CANS and Wraparound Opportunities and Challenges

Eric J. Bruns
Jennifer Schurer Coldiron

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Seattle, WA

Proud co-partners of:

NWIC National Wraparound Implementation Center

NATIONAL WRAPAROUND INITIATIVE

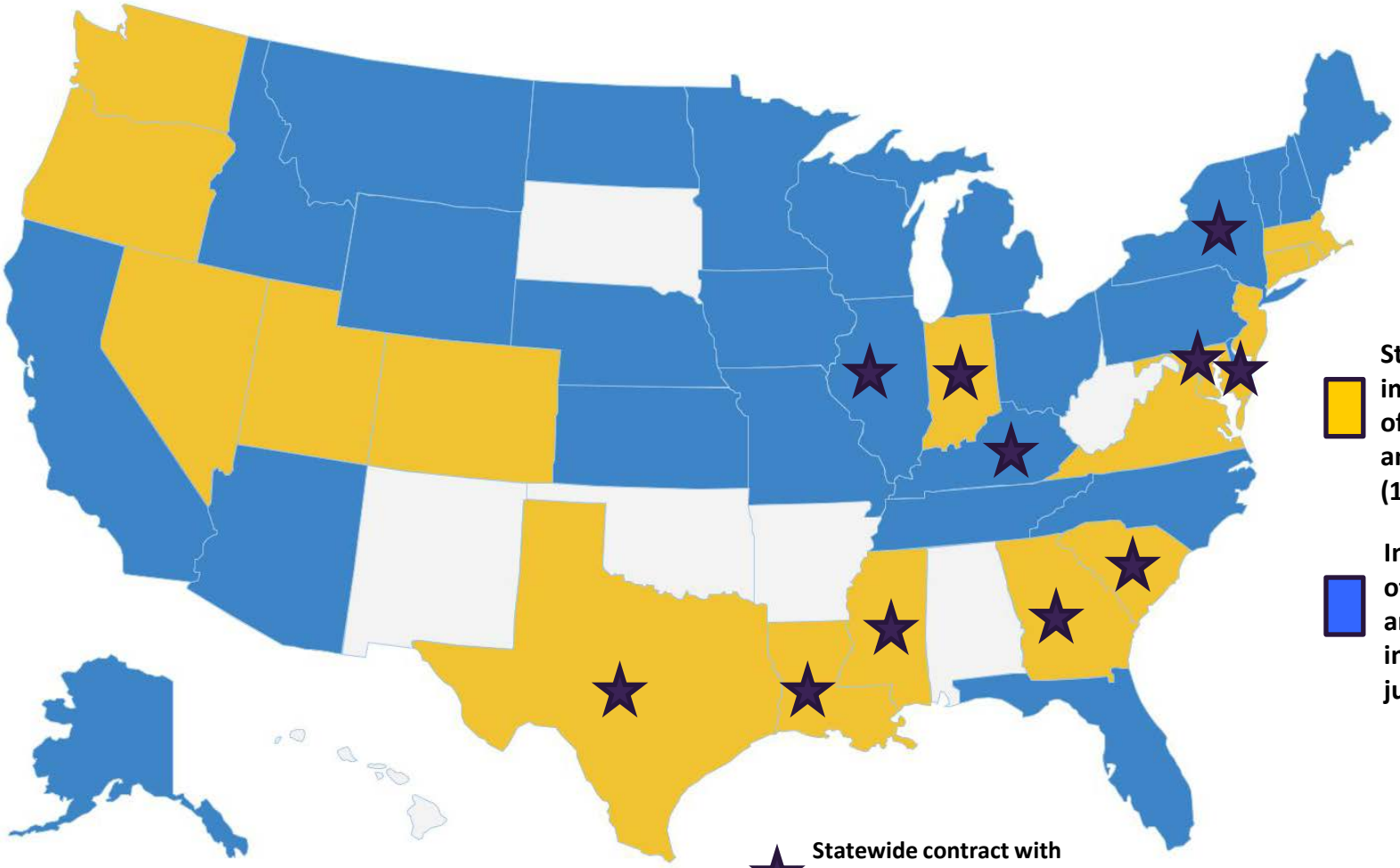
Wraparound Evaluation & Research Team
2815 Eastlake Avenue East Suite 200 · Seattle, WA 98102
P: (206) 685-2085 · F: (206) 685-3430
www.depts.washington.edu/wrapeval

April Sather
Jennifer Schurer Coldiron
Hattie Quick
Spencer Hensley
Alyssa Hook
Isabella Esposito
Michael Pullmann

Janet Walker
Eric Bruns Co-Directors
John Ossowski

Marlene Matarese
Kim Estep
Kim Coviello
Michelle Zabel

CANS and Wraparound are being implemented in nearly every state



Statewide implementation of *both* the CANS and Wraparound (17)

Implementation of *both* the CANS and Wraparound in at least some jurisdictions (27)

Statewide contract with the National Wraparound Implementation Center

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The New York Times
The Opinion Pages

EDITORIAL

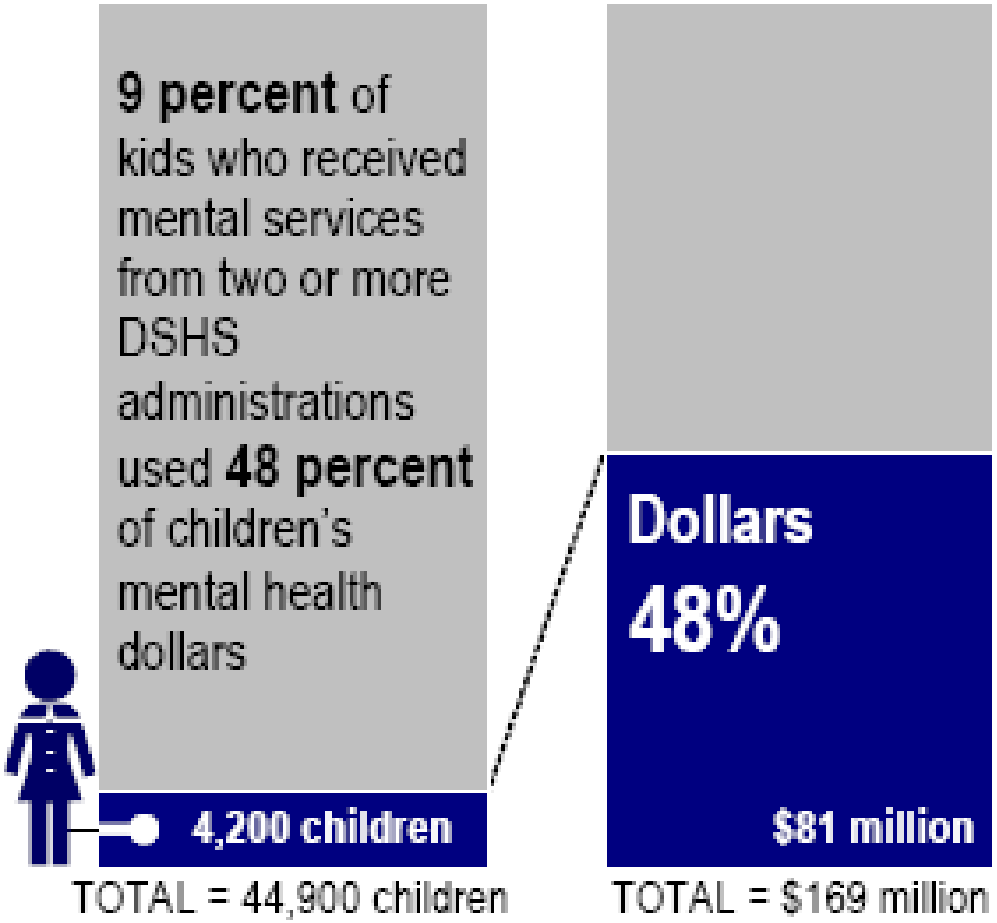
Waste in the Health Care System

Published: September 10, 2012

A new report from a panel of experts convened by the Institute of Medicine estimated that roughly 30 percent of health care spending in 2009 — around $750 billion — was wasted on unnecessary or poorly delivered services and other needless costs. Lack of coordination at every point in the health care system is a big culprit.

The panel cited studies showing that

The 9% of youths involved with multiple systems consume 48% of all resources



Washington State DSHS, 2004

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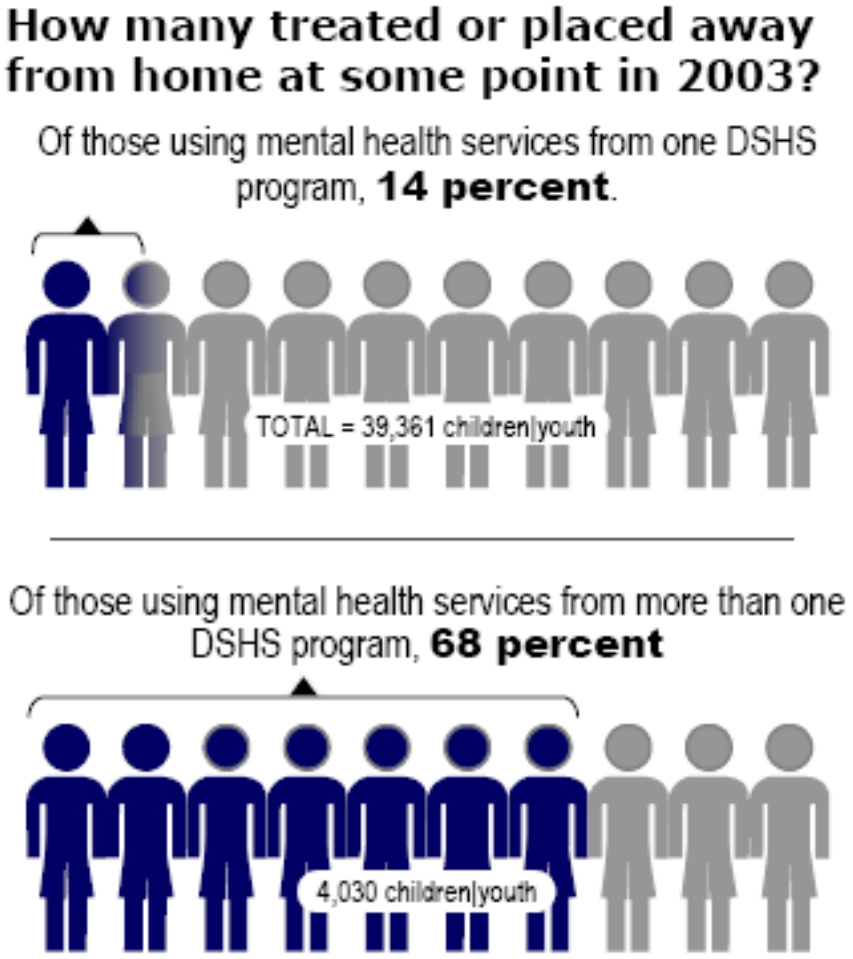
68% of youths involved in multiple systems were placed out of home in a given year



Washington State DSHS, 2004

The Evans Family

With thanks to
Jim Rast and
John VanDenBerg

- Crystal, 34
- Tyler, 36
- David, 14
- Kyle, 12
- Kaia, 12

Major Challenges :

- Crystal has depression and suicide ideation
- Tyler is in recovery from alcoholism and can not keep a job
- David has been arrested multiple times for increasing levels of theft, vandalism, drug and alcohol use and assault
- David is in juvenile detention and due to lack of behavioral progress may be moving to higher level of care
- David is two years behind in school and does not show motivation
- Tyler was observed by a neighbor using inappropriate discipline and the twins are now in specialized foster case
- The twins have been diagnosed with bipolar disorders and are often very aggressive
- The twins are very disruptive at school and are 2-3 years below grade level

The Evans Family

With thanks to
Jim Rast and
John VanDenBerg

- Crystal, 34
- Tyler, 36
- David, 14
- Kyle, 12
- Kaia, 12

Major Strengths:

- Tyler and Crystal are unwavering in their dedication to reunite their family under one roof
- The family has been connected to the same church for over 30 years and has a support network there
- Tyler is committed to his recovery and has been attending AA meetings regularly
- Crystal has been employed at the same restaurant for 8 years and is a model employee
- Crystal's boss is a support for the family and allows her a flexible schedule to meet needs of her family
- David is a charming and funny youth who connects easily to adults in the extended family and community
- David can recite all the ways he could get his GED instead of attend school as a way of getting a degree
- Kyle is athletic and can focus well and make friends when doing sports
- Kaia uses art and music to soothe herself when upset

26 Helpers and 13 Plans

Helpers:

- School (5)
- Technical School (2)
- Bailey Center (2)
- Child Welfare (1)
- Specialized Foster Care (2)
- Juvenile Justice (1)
- Children's Mental Health (6)
- Adult Mental Health (3)
- Employment Services (2)
- Alcoholics Anonymous (1)
- Housing Department (1)

Plans:

- 2 IEPs (Kyle and Kaia)
- Tech Center Plan
- Bailey Center Plan
- Permanency Plan
- Specialized Foster Care Plan
- Probation Plan
- 3 Children's MH Tx Plans
- 2 Adult MH Tx Plans
- Employment Services

- **35 Treatment Goals or Objectives**

Monthly Appointments for the Evans Family

Child Welfare Worker	1
Probation Officer	2
Crystal's Psychologist	2
Crystal's Psychiatrist	1
Dave's therapist	4
Dave's restitution services	4
Appointments with Probation and School	2
Family Based	4
Twins' Therapists	4
Group Rehabilitation	8
Tyler's anger management	4
Children's Psychiatrist	1
Other misc. meetings:, Housing, Medical	5
TOTAL	**42**

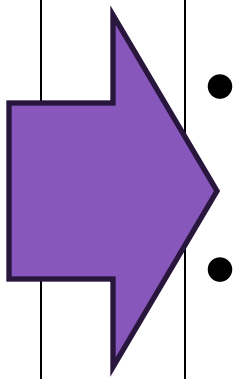
Also: 16 AA meetings each month, daily schedule (School, tech center, and vocational training) a dozen or more calls from the schools and other providers each month.

Comments from the Files:

- Parents don't respond to school's calls
- Family is dysfunctional
- Parents are resistant to treatment
- Home is chaotic
- David does not respect authority
- Twins are at risk due to parental attitude
- Mother is non-compliant with her psychiatrist
- She does not take her meds
- Father is unemployable due to attitude
- Numerous missed therapy sessions
- Attendance at family therapy not consistent
- Recommend court ordered group therapy for parents

What's going on here?

- Siloed systems
- Inadequate community based programming
- Lack of engagement and coordination
- A plan for each problem and person
- Lack of accountability for outcomes or costs



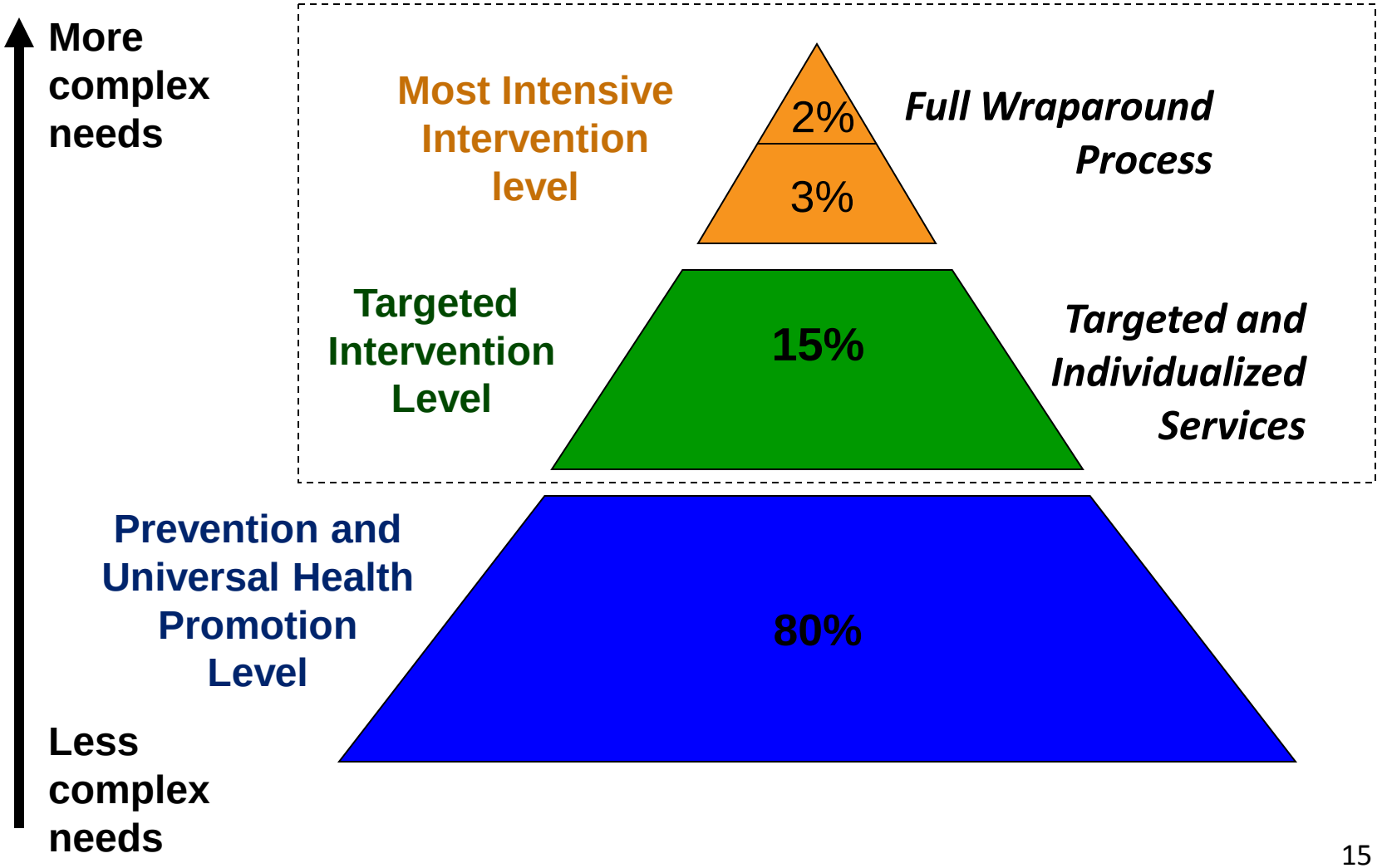
- Coordinated systems
- Comprehensive, effective service array
- Integrated service delivery
- Holistic plans of care focus on whole family
- Accountability at multiple levels

We continue to need….

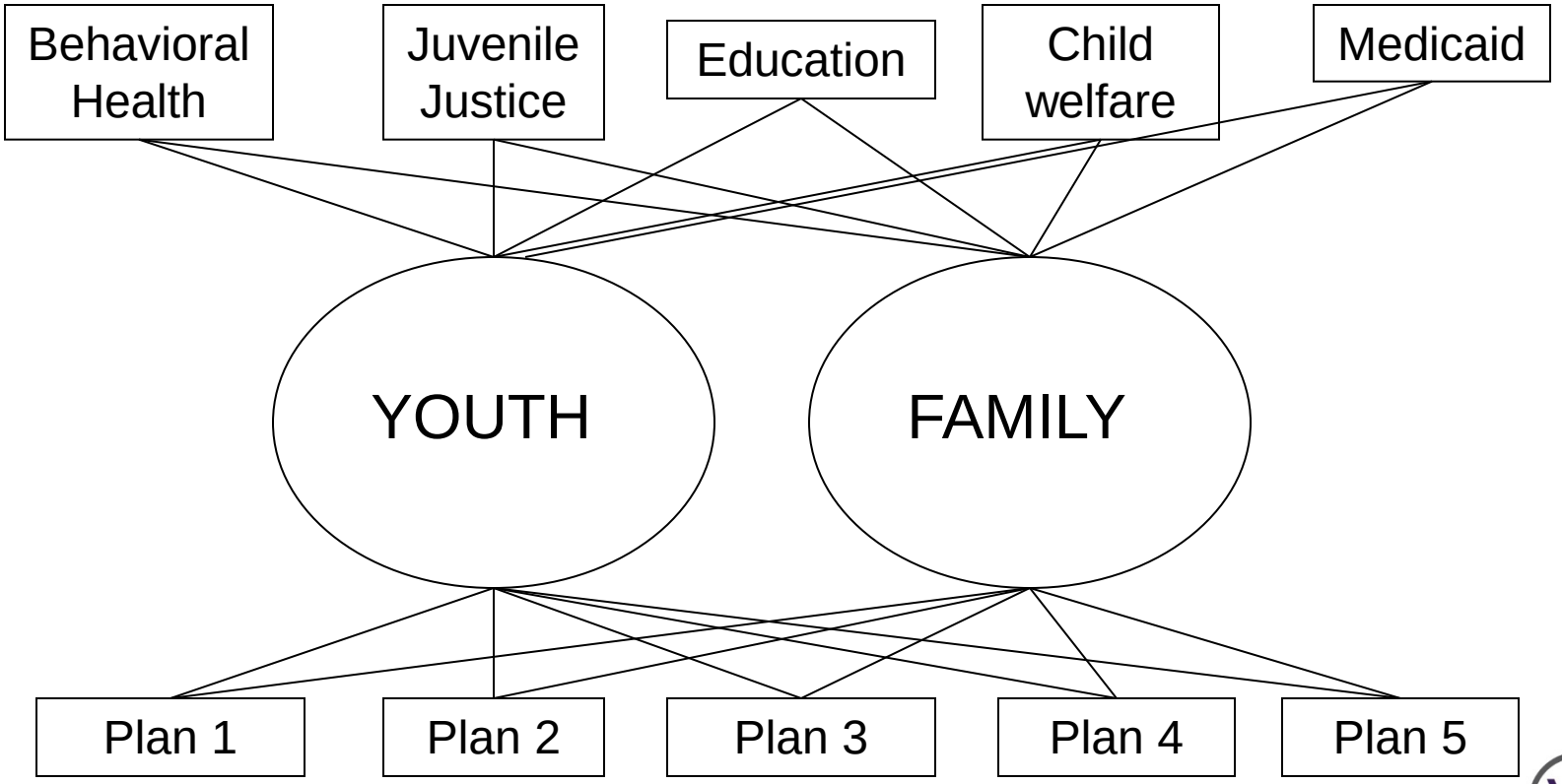
Smarter Systems

Better practice models

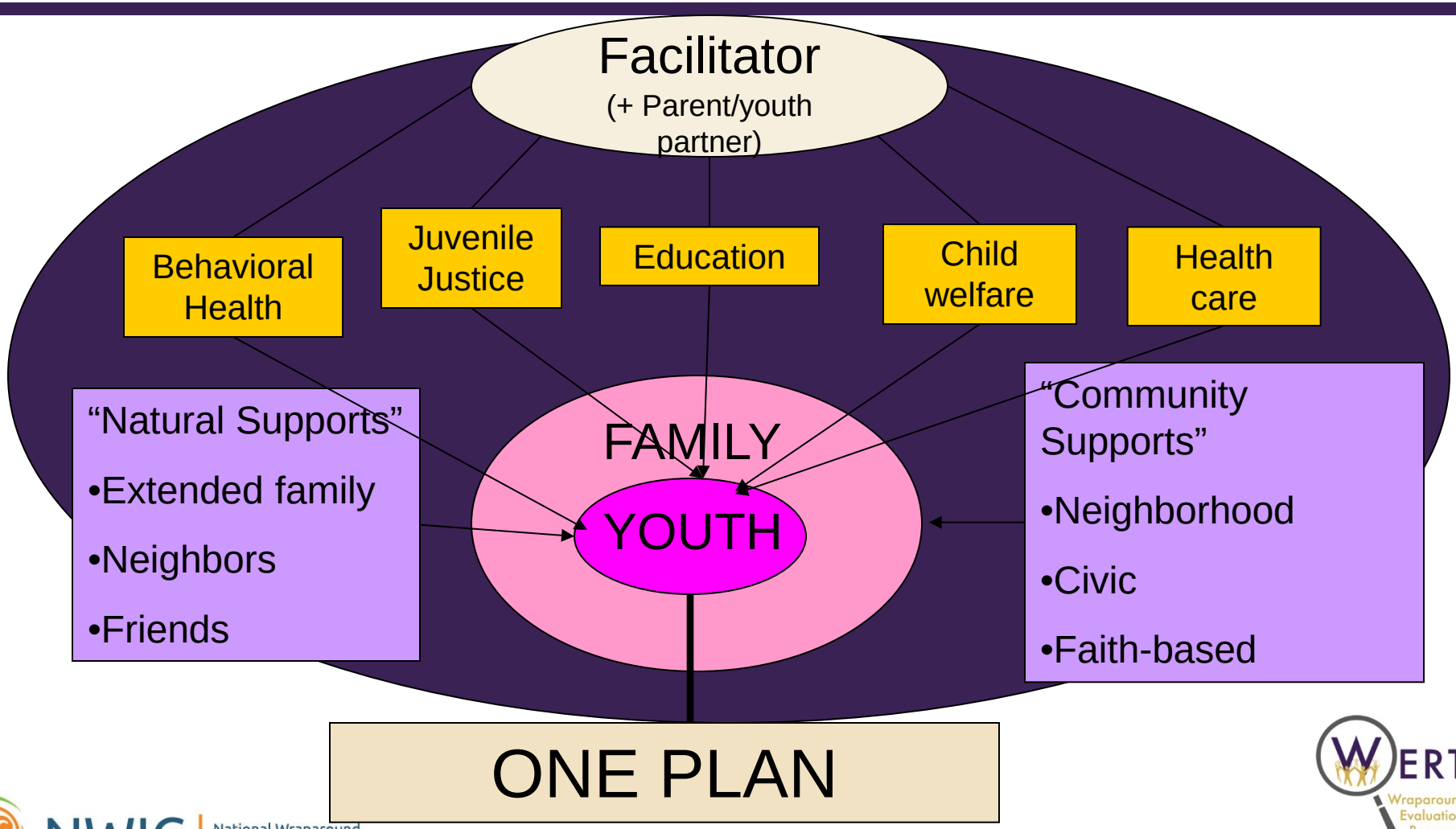
Who is wraparound for?
Youths with most complex needs



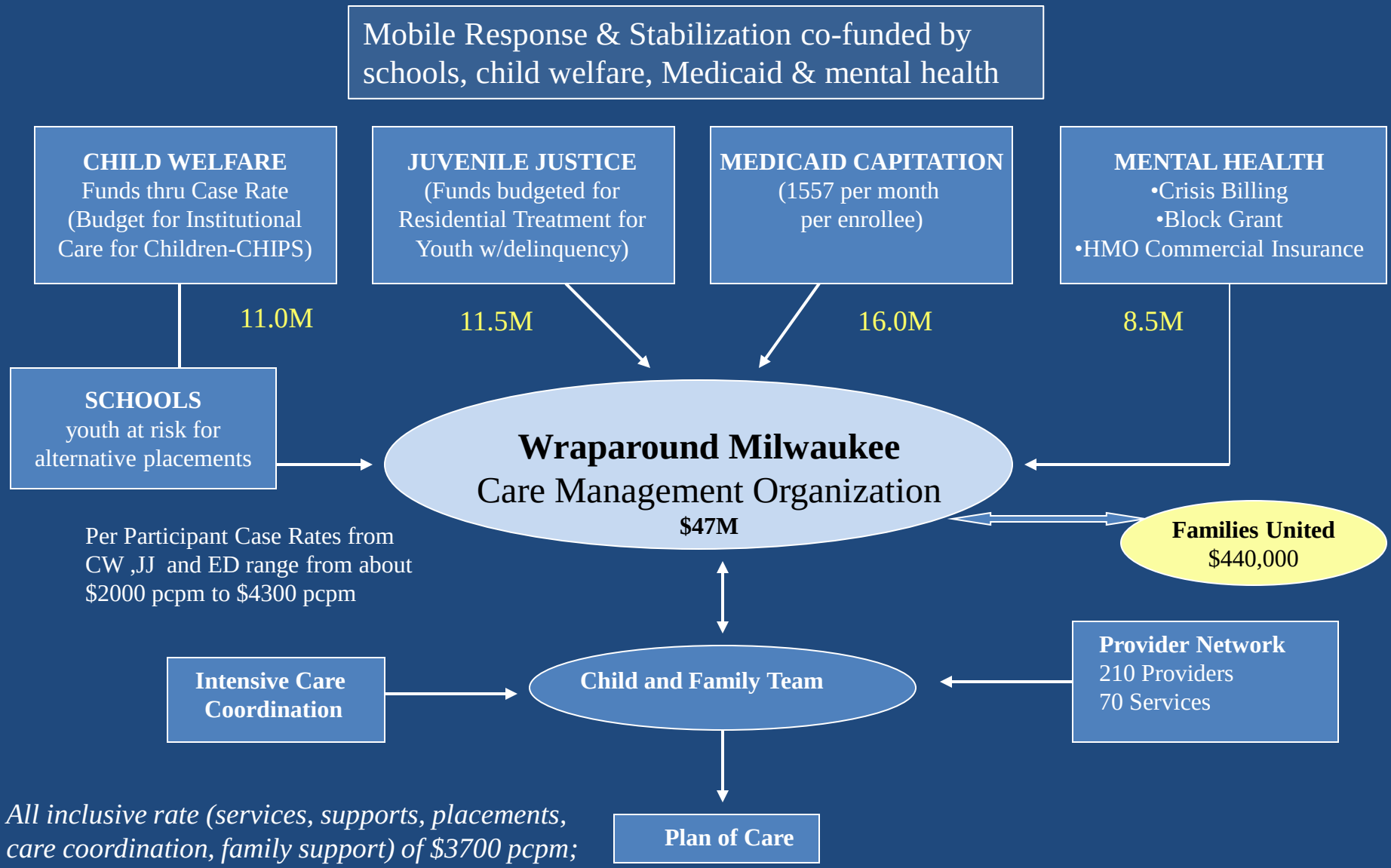
Traditional services rely on professionals and result in multiple plans



In Wraparound integrated care models, a facilitator coordinates the work so there is one coordinated plan



Care Management Entities: Wraparound Milwaukee



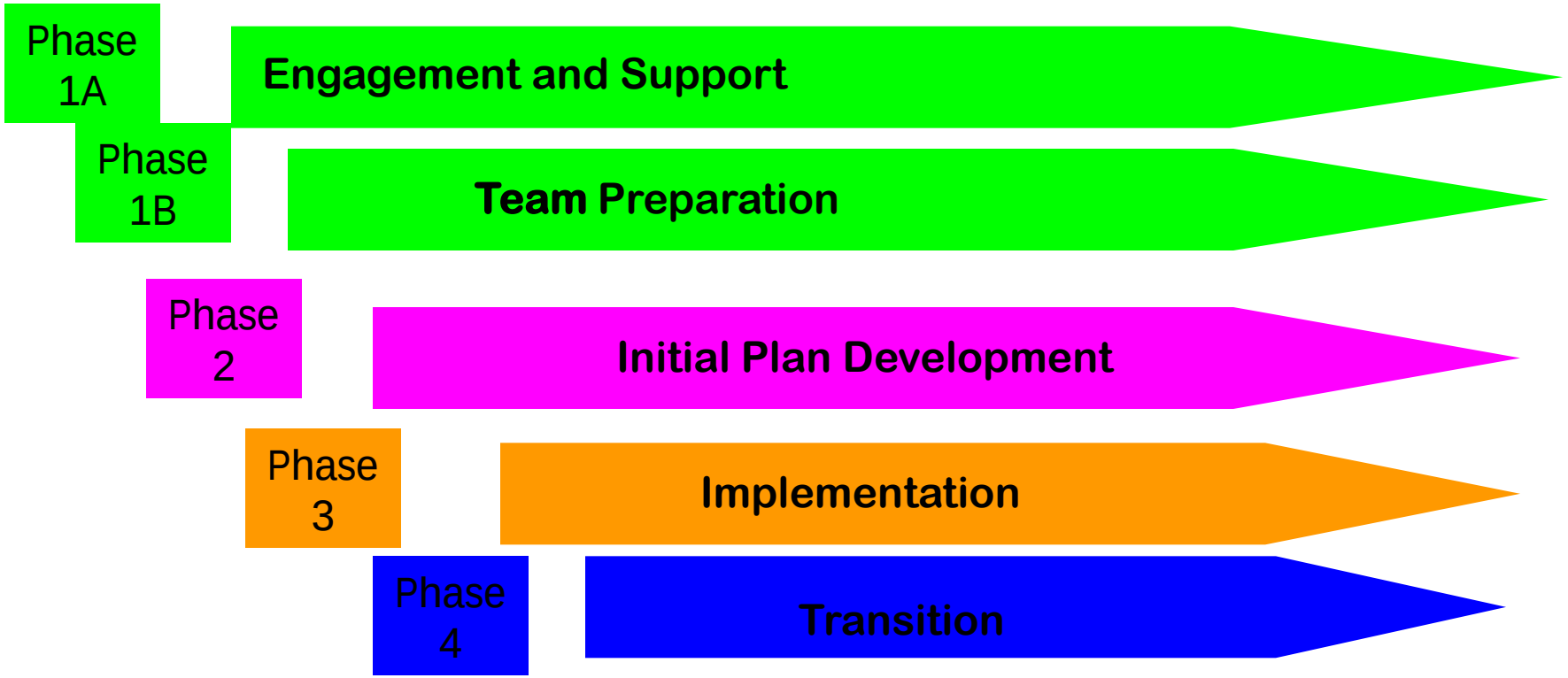
All inclusive rate (services, supports, placements, care coordination, family support) of $3700 pcpm; care coordination portion is about $780 pcpm

Wraparound Milwaukee. (2010). *What are the pooled funds?* Milwaukee, WI: Milwaukee Count Mental Health Division, Child and Adolescent Services Branch.

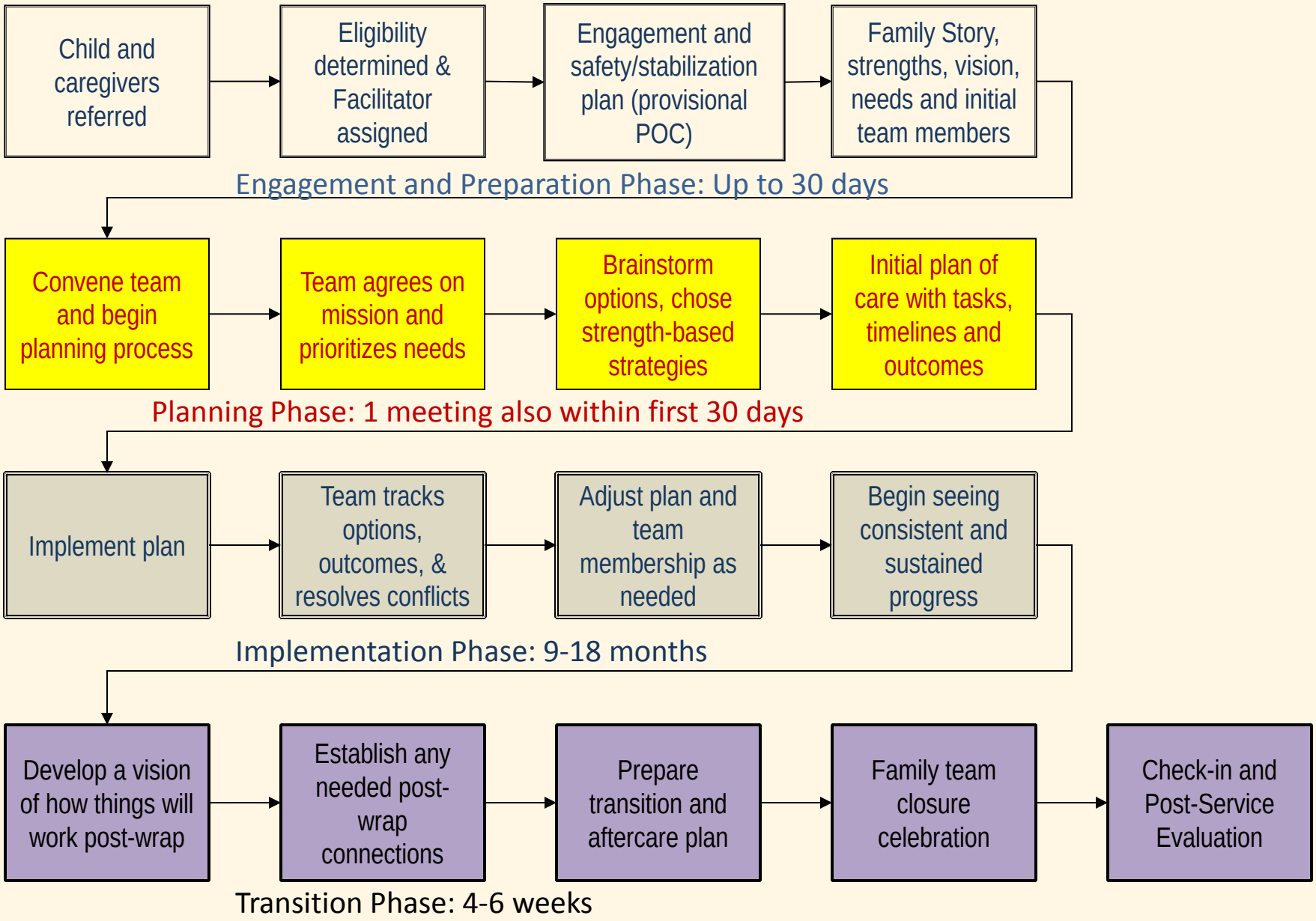
What's Different in Wraparound?

- An integrated plan
- Designed by a team of people important to the family
- Plan is driven by and "owned" by the family and youth
- Plan focuses on the priority needs as identified by the family and team
- Strategies in the plan include supports and interventions across multiple life domains and settings
- Strategies include supports for adults, siblings, and family members as well as the "identified youth"
- Progress is actively monitored and plan revised if progress is not achieved

The Four Phases of Wraparound



An Overview of the Wraparound Process



Research Base

Ten Published Controlled Studies of Wraparound

Study	Target population	Control Group Design	N
1. Hyde et al. (1996)*	Mental health	Non-equivalent comparison	69
2. Clark et al. (1998)*	Child welfare	Randomized control	132
3. Evans et al. (1998)*	Mental health	Randomized control	42
4. Bickman et al. (2003)*	Mental health	Non-equivalent comparison	111
5. Carney et al. (2003)*	Juvenile justice	Randomized control	141
6. Pullman et al. (2006)*	Juvenile justice	Historical comparison	204
7. Rast et al. (2007)*	Child welfare	Matched comparison	67
8. Rauso et al. (2009)	Child welfare	Matched comparison	210
9. Mears et al. (2009)	MH/Child welfare	Matched comparison	121
10. Grimes at el (2011)	Mental health	Matched comparison	211

*Included in 2009 meta-analysis (Suter & Bruns, 2009)

Outcomes of wraparound

(10 controlled, published studies; Bruns & Suter, 2010)

- Better functioning and mental health outcomes
- Reduced recidivism and better juvenile justice outcomes
- Increased rate of case closure for child welfare involved youths
- Reduction in costs associated with residential placements

Costs and Residential Outcomes of wraparound are Robust

- Wraparound Milwaukee (Kamradt & Jefferson, 2008)
  - Reduced psych hospital use from 5000 to less than 200 days annually
  - Reduced average daily RTC population from 375 to 50
- Controlled study of MHSPY in Massachusetts (Grimes, 2011)
  - 32% lower emergency room expenses
  - 74% lower inpatient expenses than matched youths
- CMS Psychiatric Residential Treatment Facility Waiver Demonstration project (Urdapilleta et al., 2011)
  - Average per capita savings by state ranged from $20,000 to $40,000

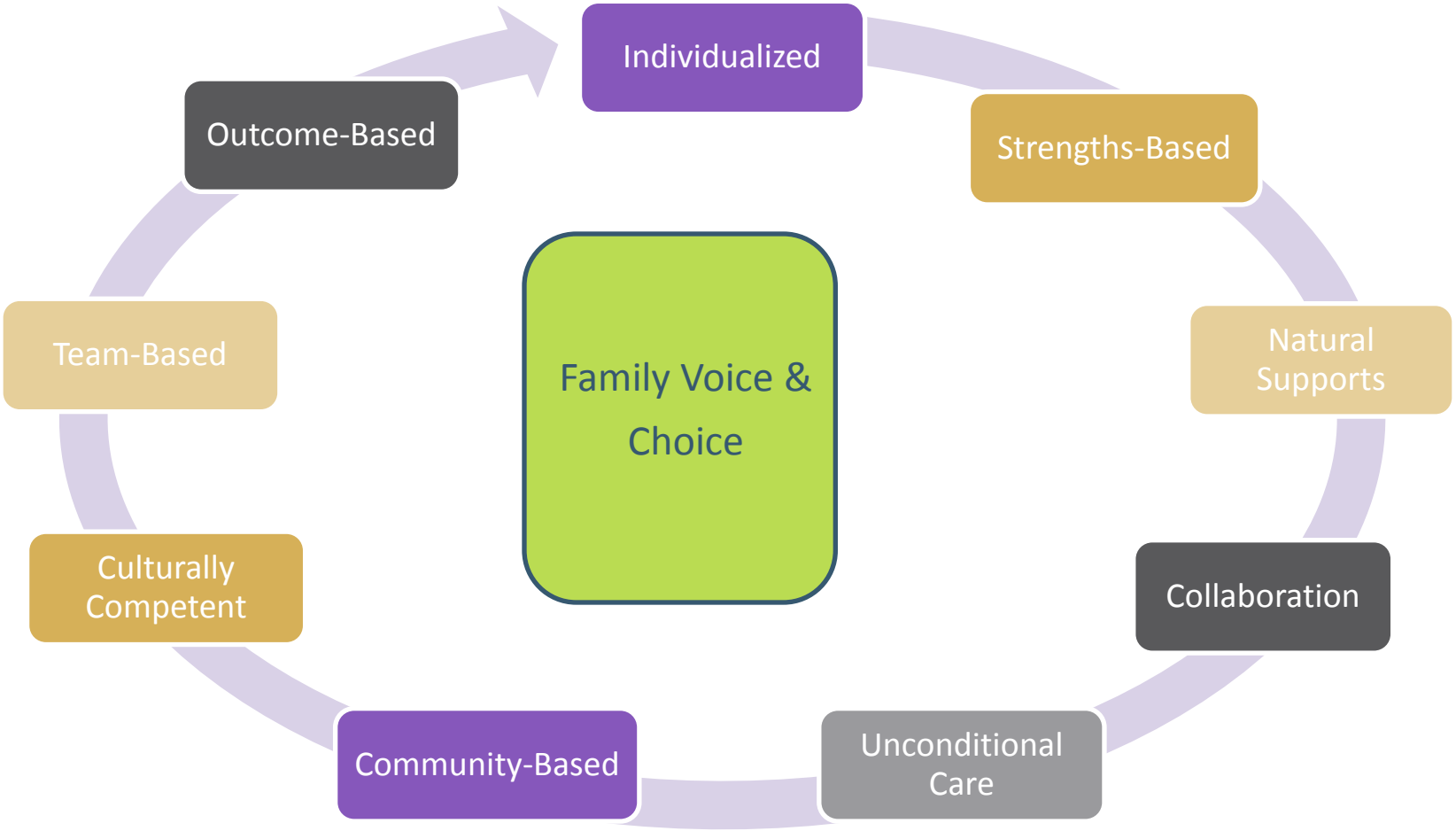
Costs and Residential Outcomes of wraparound are Robust

- New Jersey (Hancock, 2012)
  - Saved over $30 million in inpatient expenditures over 3 years
- Maine (Yoe, Bruns, & Ryan, 2011)
  - Reduced net Medicaid spending by 30%, even as use of home and community services increased
  - 43% reduction in inpatient and 29% in residential treatment expenses
- Los Angeles County Dept. of Social Services
  - 12 month placement costs were $10,800 for wraparound-discharged youths compared to $27,400 for matched group of RTC discharged youths

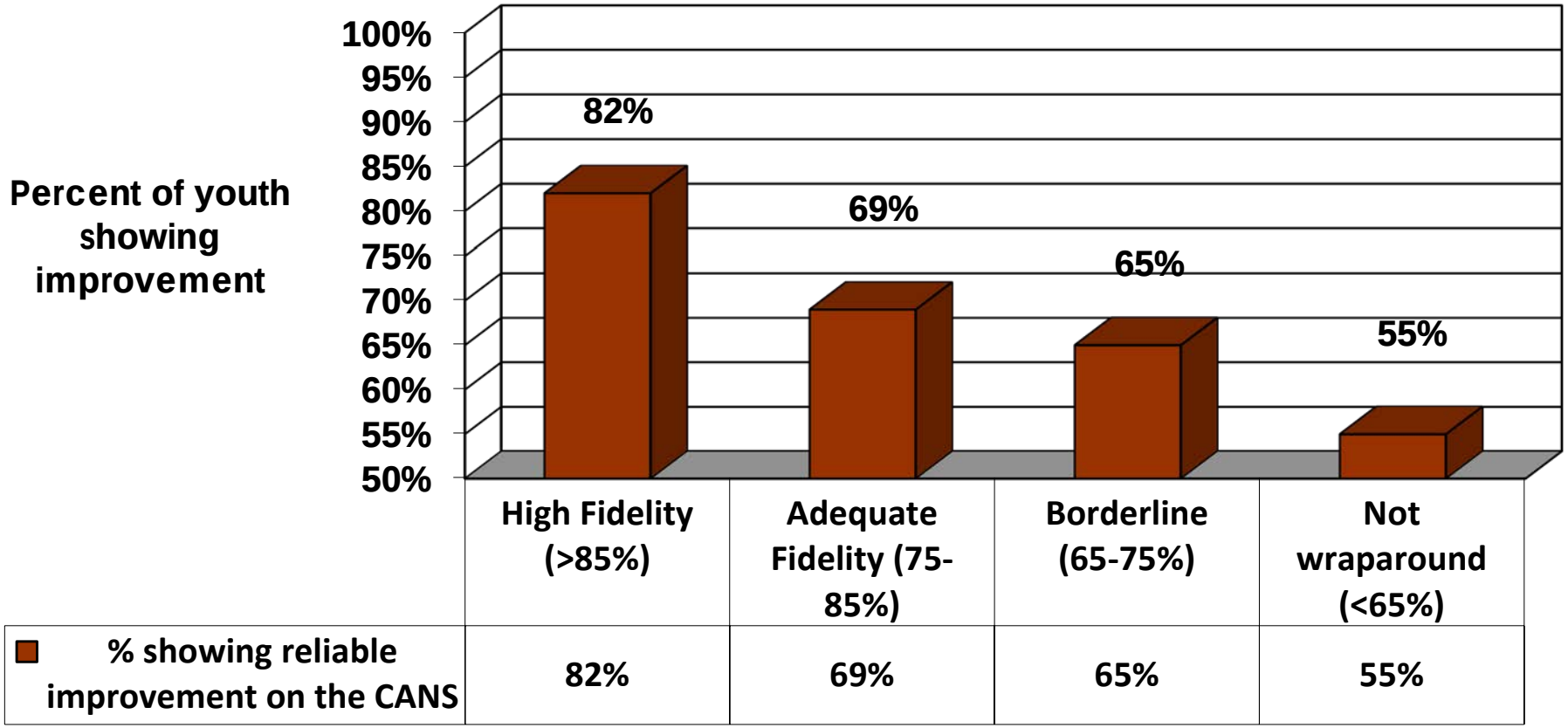
Wraparound is Increasingly Considered "Evidence Based"

- State of Oregon Inventory of Evidence-Based Practices (EBPs)
- California Clearinghouse for Effective Child Welfare Practices
- Washington Institute for Public Policy: "Full fidelity wraparound" is a research-based practice
- Now under review by NREPP

Principles of Wraparound



Higher fidelity is associated with more improvement on the CANS



Effland, McIntyre, & Walton, 2010

Necessary Community and System Supports for Wraparound

Hospitable System *Funding, Policies

Supportive Organizations

* Training, supervision, interagency coordination and collaboration

Effective Team

* Process + Principles

Necessary system conditions for effective Wraparound

1. Community partnership: *Do we have productive collaboration across our key systems and stakeholders?*
2. Fiscal policies: *Do we have the funding and fiscal strategies to meet the needs of children participating in wraparound?*
3. Service array: *Do teams have access to the services and supports they need to meet families' needs?*
4. Human resource development: *Do we have the right jobs, caseloads, and working conditions? Are people supported with coaching, training, and supervision?*
5. Accountability: *Do we employ tools that support effective decision making and tell us whether we're doing a good job?*

Decision support promoted by CANS

	Family and Youth	Program	System
Decision Support	Care planning Effective practices Selection of EBPs	Eligibility Step-down Transition	Resource Management Right-sizing
Outcome Monitoring	Service transitions Celebrations Plan of care revision	Evaluation of Outcomes	Evaluation Provider profiles Performance contracting
Quality Improvement	Care management Supervision	Continuous quality improvement Program redesign	Transformation Business model design

From Lyons, 2012

CANS and Wraparound: Points of connection

- Focus on the whole family, not just the "identified child"
- Base planning on presence of Needs and Strengths rather than symptoms or deficits
- Aim to identify issues that demand action (Needs) or that could be leveraged into productive strategies that bolster the family's existing capacities (Strengths)

CANS and Wraparound: Points of connection

- Data-informed planning
- Measurement-based treatment to target
- Accountability
- Promoting transparency
- Teamwork
- Individualization of care

CANS and Wraparound: Opportunities at a Family and Youth Level

	Family and Youth	Program	System
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From Lyons, 2012

Opportunities

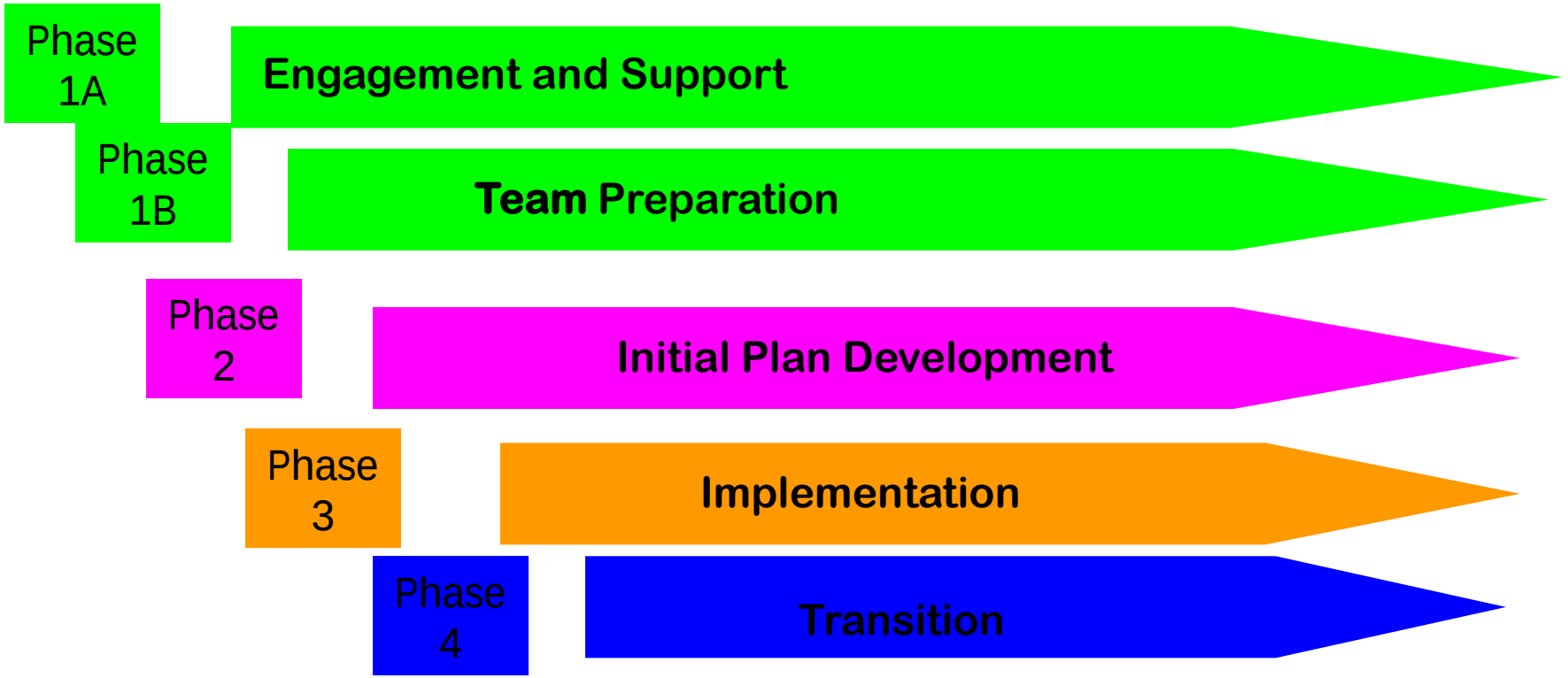
- Standardized Assessment data should always be reviewed against strategies in the Plan of Care. Examples:
  - If a significant mental health need is indicated (e.g., CANS Adjustment to Trauma), one or more Mental Health strategies should be included in the Plan.
  - If significant Family Needs are indicated (e.g., Residential Stability), individualized strategies to meet that need should also be included in the POC

Opportunities

- Standardized assessment data can and should be used effectively to:
  - Ensure the team has identified strategies that address all major Needs or concerns, **AND**
  - To track progress systematically over time, by including these data as data sources in the family's individualized outcomes statements

Use of Standardized Assessment Across

The Four Phases of Wraparound



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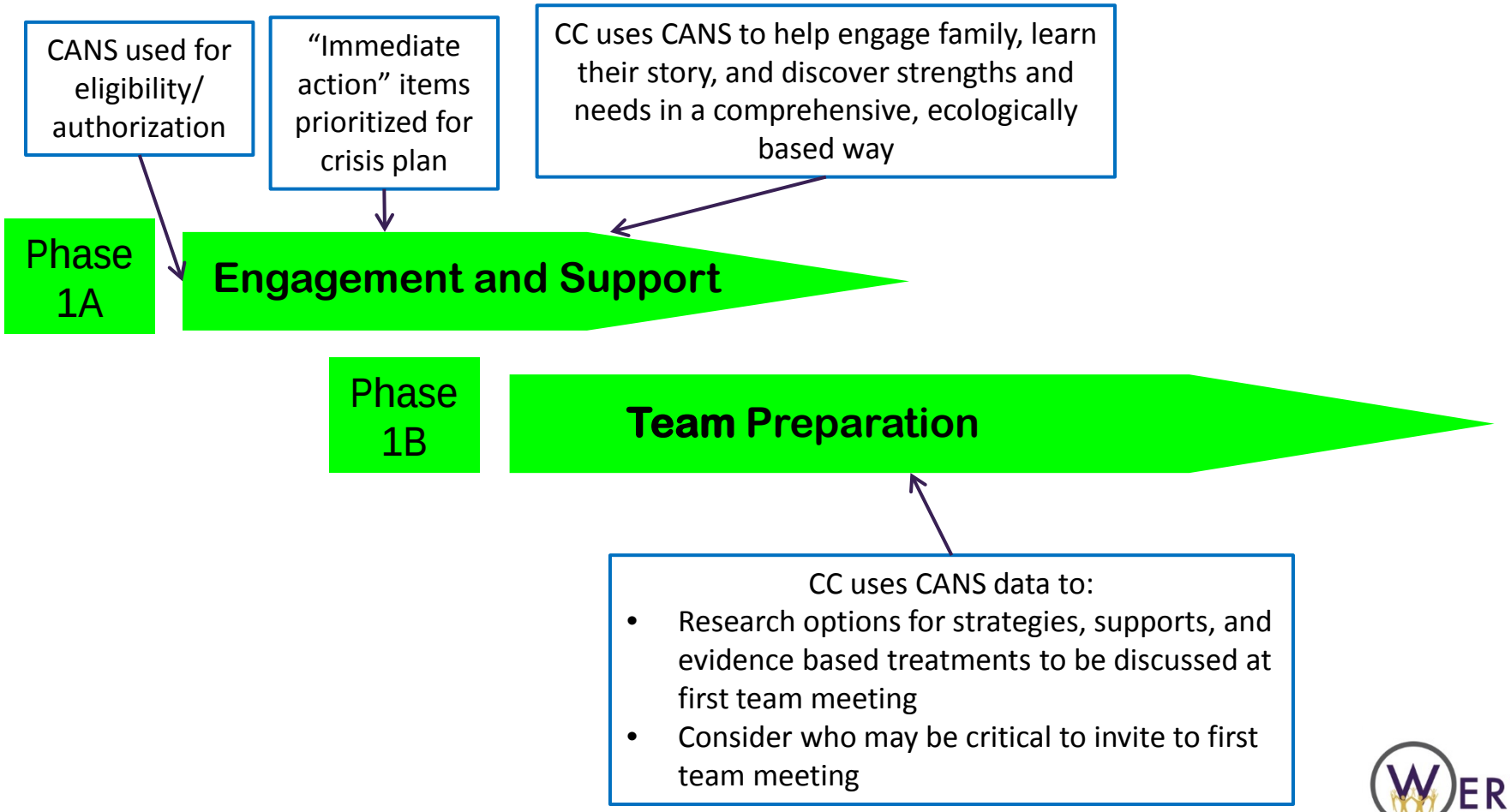
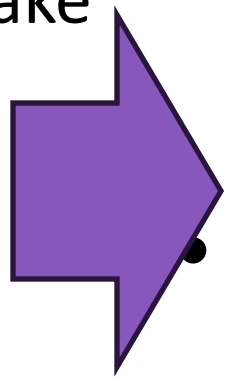
Use of CANS in Wraparound

Phase 1: Engagement and Support



Phase 1: Overcoming challenges

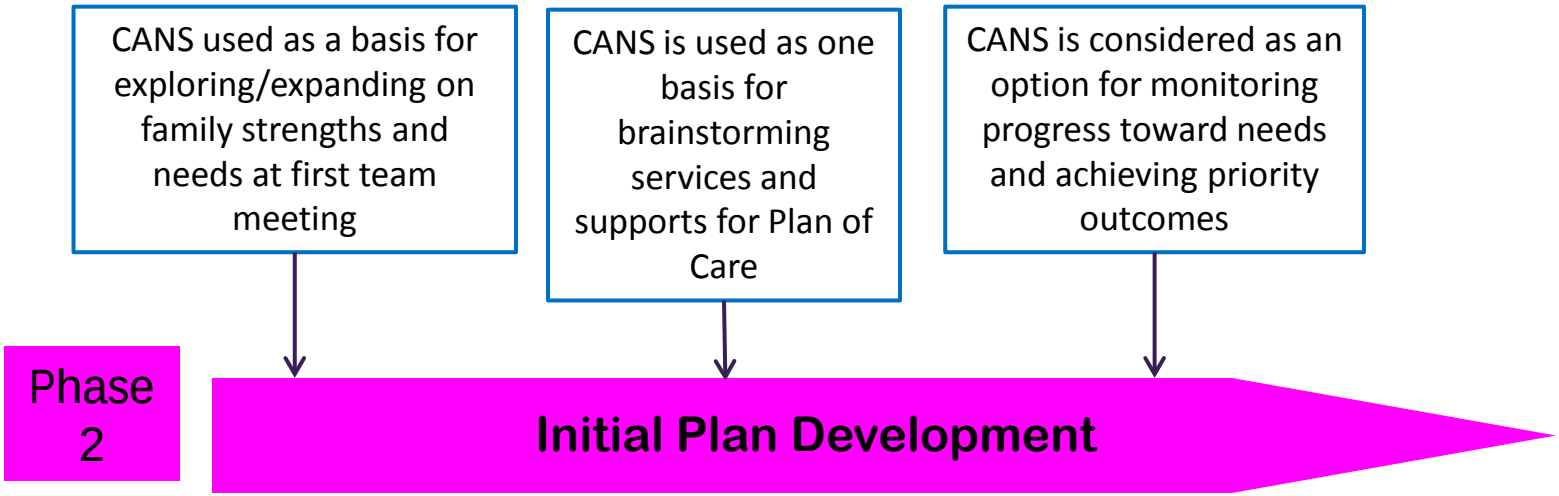
- Different person than the care coordinator does the CANS at intake
- CANS is viewed as separate from the Wraparound process
- Not used to support planning and decision making, but just authorization



- Ideal: This is a coordinated effort. Same person/people engage family and do CANS
- At a minimum: Need to ensure CC and team have access to the CANS for initial planning and strategizing

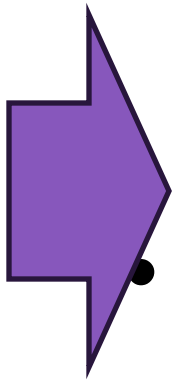
Use of CANS in Wraparound

Phase 2: Plan Development



Phase 2: Overcoming challenges

- Strengths are merely listed or checked, not functional strengths to be leveraged
- Individualized indicators of progress for family not identified

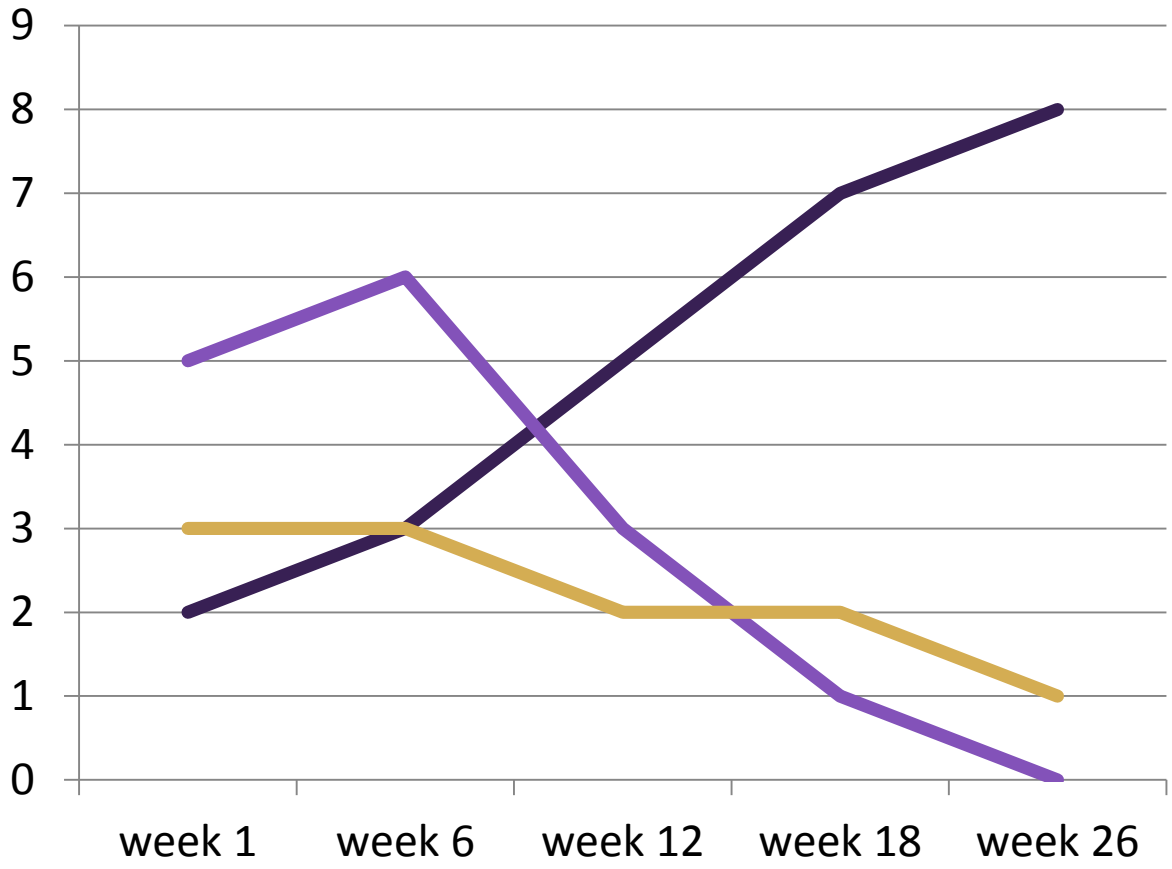


- CANS assessment provides basis for comprehensive brainstorming of functional strengths
- Progress monitoring informed by standardized measures and idiographic measures

Phase 2: From listing strengths to identifying and leveraging functional strengths

- "Kyle likes football"
- "Kyle likes to watch football with his uncle on Sundays"
- "Kyle enjoys hanging out with his uncle; David does well in social situations when he contributes to conversations; Watching football is one activity in which David doesn't feel anxious or worry."
- "Kaia enjoys music"
- "Kaia has an interest in playing guitar"
- "When Kaia strums the guitar after a bad day, it calms her down"
- "Kaia writes songs with her mother; on days when they do this together, they have less conflict"

Measuring progress: Toward meeting a need and achieving an outcome



Priority need:
"David needs to feel like there's a reason to go to school in the morning"

Progress toward need

School disciplines per week

CANS School behavior

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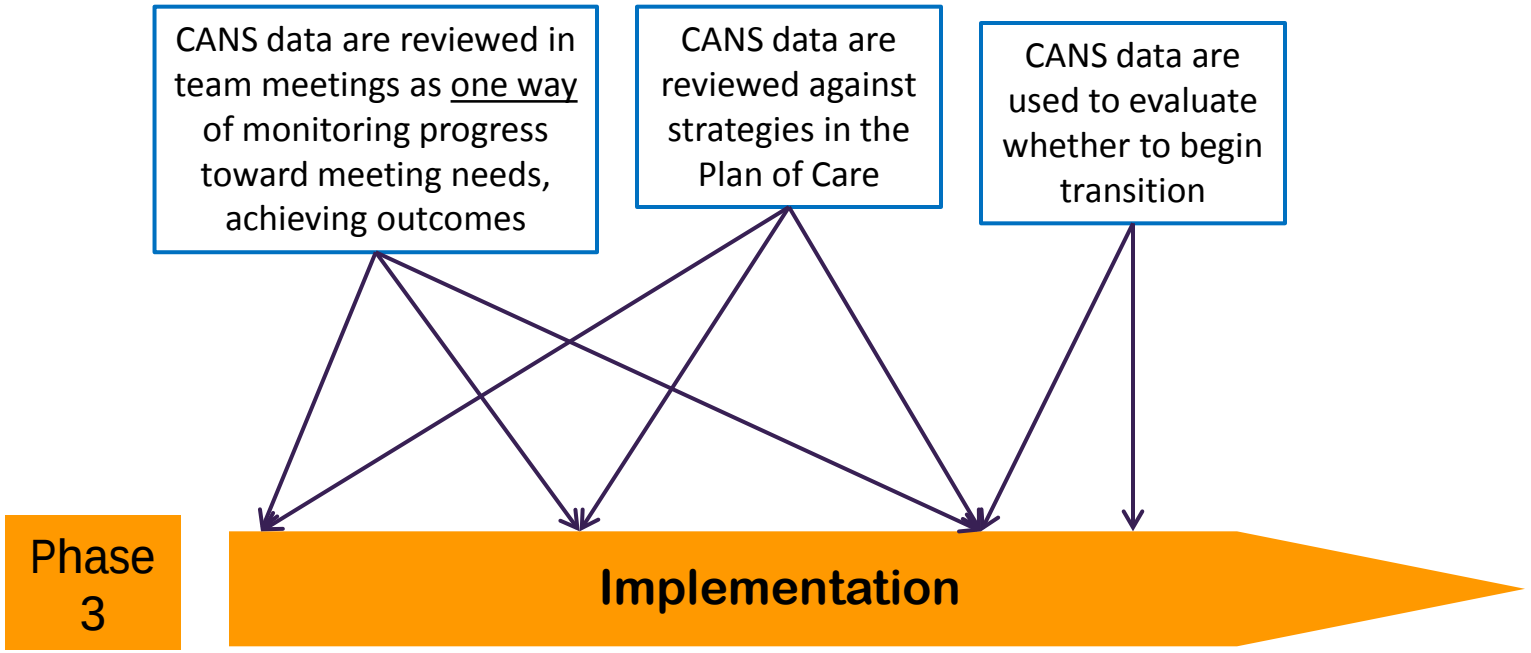
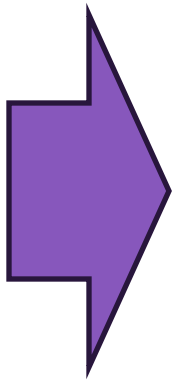
Use of CANS in Wraparound

Phase 3: Implementation



Phase 3: Overcoming challenges

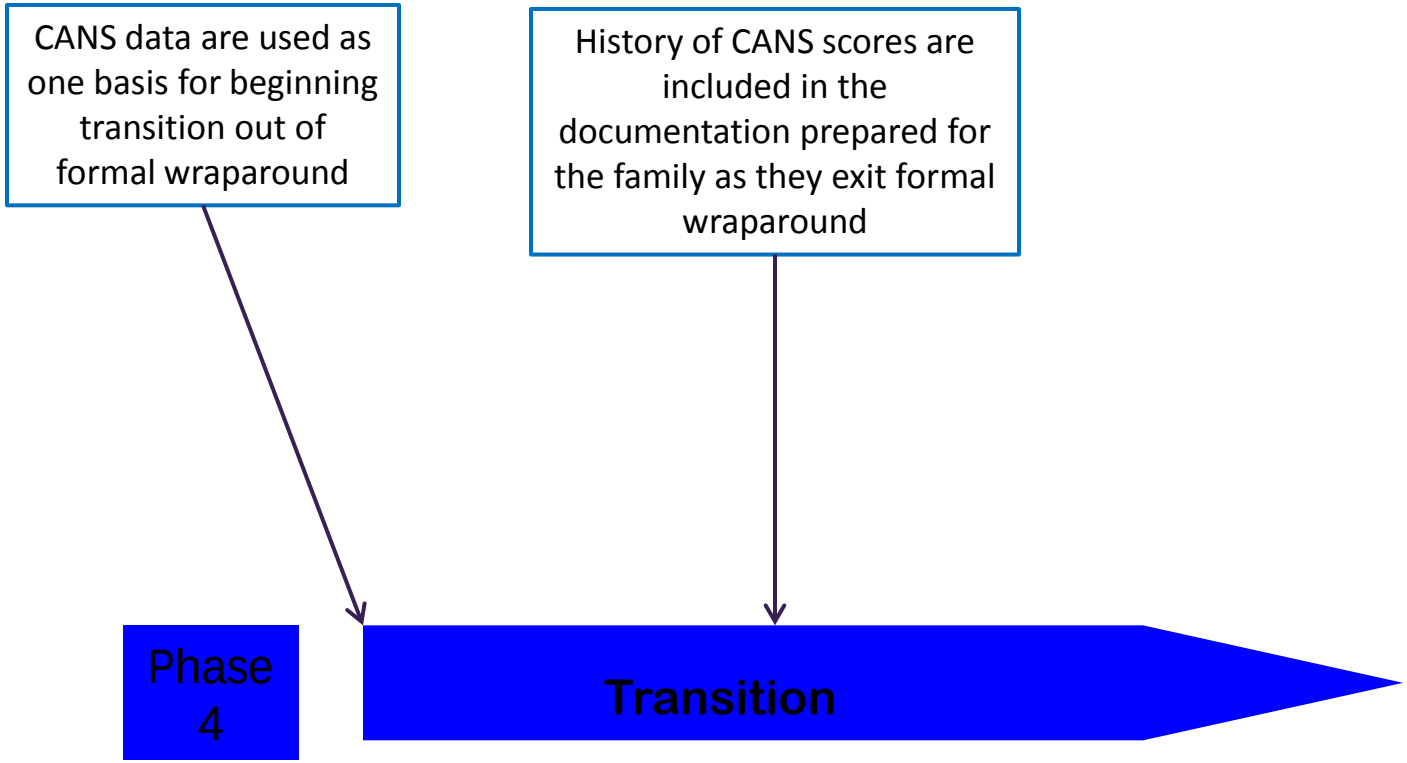
- Progress is not reviewed in team meetings
- Progress is not reviewed as a standard part of supervision



- Review of progress is an expectation at the team, supervision, and program levels
- When progress is not occurring or CANS Needs not decreasing, strategies and services in the plan of care must be revisited/revised

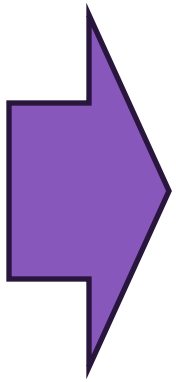
Use of CANS in Wraparound

Phase 4: Transition



Phase 4: Overcoming challenges

- Data on standardized assessments (e.g., CANS) “doctored” to retain families in services



- System, providers, and families have shared understanding of how transformation will be measured and transition from intensive services will occur

Decision support promoted by CANS

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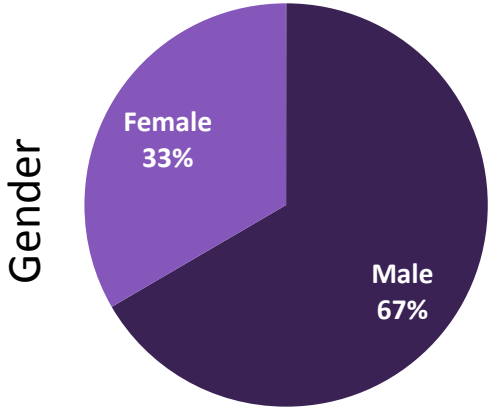
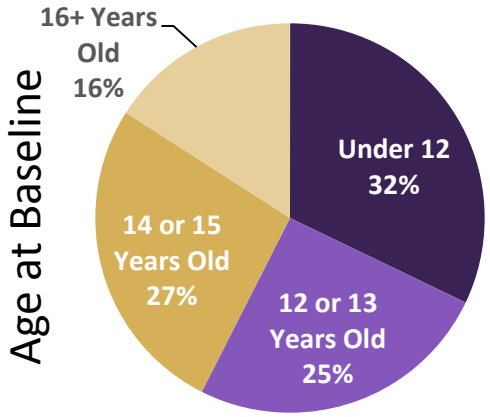
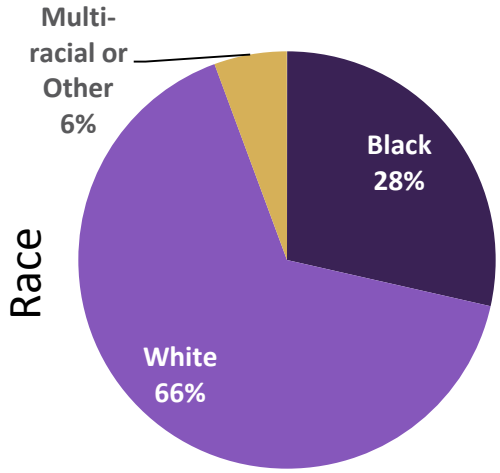
National CANS and Wrap data project

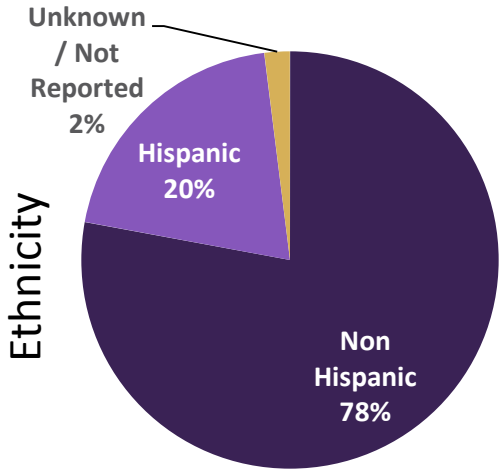
- What are the typical strengths and needs of wraparound-enrolled youth and families?
- What services are needed in service arrays in care management entities (CMEs) and wraparound initiatives?
- What are “benchmarks” for trajectories of improvement on CANS over time?
- What is the variation in CANS profiles across states and sites?

2074 Wraparound youth from 4 states with Baseline and 6 Month CANS









- Average age of 12.2 years
- Assessments done within 45 days (on either side) of Wraparound enrollment date and 6-months
- Majority of items appear in all four datasets, but may be listed under different domains or modules, therefore data analyzed at an item-level

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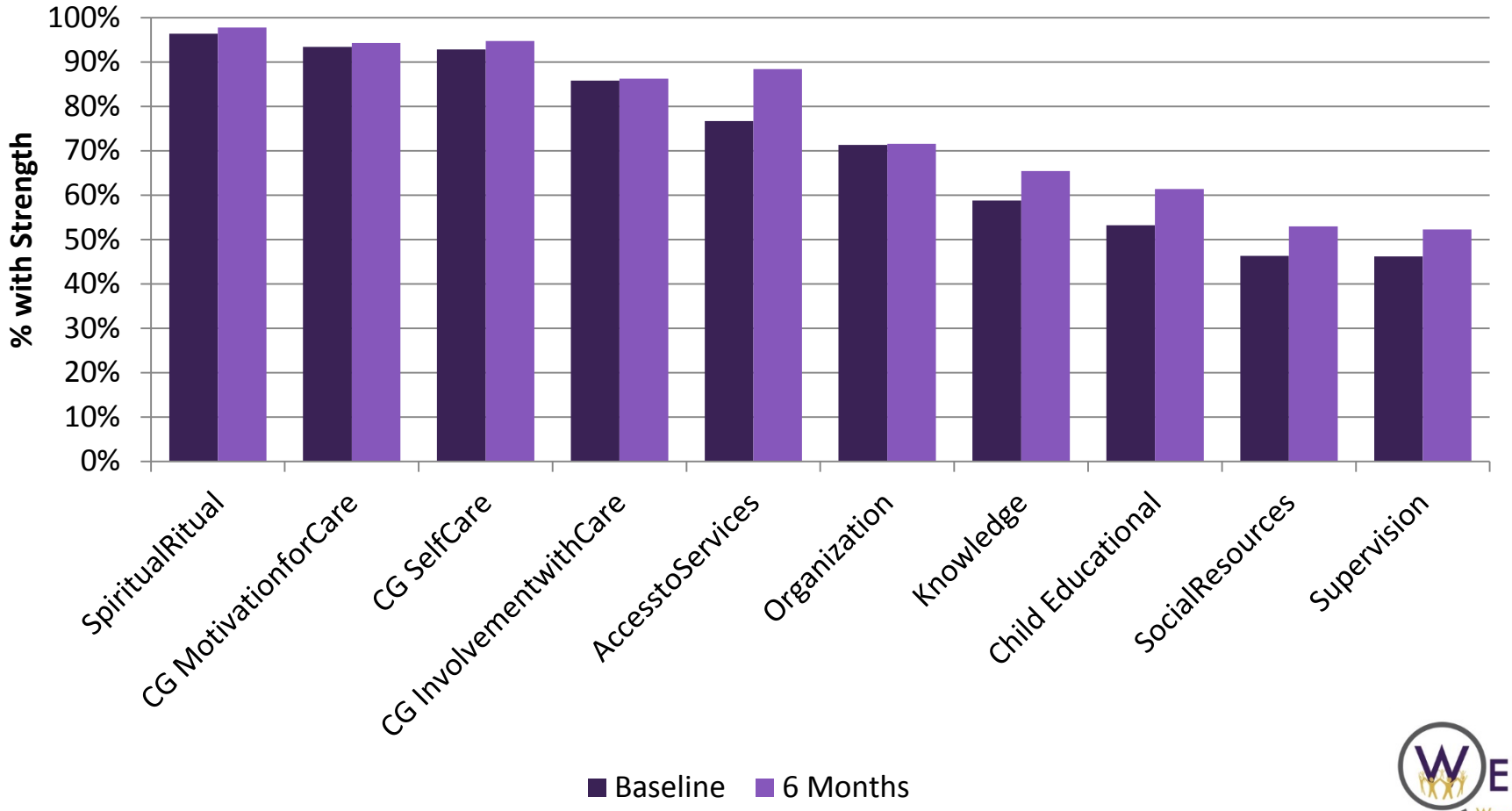
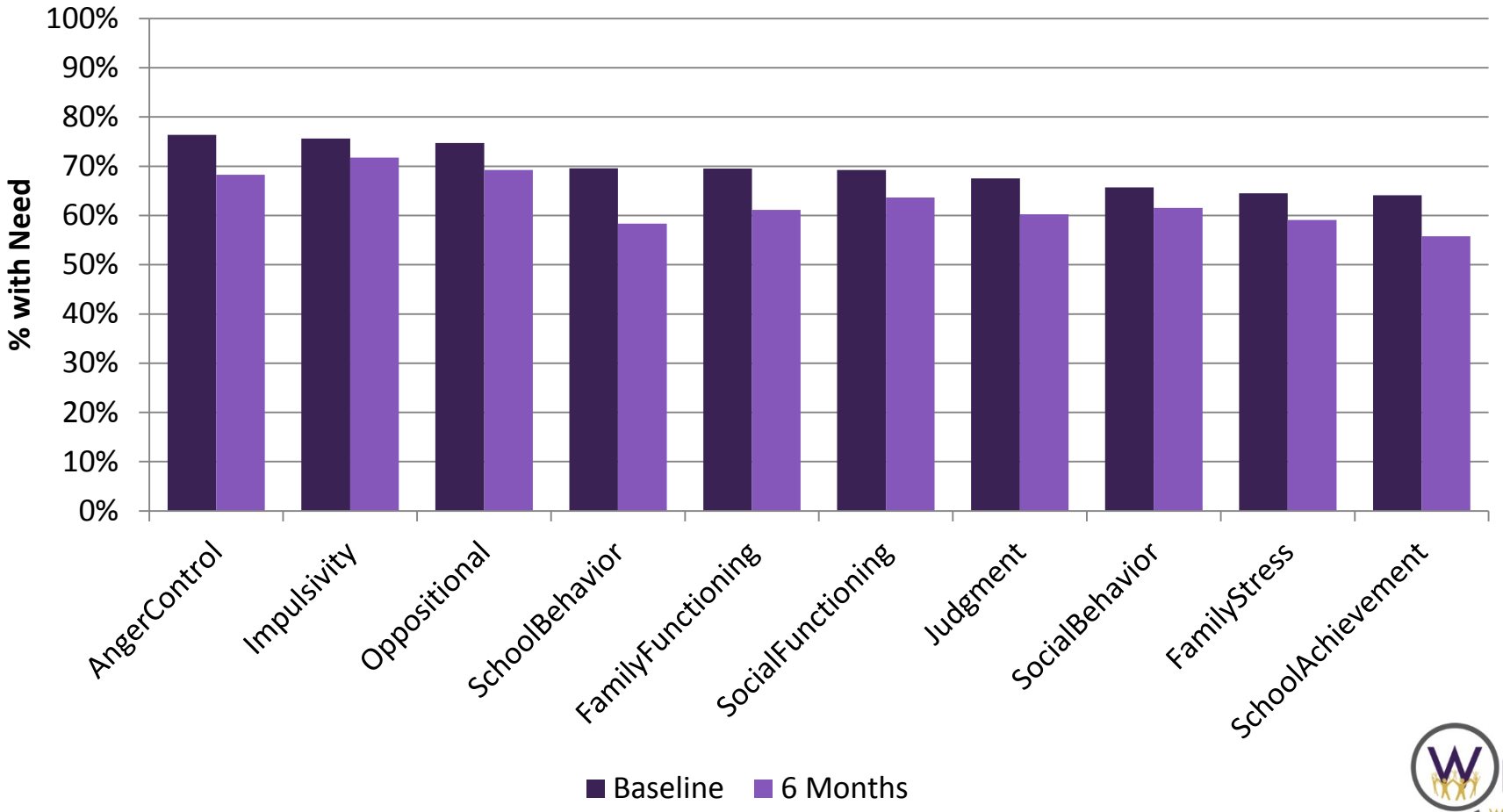
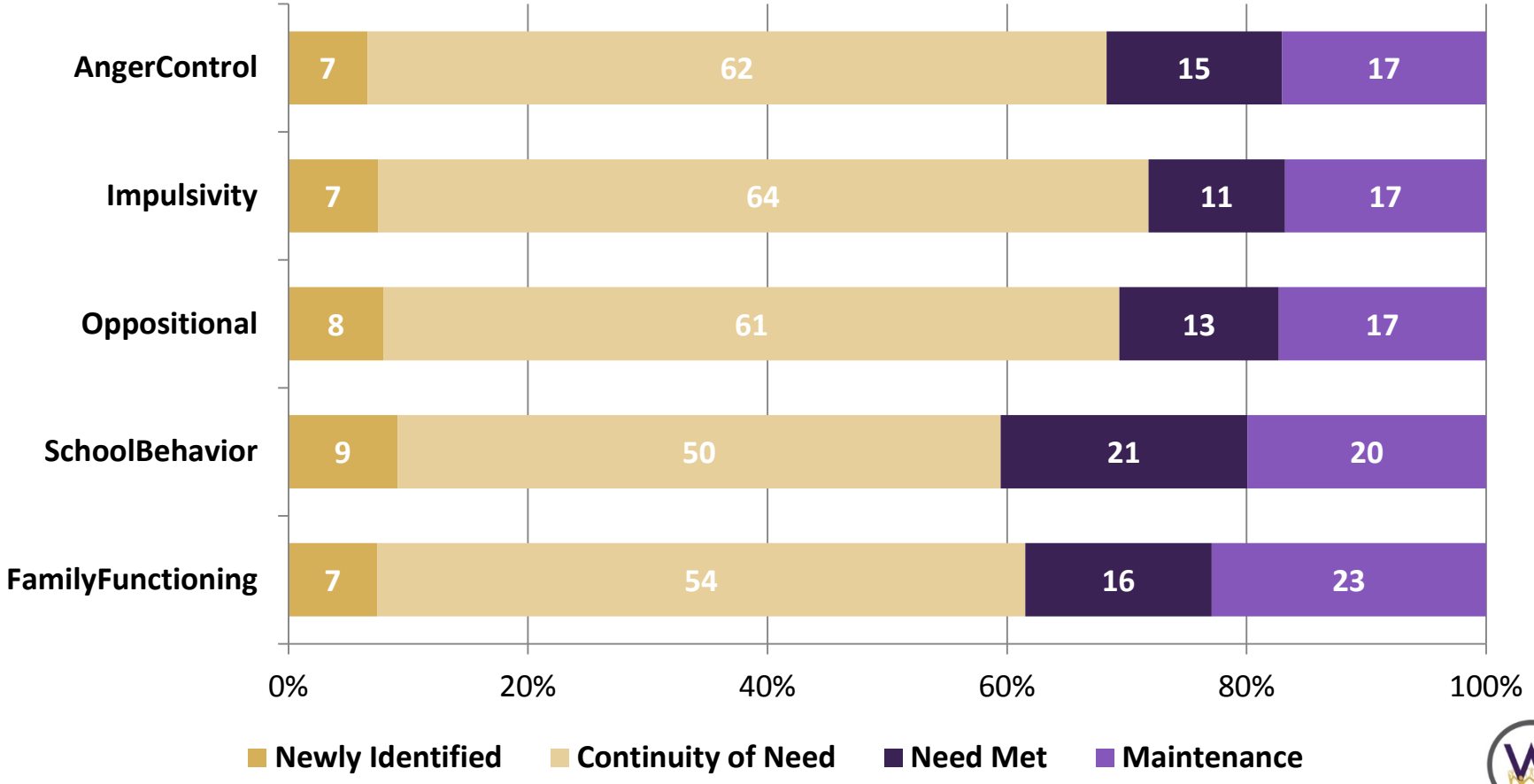
Most prevalent strengths (rated 0 or 1) at Baseline and 6 Months (n=~2000)



Most prevalent needs (rated 2 or 3) at Baseline and 6 Months (n=~2000)



Change from Baseline to 6 Months for Top 5 Needs (n=~2000)



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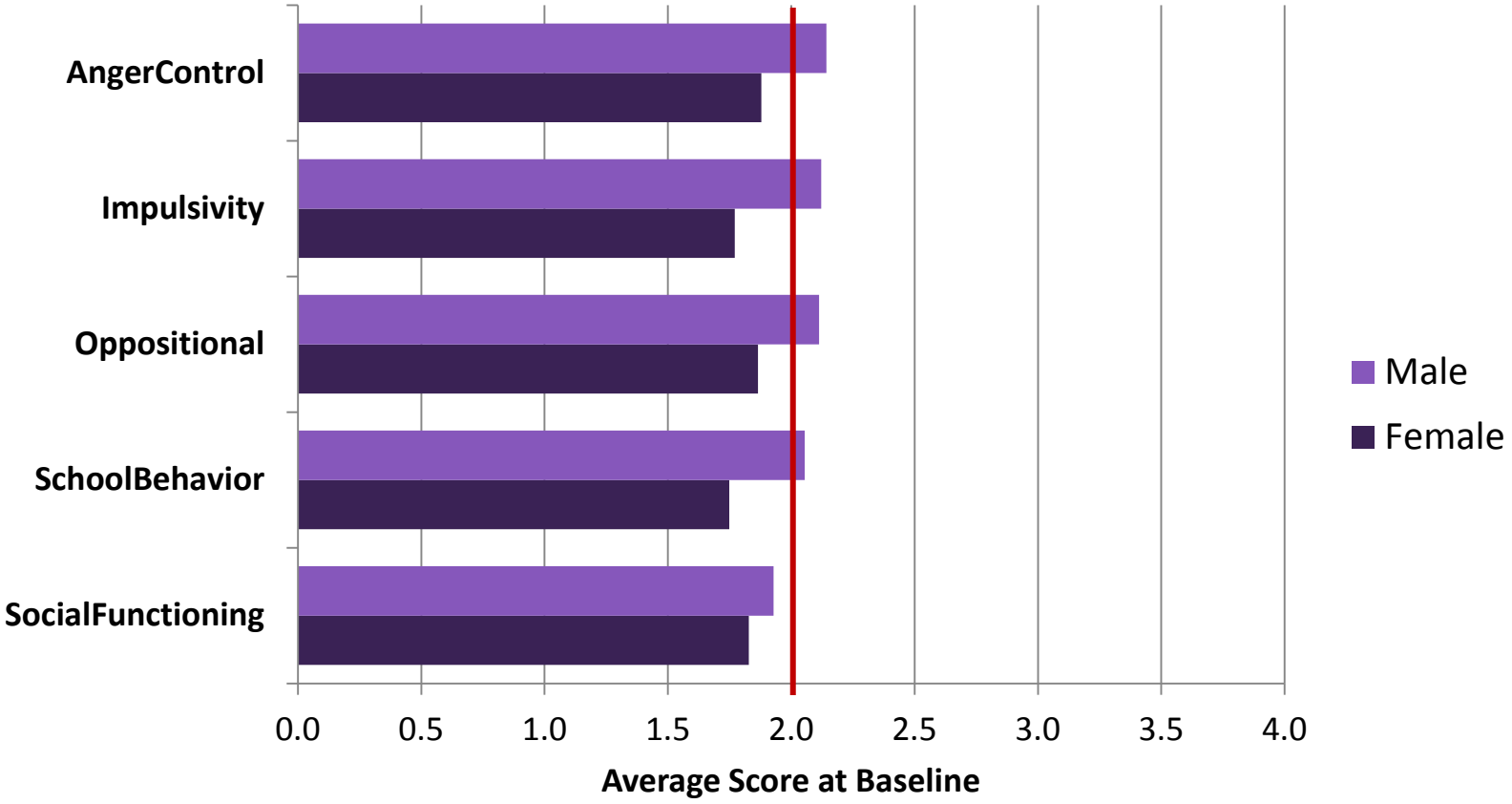
Males have significantly higher needs scores at baseline than females



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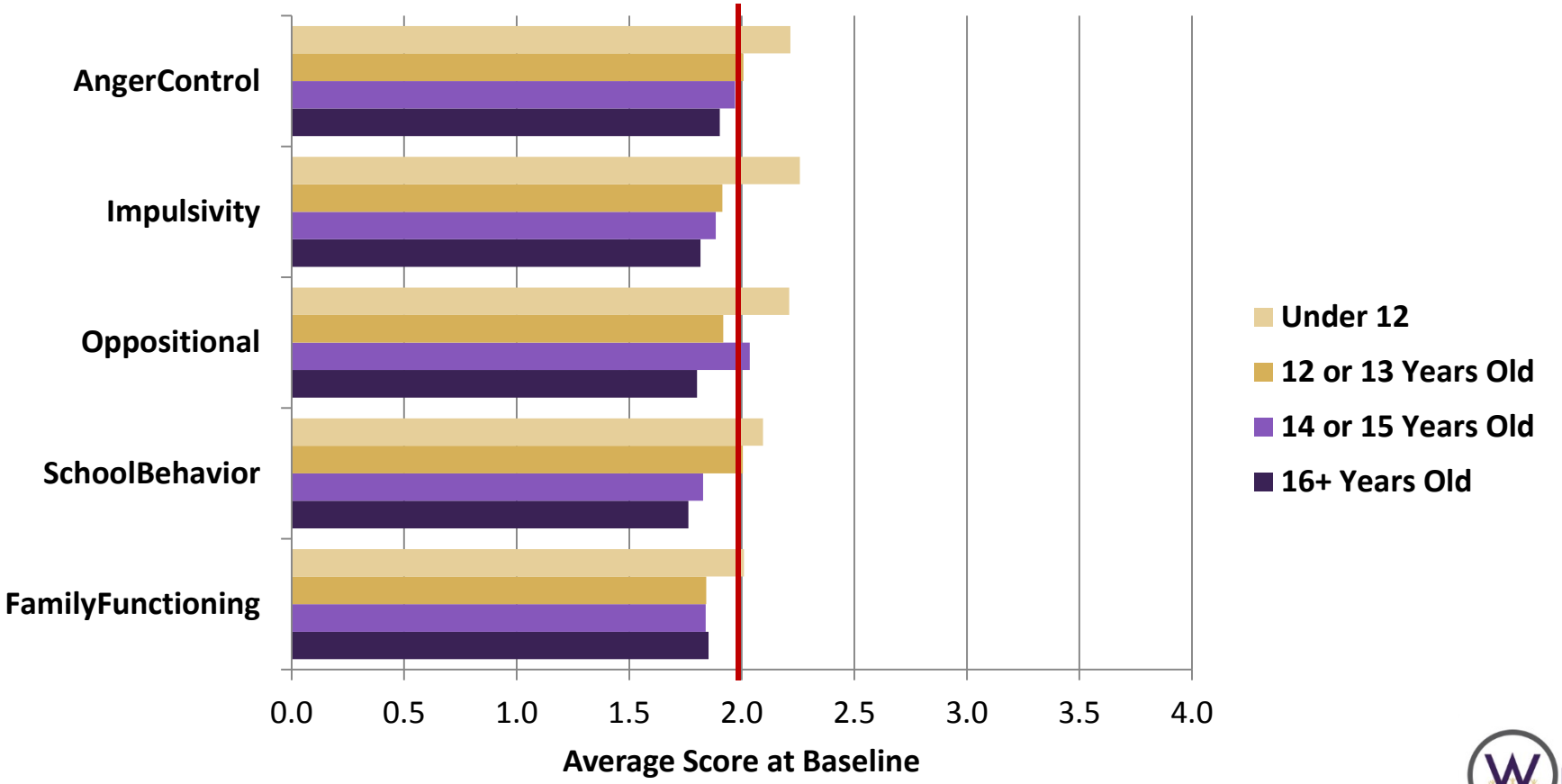
Younger youth who enter Wraparound have significantly more intense needs



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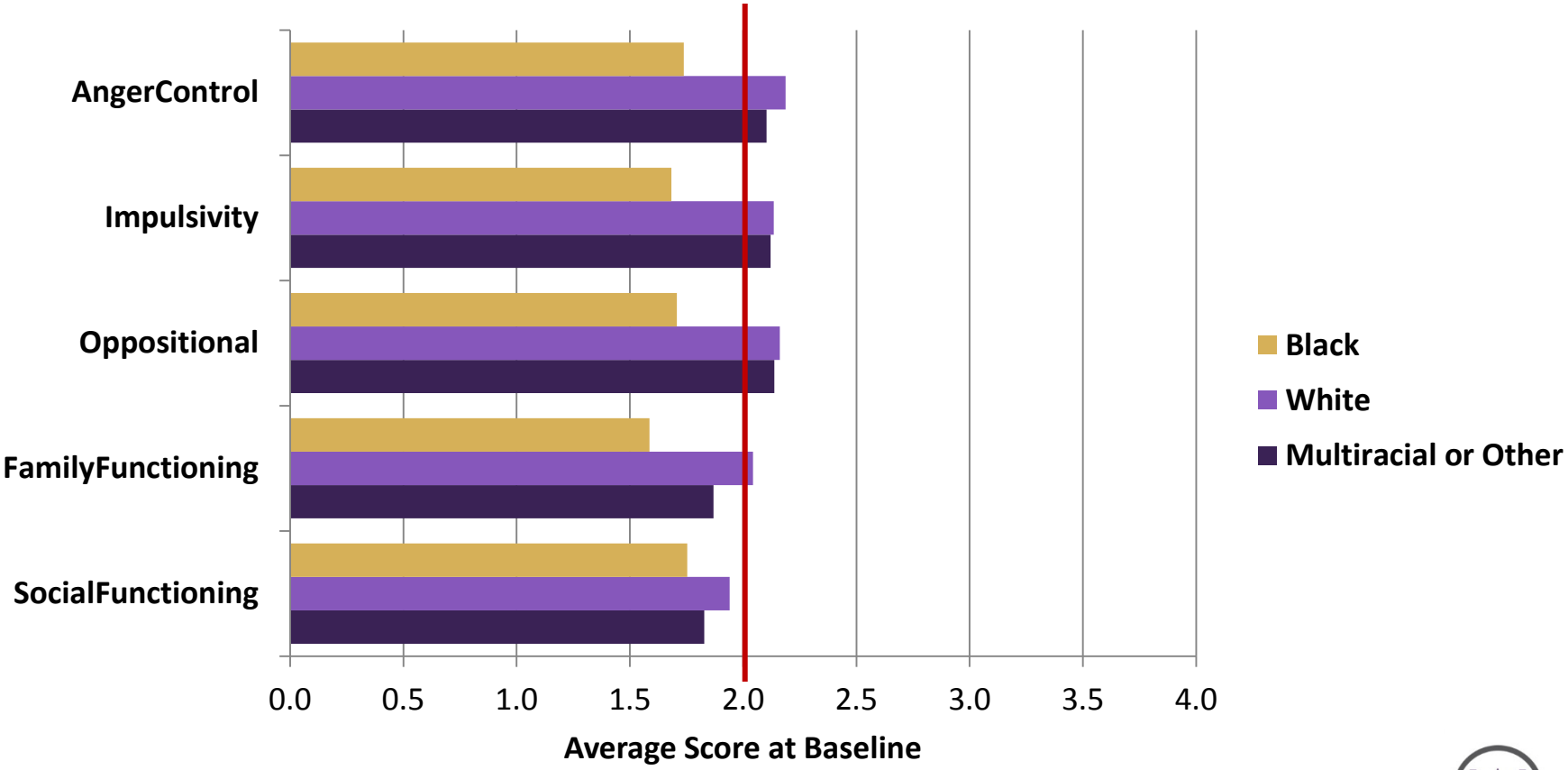
Black youth enter Wraparound with significantly lower levels of needs



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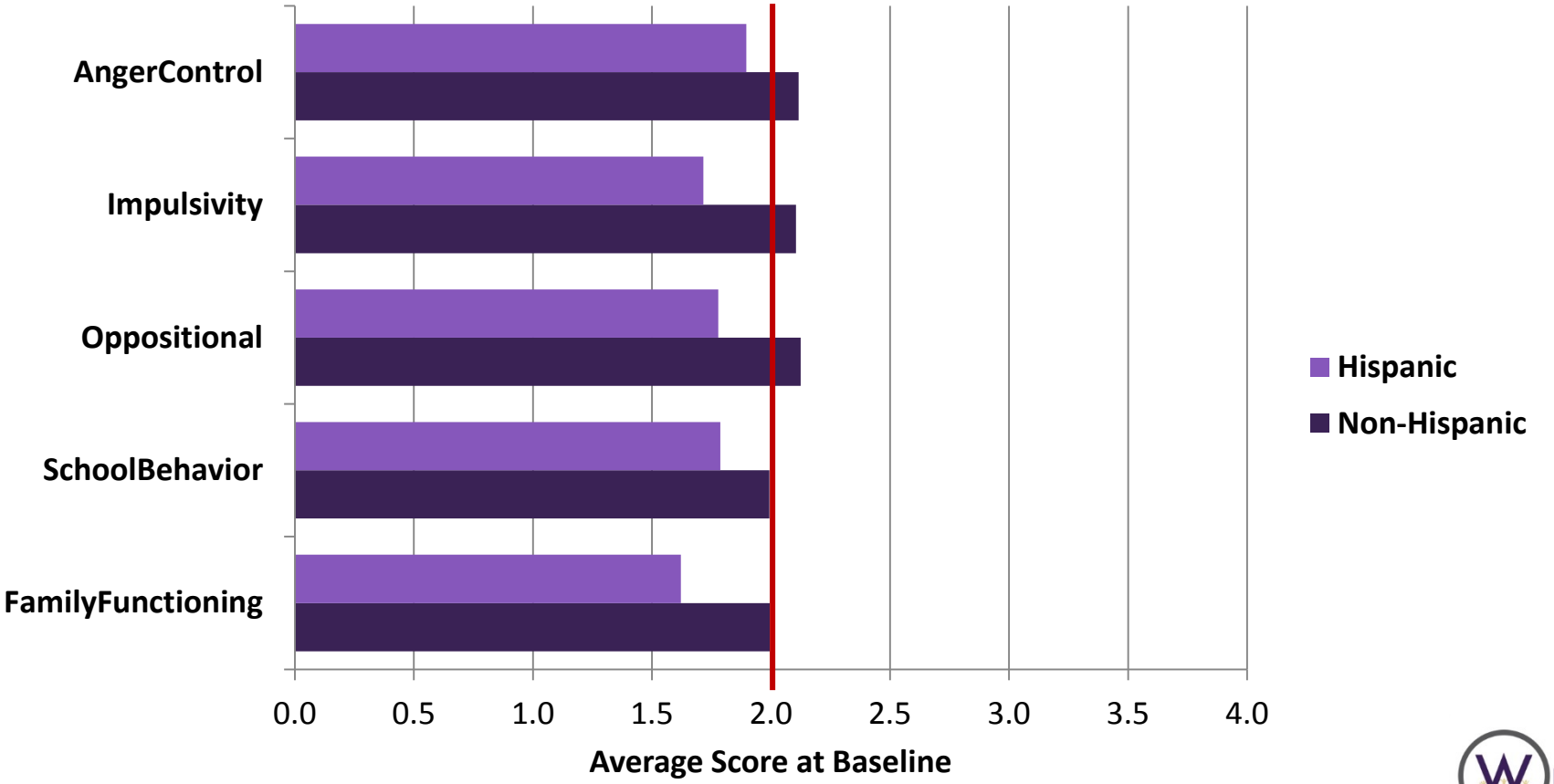
Hispanic youth also enter Wraparound with significantly less intense needs



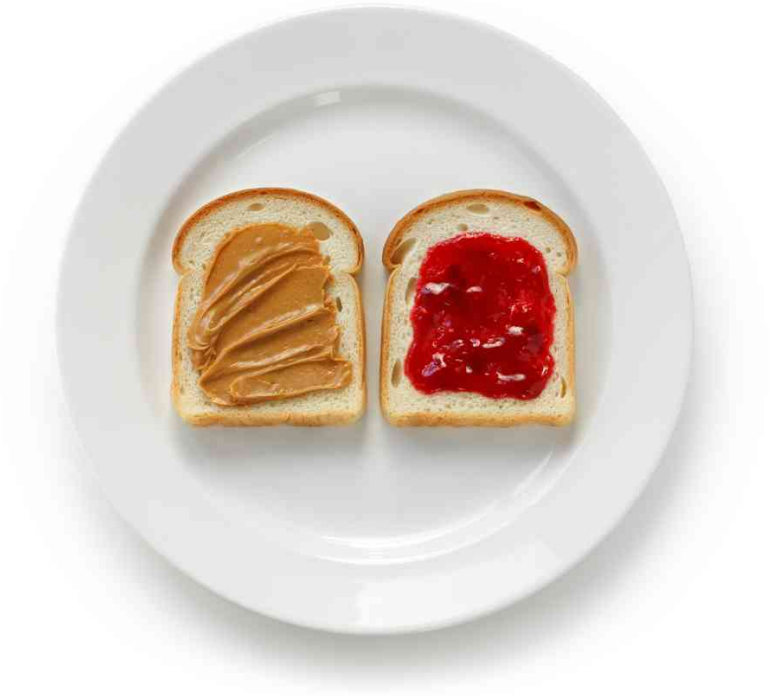
Some Points

- Minority youth who enter Wraparound (intensive services) have significantly lower levels of needs than their White non-Hispanic counterparts
- 10-20% of youth get at least one need met within 6 months
- 7-9% of youth have newly identified needs at 6 months, compared to baseline

Some next steps

- What is the variation across wraparound initiatives?
  - In baseline needs? In degree of improvement?
  - Do states vary in terms of the level of measured family and youth needs required for enrollment in wraparound?
  - What are benchmarks for expected improvement?
  - What system and service characteristics are associated with greater degree of improvement?
- What may explain variation by race/age?
  - How much of this is explained by site differences?

CANS and Wraparound



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