

Innovative Approaches to Measuring and Monitoring Outcomes for Youth in Systems of Care – Wraparound Milwaukee’s Model

For: Conference on “Expanding Access to Children’s Behavioral Health Care Services”

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What is Wraparound Milwaukee

- Created in 1995, it is a unique system of care for Milwaukee County children and adolescents with serious emotional, mental health and behavioral needs that cross child serving systems (e.g., mental health, juvenile justice, child welfare) who are at imminent risk of institutional type placements
- 1,600 youth/families served annually (1,100 daily census)
- Operated by Milwaukee County government as a unique Care Management Entity (CME) under the 1915(a) provision of Social Security Act, it acts as a type of behavioral health HMO



What is Wraparound Milwaukee (cont'd)

- Pools funds across child serving systems (\$53 million for 2014) to increase flexibility and availability of funding – Wraparound Milwaukee is single payer
- One service plan and one care manager
- 42% of youth served are from juvenile justice system and 25% are referred from child welfare system, 30% non-court involvement



Rationale for the Creation of Wraparound Milwaukee

- Over utilization of out of home care for youth involved in the juvenile justice and child welfare systems including group/residential treatment, juvenile correctional placements, and psychiatric in-patient care – Too many youth being placed and for too long
- High cost of out of home care expenditures was causing serious deficits in juvenile justice/child welfare budget in Milwaukee County
- Poor outcomes for youth coming out of institutional placements concerned court, advocates and juvenile justice/child welfare officials



What is a Care Management Entity (CME)?

- An organizational entity that serves as the “locus of accountability” for defined populations of youth with complex challenges across service systems
- Without a good CME model, wraparound approaches are not as effective for high risk populations
- Is accountable for improving the quality, outcomes and cost of care for historically high-cost/poor outcomes populations
- In Milwaukee County, most youth with serious emotional mental health needs at risk of institutional placement served in the juvenile justice and child welfare systems are referred to the Wraparound Milwaukee CME

Wraparound Milwaukee Functions

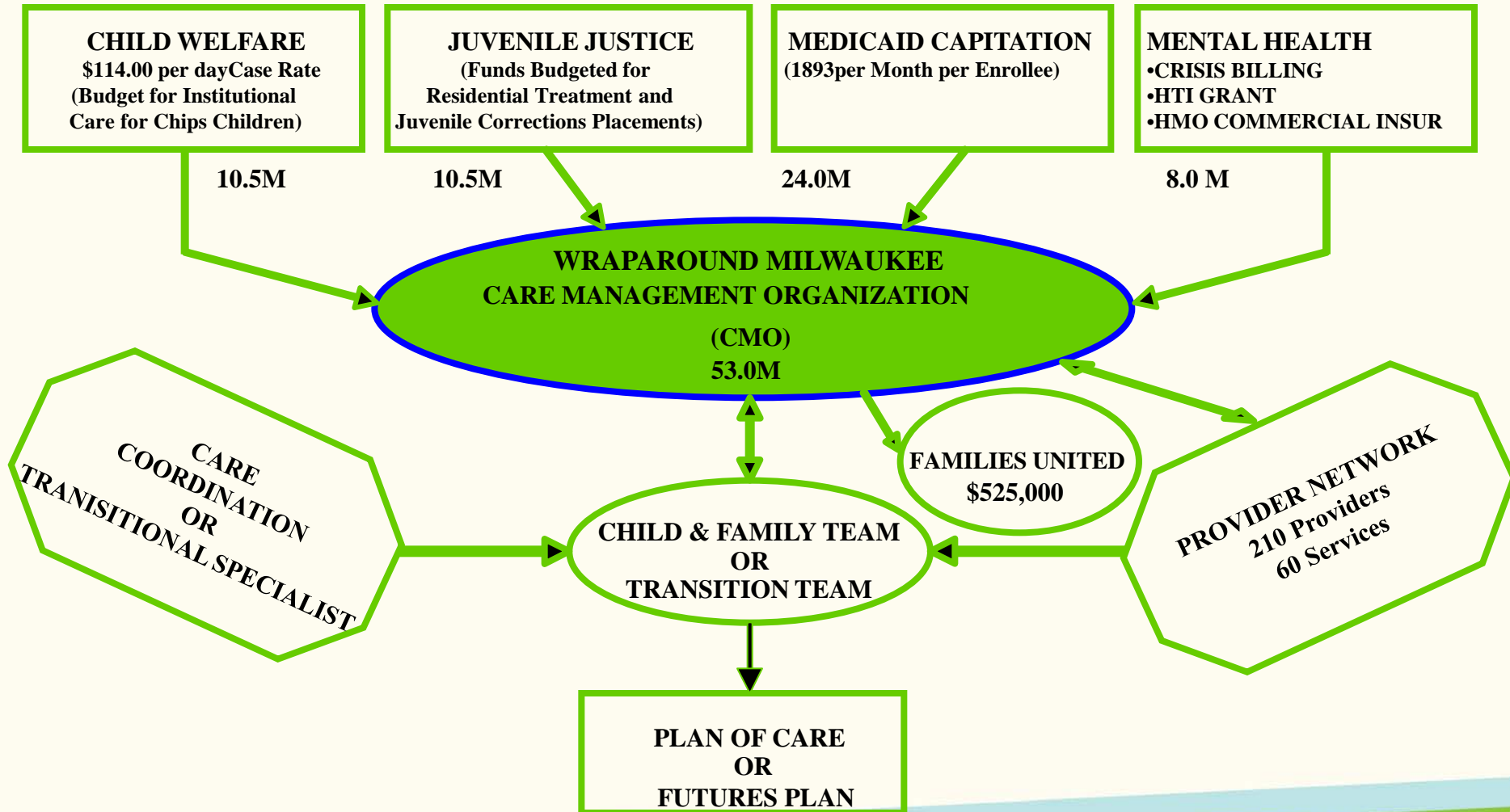
Administration


- Program oversight
- Enrollment
- Finance – claims processing and payment of providers
- Quality assurance/quality management including utilization review
- Evaluation
- Information technology
- Contracting/procurement
- Public relations
- Liaison with courts
- Dispute resolution

Programmatic


- Assessment
- Care Coordination
- Family Advocacy
- Provider Network
- Crisis services
- Medical/clinical oversight
- Training/coaching and consultation

How We Pool Funds






Eligibility for Wraparound Milwaukee

- Youth must meet the State eligibility definition under the Medicaid Program
 - DSM-IV diagnosis
 - Functional or psychiatric impairment
 - Condition that is likely to persist for a year or more
 - Involvement in two or more child serving systems i.e. Mental Health, Child Welfare, Juvenile Justice or Special Education
 - At immediate risk of institutionalization in a residential treatment center, psychiatric hospital or juvenile correctional facility
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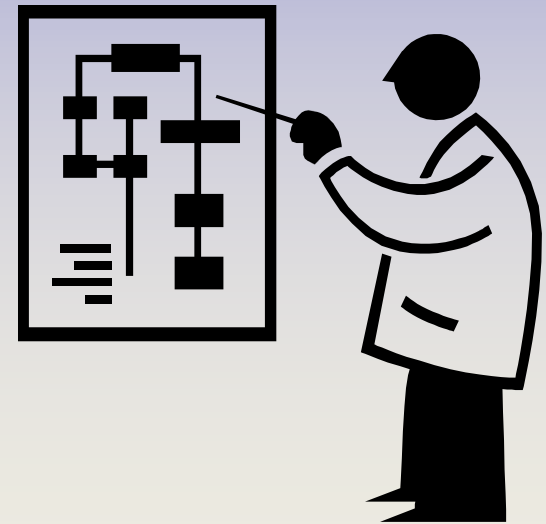
Daily Composition of Youth Enrolled/Served in Wraparound Milwaukee

425	Youth Adjudicated Delinquent with SED
250	Child Welfare
350	Voluntary (REACH)
<u>75</u>	Transitional (17-22)
1,100	

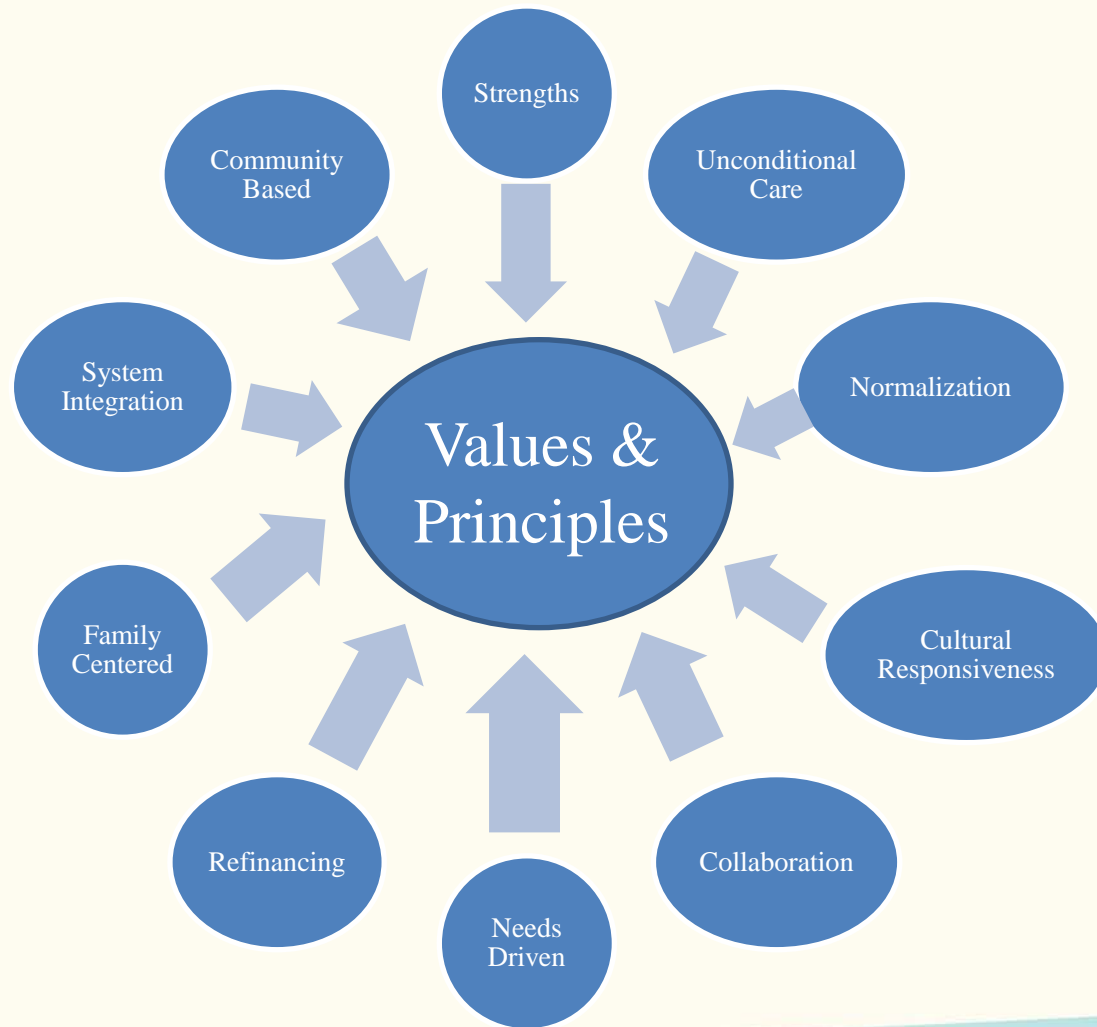


SERVICE STRUCTURES

To Deliver
Wraparound Approach
&
Process




Elements of Wraparound






Critical Components in the Design of the Service Delivery System – What Components Work Best in the Care Management/System of Care Model

1. Child & Family Teams
 2. Care Coordination
 3. Provider Network
 4. Comprehensive Array of Services
 5. Mobile Crisis
 6. Family Advocacy & Peer Support
 7. Information Technology
 8. Quality Assurance/Evaluation/Data Sharing
 9. Evaluation/Outcome Measurement
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Child and Family Teams

- A Child & Family Team is a group of people identified by both the youth and the family who will work with the family throughout the Wraparound process. A Child & Family Team is composed of formal, natural and informal members. Child & Family Teams meet on a regular basis, usually monthly, to create and continuously refine a written plan of care for the family. The meetings generally take place in the family's home or at a place in the community that is most convenient and comfortable for the family.
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Care Coordination

Teams are facilitated by a Care Coordinator whose roles and responsibilities include:

- Home visits (weekly)
 - Monthly Team Meetings
 - Plan of Care Meetings, every 60 – 90 days
 - Collaborating with System Partners
 - Court appearances when indicated
 - School meetings as needed
 - Authorizing and arranging supports and services
 - Ongoing monitoring of the Plan of Care and service provision
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Provider Network


- An organized group of agencies and individual providers that have agreed to provide and are reimbursed for services to enrollees of the Wraparound Milwaukee health plan and our system of care
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Comprehensive Service Array

Behavioral & Clinical Services	Supportive Services	Service Coordination
Crisis intervention	Mentors	Care coordination
Individual therapy	Crisis 1:1 stabilizer	Respite
Intensive in-home therapy	Tutor	Crisis/planned respite
Evaluation	Parent/family aide	Residential respite
Substance abuse therapy (individual and group)	Life coach – independent living	Discretionary
Medication management	Employment preparation and placement	Flex Funds
Day treatment	Job – internship	Clothing
Special therapy (i.e. behavioral management team)	Other Supportive	Food/groceries
Placement Services	Camps	Housing assistance
Acute hospitalization	After school	Child care
Foster home and treatment foster home	Suspension accountability	Furniture, appliances
Group home care	Transportation	YMCA membership
Residential treatment	Interpretive services	Educational expenses
Crisis/residential, group care, treatment foster care	Equine therapy	
Supported independent living	Consultation with other professionals	



Family Advocacy & Peer Support

- Families United of Milwaukee – advocacy organization run by families in Milwaukee and funded by Wraparound Milwaukee
 - All families have access to a family advocate who has had a child in the program and want to help other families
 - Advocates are available to talk with families and participate as a support to them on the Child & Family Team
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Program

Outcomes




Evaluation/Outcome Measurement

- Outcome measurement is part of a good Quality Assurance/Quality Management Improvement Program
 - We believe in having a variety of outcome measures that matter to stakeholders
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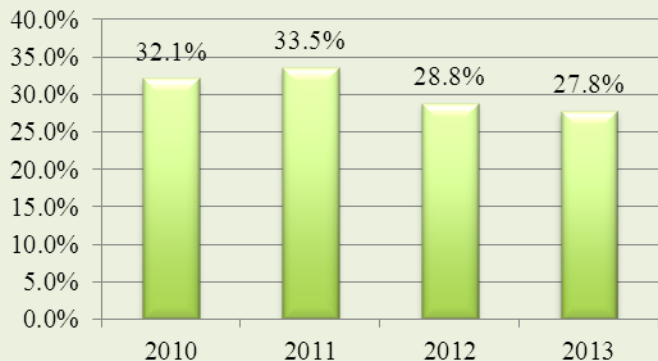
Program Outcomes

How has the program impacted on the system of care based on reasons it was created?

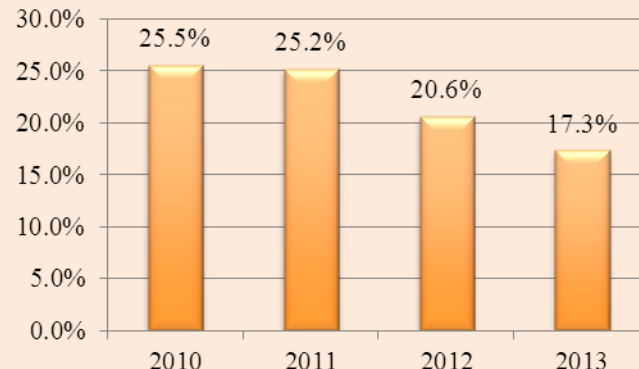
- The average daily residential treatment population has dropped today from 375 youth to 110
 - Average length of stay in residential treatment has dropped from 14 months to 4 months
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Average Utilization Trends (Cost and Usage) of Residential Treatment by Wraparound Milwaukee Enrollees (2010-2013)*

% of Total Wraparound Payments Per Month



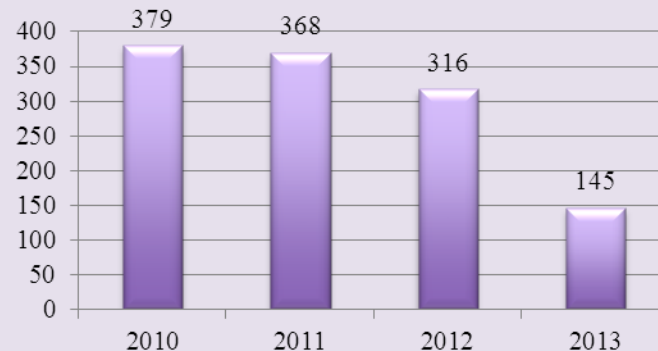
% of Total Wraparound Enrollees



Cost Per Month (Per Child)



Average # of Youth Receiving RTC Services



*2013 (year-to-date)

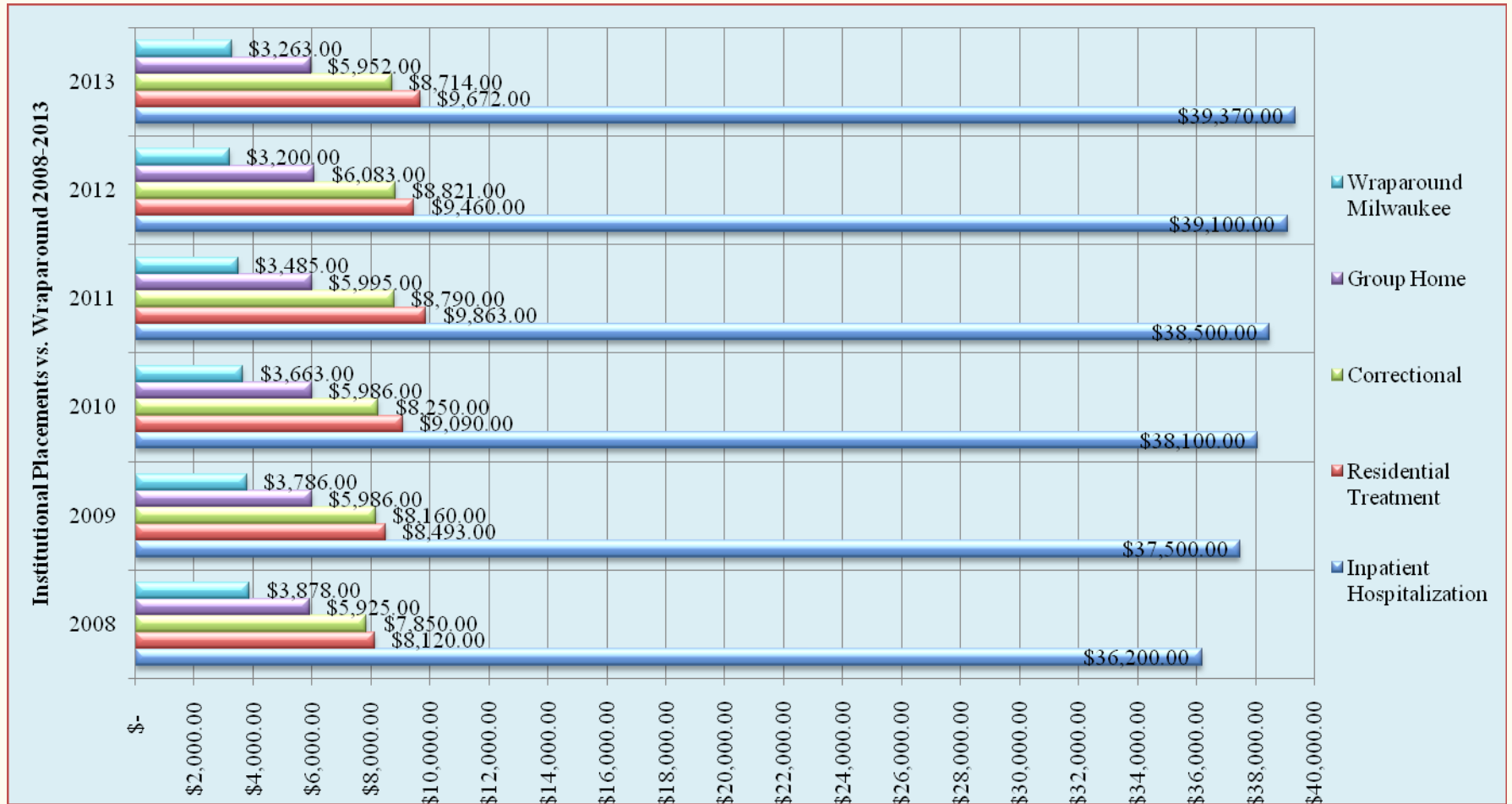


Fiscal Outcomes

- The average monthly cost of a youth enrolled in Wraparound Milwaukee is significantly less than the monthly cost of a youth in an institutional setting
- Average monthly cost comparison of Wraparound to institutional care over past 6 years:


■ Wraparound Milwaukee	\$3,545
■ Group Home	\$5,998
■ Residential Treatment	\$9,116
■ Psychiatric Inpatient (30 day stay)	\$38,130

Cost Effectiveness Wraparound Milwaukee vs. Institutional Placements Over Past Six Years (average monthly cost of service)

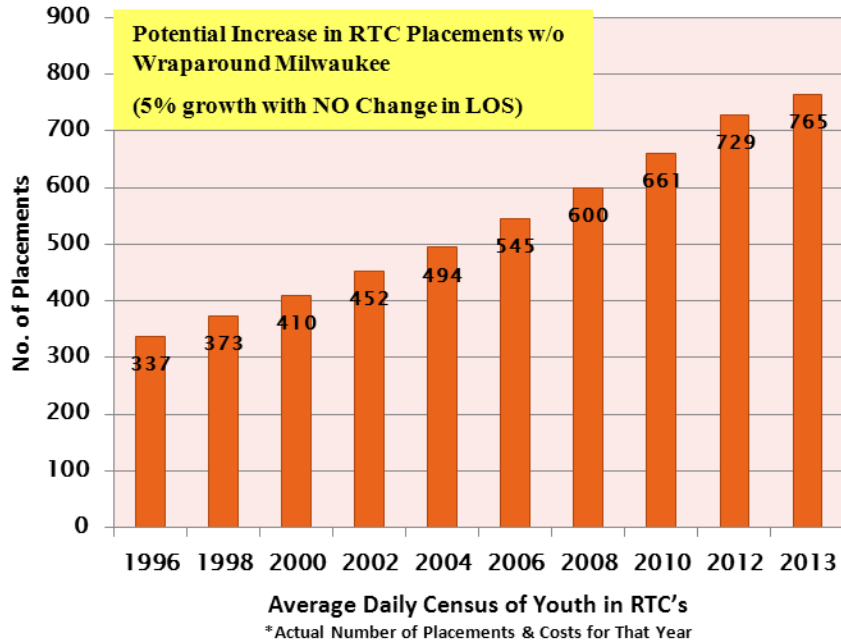




The Cost of Doing Nothing – Residential Treatment Costs Without Wraparound Milwaukee Versus Actual Residential Treatment Placement Costs Under Wraparound

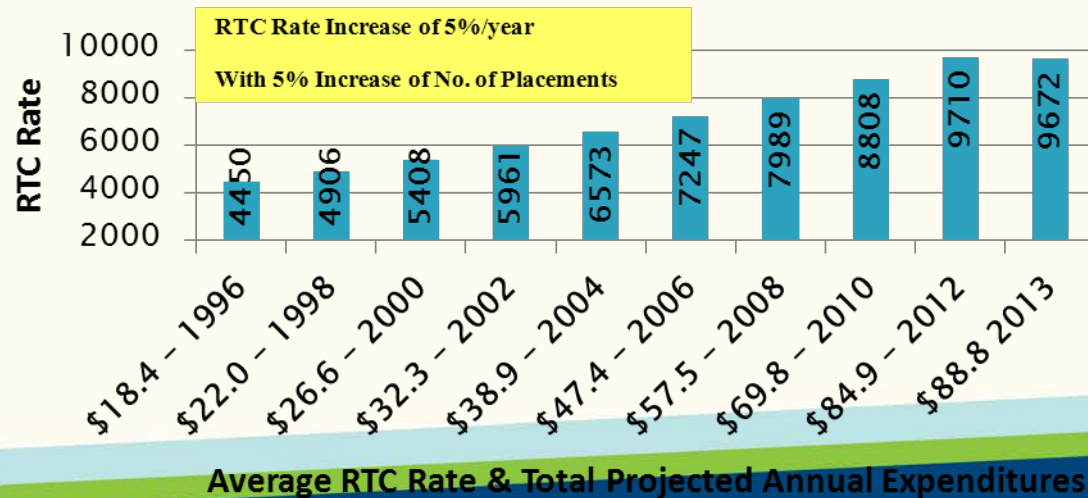
- Wraparound Milwaukee developed a methodology shown in the graph on the following slide to show what the potential for increase costs may have been to Milwaukee County child serving agencies had the number of RTC placements continued to increase by 5% every year and cost of RTC placements had also increased by the same percentage (as they had in the previous 5 years)
 - This graph compares the projected costs without Wraparound with the actual expenditures for residential treatment for County youth over the same period
 - Total projected expenses in 2013 without Wraparound Milwaukee would have been approximately \$88.8 million versus \$12.5 million in 2013
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RTC Placements




Cost of Doing Nothing Residential Treatment Placements & Costs Without Wraparound Milwaukee

Child Welfare/Juvenile Justice Expenditures for RTC without Wraparound Milwaukee






Clinical Outcomes

- Statistically significant improvement in functioning on Child Behavioral Checklist (CBCL), Youth Self Report (YSR). Overall, 85% of youth at disenrollment have an improved level of functioning on the CBCL.
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Educational Improvement

- 40% increase in school attendance from time of enrollment to disenrollment
 - Youth attended 87% of school days in 2012.
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Child Permanency

- 85% of youth achieved permanency plan of return home, relative placement or independent living at time of discharge from Wraparound Milwaukee
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Recidivism Rates

- Wraparound Milwaukee serves nearly 40% of all youth on probation including many of those at high risk of correctional and/or residential treatment.
 - The overall recidivism rate for the 2 year time period between June 1, 2012 and June 30, 2014 based on arrest data is 14.1% (n=155/1091).
 - Since October 2009, the mean rate of recidivism is 16.6%
 - The Public Policy Forum of Wisconsin recently conducted a 4 year recidivism study for all delinquent youth in Milwaukee County based also on arrest data which established an overall 41% recidivism rate not including Wraparound youth. So Wraparound had a lower rate of recidivism than other delinquent youth.
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Reduction in Juvenile Correctional Placements has Reduced County Costs for Such Placements

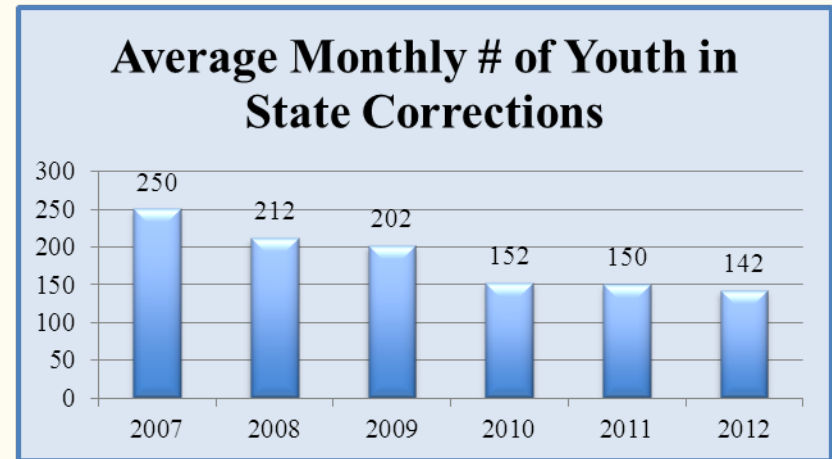
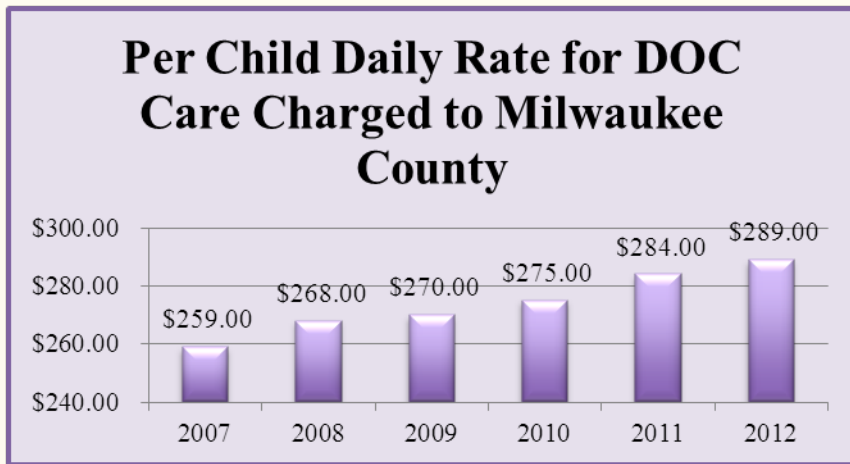
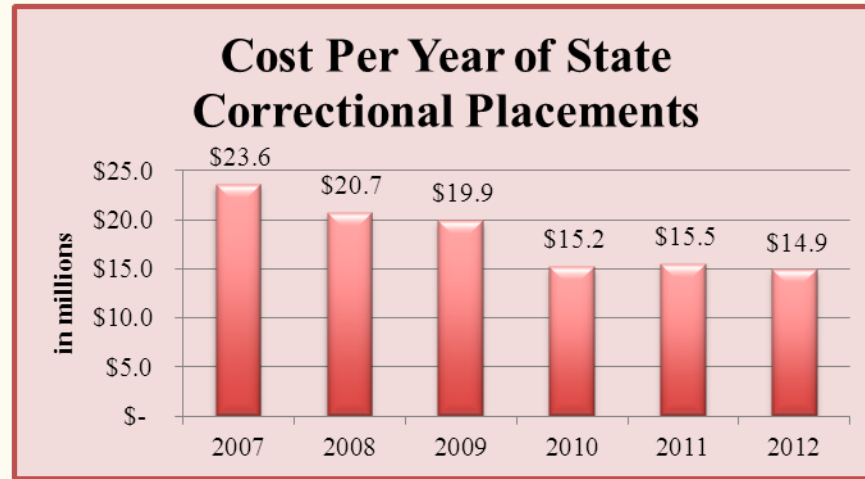
- Wraparound Milwaukee needed to show what the direct fiscal impact of the reduction in recidivism had on correctional placements of county youth. In Wisconsin, including Milwaukee County, counties are responsible to pay for the costs of youth committed to the State correctional system (Youth Aids Program)
 - While counties receive some base level state funding, placement cost in excess of state funding must be absorbed by county funds
 - But counties also retain savings in excess of their aids base level funding to fund community-based care for delinquent youth if they can reduce juvenile correctional placements
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Reduction in State Juvenile Corrections Placements

- As the graph on the following slide shows, over the past 5 years, the average monthly number of youth in the state corrections system from Milwaukee County has decreased from 250 in 2007 to 142 in 2012 leading to a reduction in state correctional costs to Milwaukee County from \$23.6 million in 2007 to \$14.9 in 2012. This is mainly seen as a direct impact of Wraparound Milwaukee's effectiveness with the juvenile justice youth.
 - Milwaukee County Delinquency & Court Services has used surplus in “saved monies” to continue to help fund their contribution of monies to WAM but also fund other JJ programs in the community
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Wraparound Milwaukee's Impact on Reducing Utilization of State Correctional Placements and Costs Over Past Six Years*



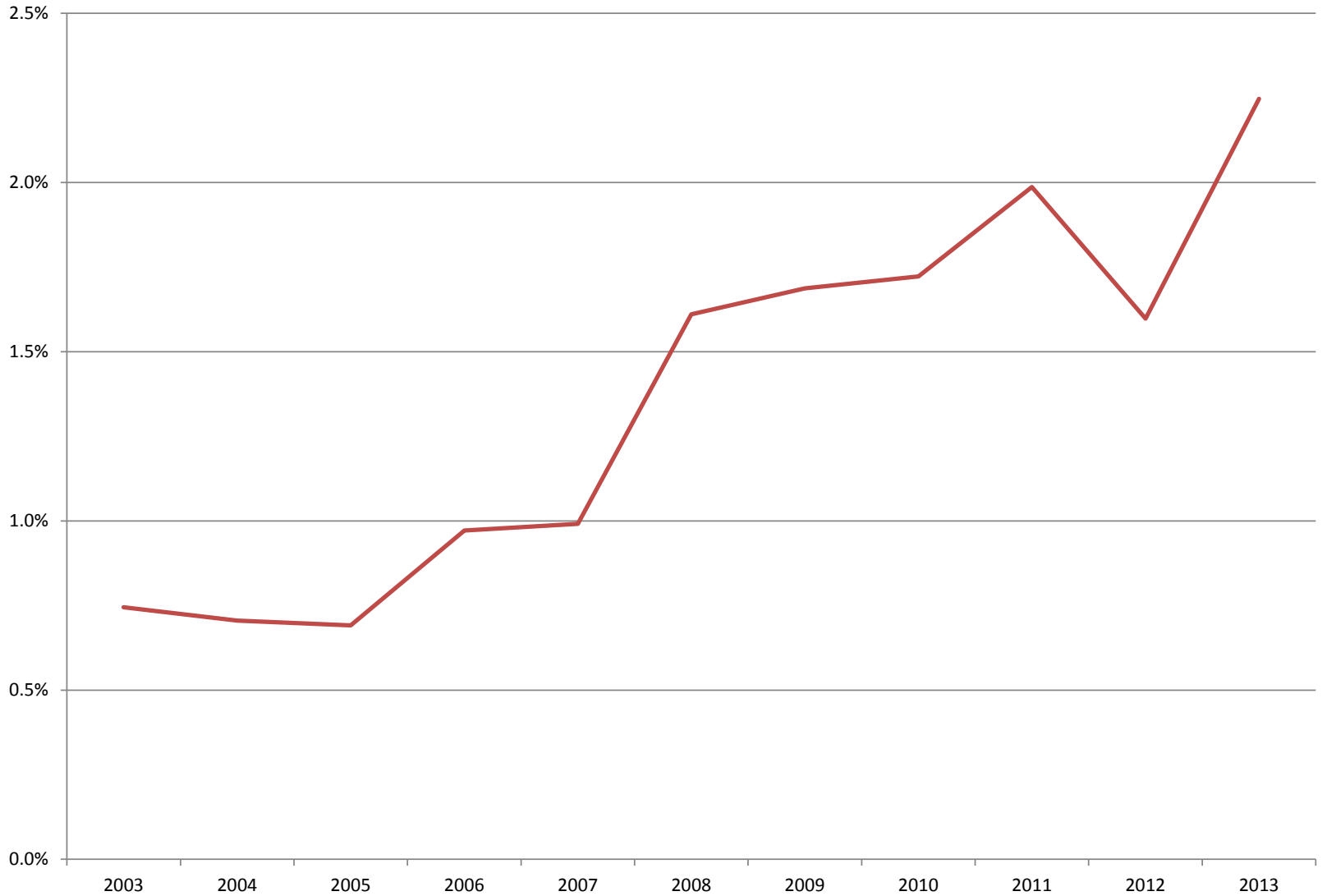
Wraparound Milwaukee serves 40% of youth in Milwaukee County on probation and most of youths at immediate risk of residential treatment/correctional placement.



In-Patient Psychiatric Hospitalization Utilization Remains Low for WrapMilw.

- Wraparound Milwaukee is a special managed care entity that covers the cost of in-patient psychiatric hospitalization for all members
 - When Medicaid approved the contract with Milwaukee County in 1996 it was their desire to see better management of and reduced utilization of in-patient psychiatric care days for youth with serious emotional and mental health needs – so we have set up measures to look at the utilization of inpatient psychiatric care for WAM
 - The graph on the following slide shows utilization (PCPM) of WAM benefit services for 2012 including psychiatric hospitalization
 - The \$51.13 PCPM for in-patient psychiatric care was only 2% of the total average expenditures per member of \$3,200 per month in 2012.
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Percent Wraparound Expenditures on Inpatient Hospitalization, by Year




Source: Synthesis payment records




Family & Youth Satisfaction

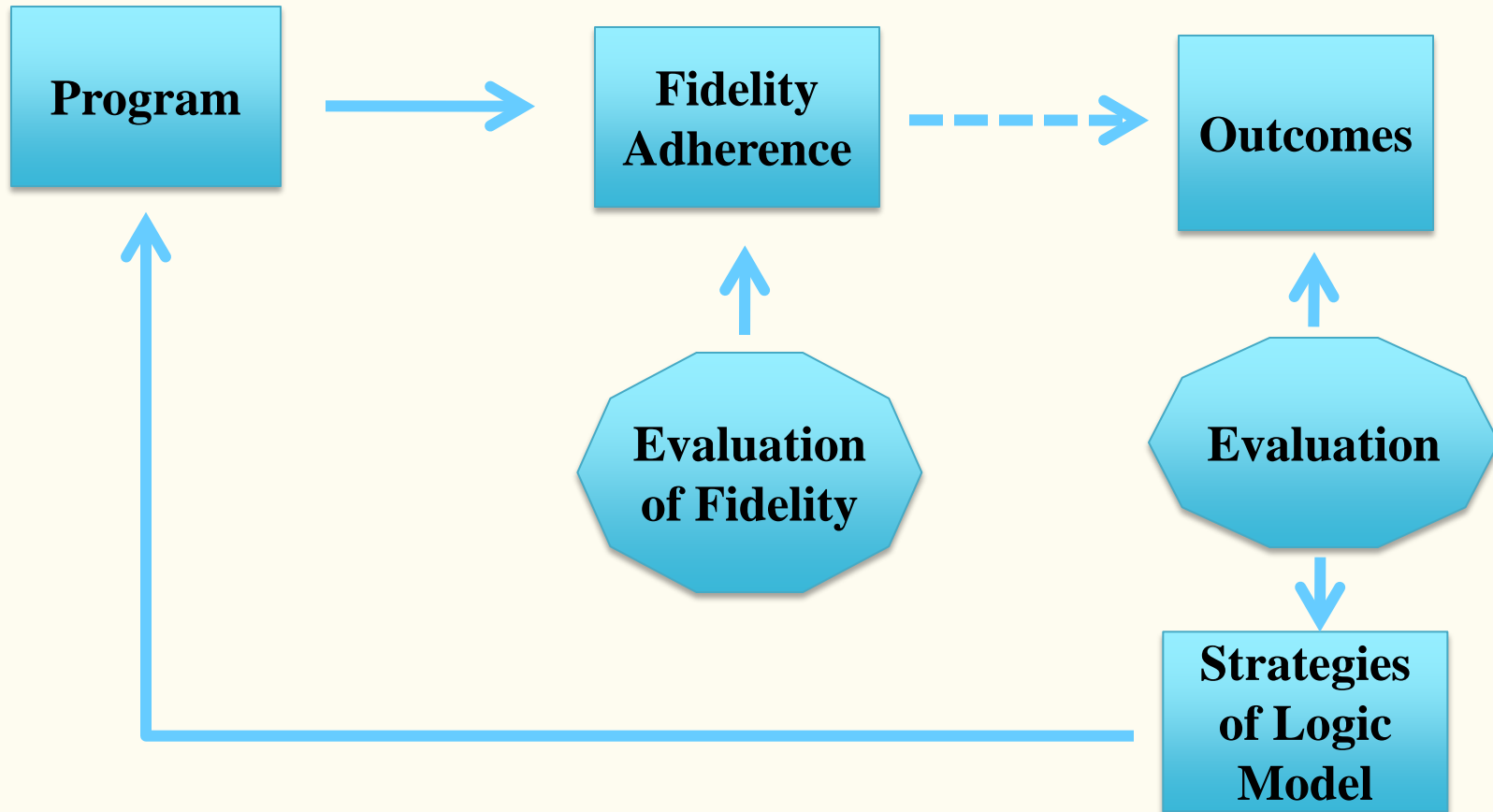
- Overall satisfaction rating of 4.5 out of 5.0
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How Do We Disseminate Fiscal & Program Outcome Information

- Annual Reports
 - Semi-Annual and Annual QA/QI Reports
 - Monthly Newsletter
 - Utilization Review Reports sent to Stakeholders
 - Meetings of Wraparound Milwaukee Partnership Council and other Stakeholder Meetings
 - Preparation and Dissemination of Periodic Studies and Reports
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Fidelity/Evaluation Connection





Success and Sustainability
depends on your ability to
measure and publicize
real data

