black, 2% Native American, ___% other
- Ethnicity: 3% Hispanic
- Age range : 7 to 20, Mean 13. ___

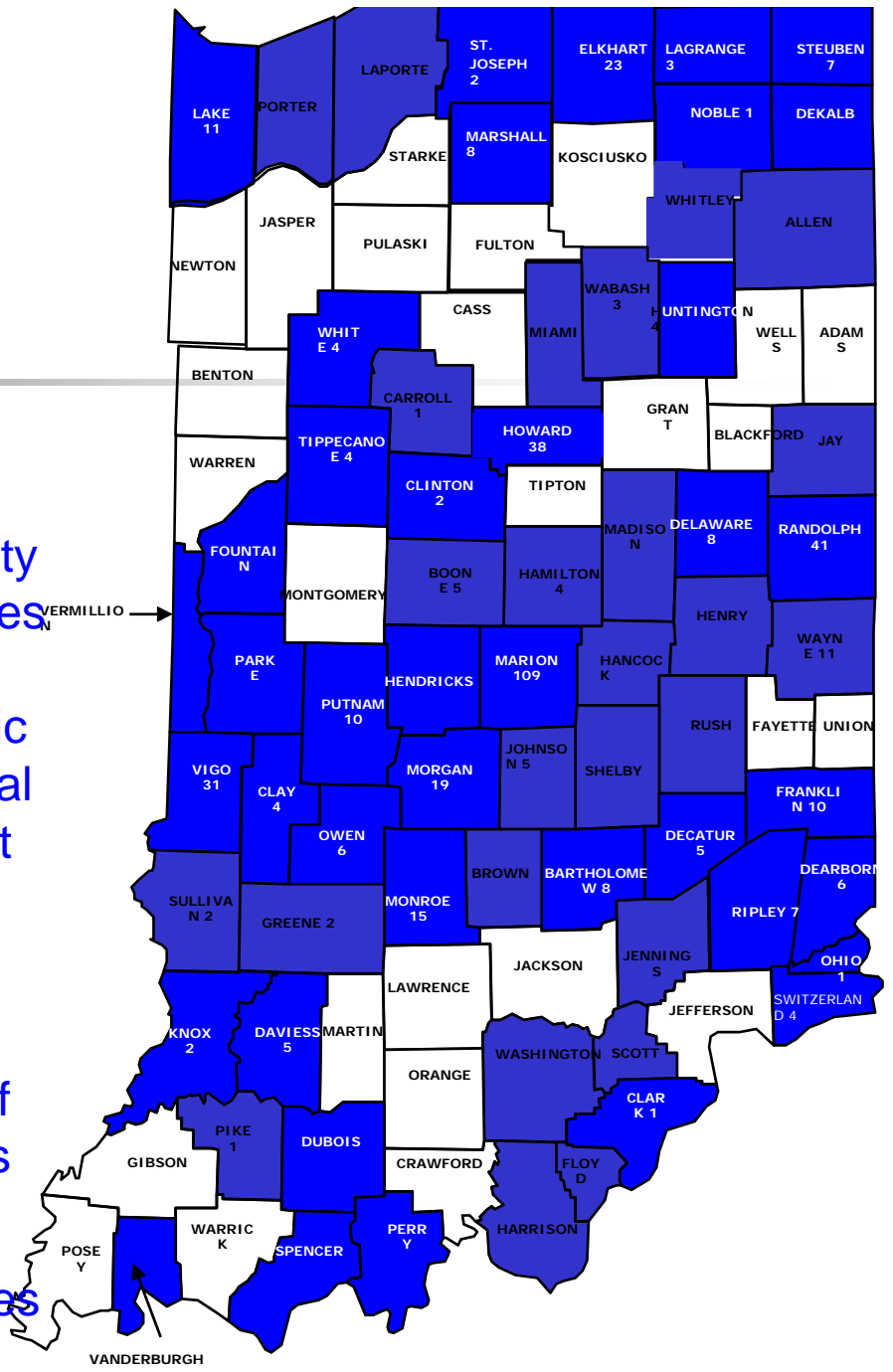
< 13	98
13- 18	229
19 -20	4
- 17 Transitions
- 324 "Diversions"



Access Sites for the Community Alternatives to Psychiatric Residential Treatment Facilities Grant

Referrals from 48 of 66 access sites

92 counties





Comments from Youth

- **“Treat me fairly.”**
- **“Talk when I need them.”**
- **“Keep Helping Us”**
- **Need skills to improve interactions with others, improve functioning in school, and keep out of trouble...**

Youth Services Survey, 2009



Comments from Caregivers

- **“They help families help themselves.”
(WFI_4)**
- **Wanted wraparound started sooner.
Wish these services could be delivered
to families before they are in crisis
mode. (WFI-4)**
- **Access to services is a common theme
that is involved with success and
problematic when not available.
(YSS_F, 2009).**



Fidelity to Wraparound?

For 177 teams

- **39%** (69) report **high fidelity** to wraparound (>84% wfTotal)
- **42.4%** (75) report **adequate fidelity** (75 – 84% wfTotal)
- **18.3%** (33) report **low fidelity** (<75% wfTotal)

Mean Wraparound Fidelity: **81.2%** SD: .09273

Compared to **Baseline** Statewide Wraparound Fidelity (9/07) **81.1%** (Effland, 2007)



Data Collection

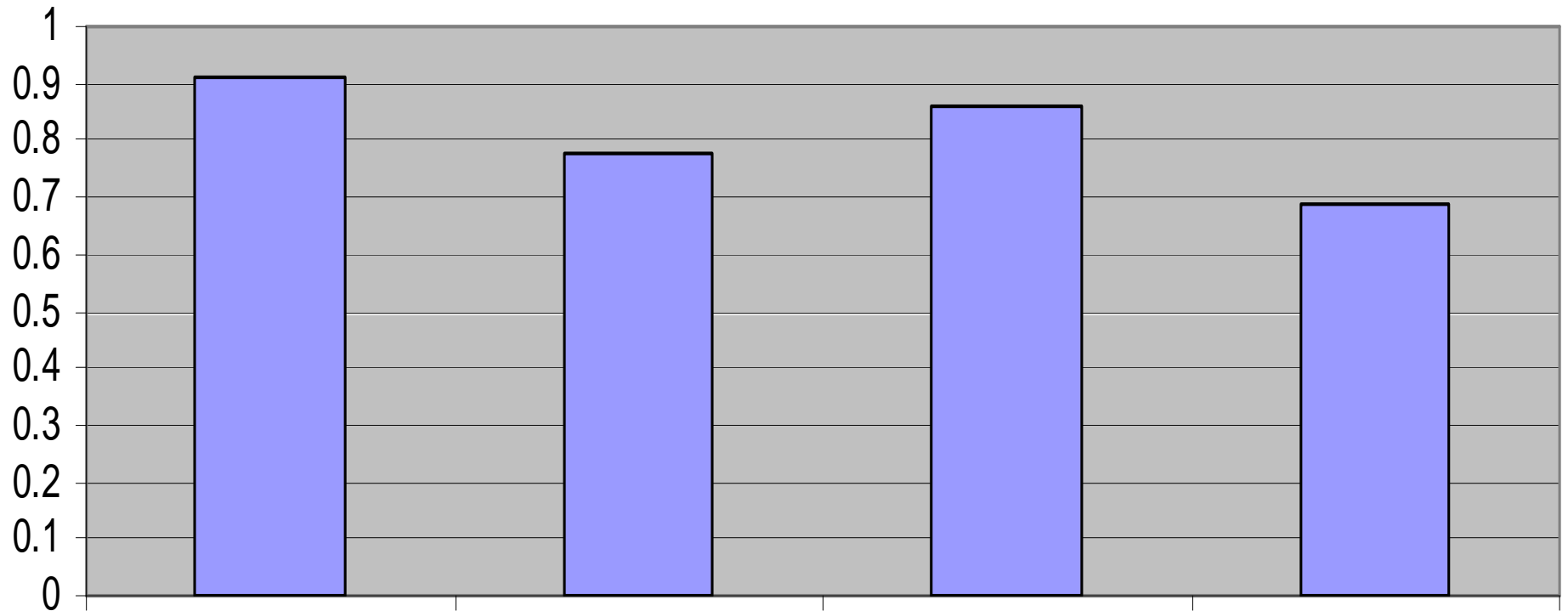
WFI Surveys with:

- **177 Wraparound Facilitators**
- **65 Caregivers**
- **8 Youth**

CANS rated by therapists, Wraparound Facilitators or residential providers

YSS Surveys with Caregivers and Youth

Combined Phase Scores



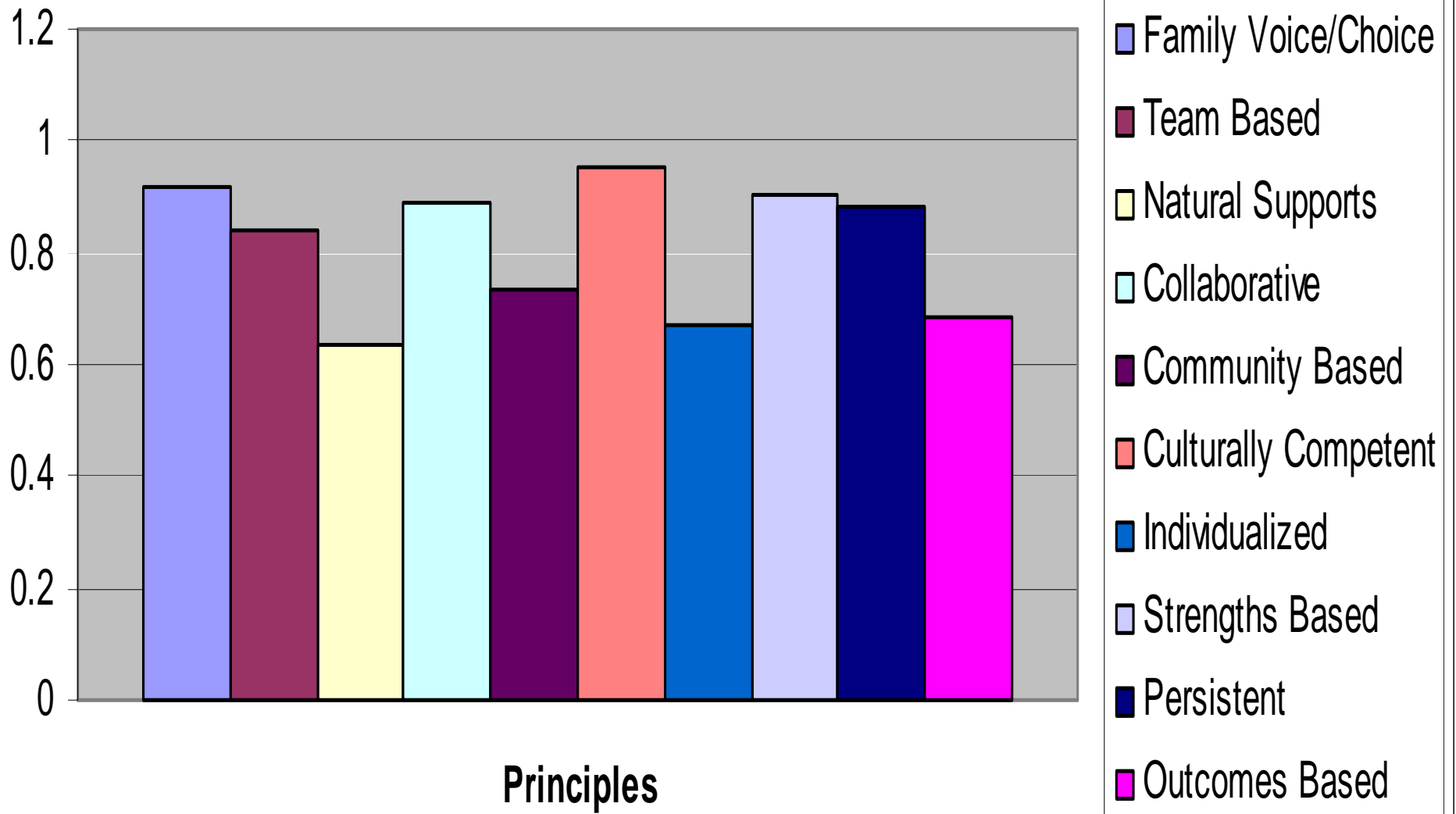
Mean .91

.77

.86

.69

Combined WFI Principles





Monitoring Progress

- Progress is measured using the **Child and Adolescent Needs & Strengths (CANS, Lyons, 1999)** tools
- **“IMPROVEMENT”** is defined as reliable change in any life domain (behavioral health needs, functioning, risk behaviors, strengths or caretakers’ strengths & needs)

CANS: Communimetric Measure

Need Action Levels:

- 0 No Need
- 1 Watch/Prevent
- 2 Act
- 3 Act Immediately/Intensively

Strengths Action Levels:

- 0 Centerpiece
- 1 Useful
- 2 Identified
- 3 None identified

(Lyons, 2008)





Matching CANS & WFI Data

- 177 Baseline CANS for youth with WFIs

Characteristics of Youth before beginning grant services:

- 101 Reassessment or Transition CANS

<u>CANS Domain</u>	<u>Mean</u>
Behavioral Health	16.40
Risk Domain	11.96
Functioning	15.65
Strengths	20.18
Caregiver S & N	12.38

Domain = mean of item ratings x 10



Which youth had both WFI_4 and CANS outcomes?

72% (129) were boys

78% (138) were White

15.8% (28) were African American

1.7% (3) were American Indian

4.5% (8) were another race

4.5% (8) were Hispanic

32% (57) were <13 years old

67.8% (120) were 13 – 19 years old

Age Range: 7 to 19

Mean Age: 13.63

Range of time in grant services: 42 to
415 days



Reassessment CANS Ratings

<u>CANS Domain</u>	<u>Mean</u>
Behavioral Health	14.84
Risk	10.56
Functioning	14.55
Strengths	18.39
Caregiver	11.40

Do these changes reflect improvement?

Considering a Reliable Change Indices, are youth improving?

71.3% (72) improved in at least one domain

<u>Domain</u>	<u>Improved</u>	<u>Maintained</u>	<u>Worsening</u>
Behavioral Health	20.9% (37)	31.1% (55)	5.1% (9)
Risks	27.1%(48)	14.7%(26)	14.1% (25)
Functioning	23.2% (41)	21.5%(38)	11.9% (21)
Caregiver	15.8% (28)	33.3% (59)	7.9 % (14)
Strengths	16.9% (30)	31.6% (56)	7.3% (13)

$p < .05$

No one got worse in all domains.



Logistic Regression Analysis

Predicting Improvement

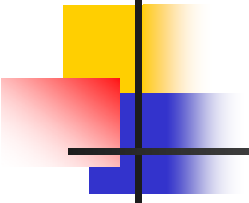
Variable	β	<u>SE</u>	Odds ratio
Baseline Child Strengths	-.174	.118	.840
Access to Care**	-1.155*	.509	.315
Race	-1.717*	.821	.180

* $p = .05$, $n = 34$ ** YSS Access to Care item.

No evidence that WFITotal predicts improvement
WFI phases not predictive of improvement, $n = 177$

2nd Logistic Regression Model

Predicting Improvement



Variable	β	<u>SE</u>	Odds ratio
WFI E5	2.532*	1.224	12.585
Risk Baseline (B)	.134	.095	1.143
Functioning (B)	.125	.088	1.133
Caregiver (B)	.116	.073	1.123
Constant	-5.483	2.179	.004

* $p < .05$



Intercorrelations between Factors

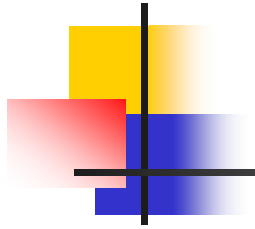
Factor	1	2	3	4	5	6	7	<i>n</i>
1 WFI	--							175
2 Gender	.043	--						175
3 Race	-.171*	.056	--					175
4 Ethnicity	.166*	-.020	.373**	--				175
5 Improvement	.018	.029	-.002	-.092	--			114
6 Satisfaction	.328*	.066	-.166	.204	-.062	--		64
7 Access	.128	-.270	.308*	.364 *	-.234	.480**	--	64

* $p < .05$, ** $p < .001$

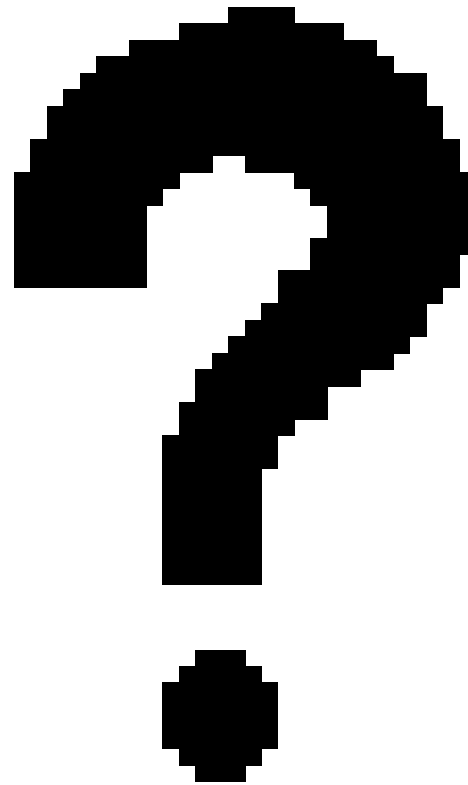


Challenges

- **Getting WFI and YSS completed by families and youth**
- **~50 disconnected phones**
- **Asking 70+ Wraparound Facilitators to talk to families about surveys and make phones/offices available**
- **Child welfare or juvenile judge placing youth in residential care**
- **Collecting and managing data from 7 sources**



Discussion





For More Information

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