

Summit on Public/Private Partnership

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“Creative Use of Partnerships to Make Quality Service Delivery Possible Within the Context of Limited Resources”



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What is Wraparound Milwaukee

- ◆ A unique system of care and publically operated HMO for children (and their families) who have a serious emotional or mental health need who are:
 - At immediate risk of placement in a residential treatment facility, juvenile correctional facility, or psychiatric hospital and are
 - Served by two or child serving systems including mental health, child welfare, juvenile justice, and special education
- ◆ Operates consistent with a set of values & principles known as the Wraparound approach that include:
 - Strength-based, individualized care
 - Services in context of families
 - Community-based care
 - Cultural competence
 - Coordinated, integrated care across systems



“How is it possible to convince a child of his own worth after removing him/her from a family which is said to be unworthy but with whom he/she identifies.”

Maya Angelou

History of Partnership of Child Welfare and Wraparound Milwaukee

- ◆ 1994 – Wraparound Milwaukee receives Children Comprehensive Community Mental Health Grant and launches Wraparound Milwaukee
- ◆ 1995 – Wraparound Milwaukee and Milwaukee County Child Welfare & Probation Department agree on initial pilot project to develop alternatives to institutional placement for children with serious emotional and mental health needs due to:
 - poor outcomes
 - high cost of residential care
 - children staying too long in institutions
- ◆ 1996 – Wraparound Milwaukee negotiates “capitation” agreement with Medicaid as a unique type of HMO



History of Partnership of Child Welfare and Wraparound Milwaukee cont'd

- ◆ 1998 – State assumes operation of child welfare services in Milwaukee County creating Bureau of Milwaukee Child Welfare
- ◆ 1998 – Bureau of Milwaukee Child Welfare and partner agencies & Wraparound Milwaukee negotiate a “case rate” based contract in which Wraparound Milwaukee will serve child welfare youth at imminent risk of residential treatment placement
- ◆ 2001 – State directors of child welfare & mental health issue paper on wraparound “principals & values” that will form basis of approach to planning & delivering services to all children & families



History of Partnership of Child Welfare and Wraparound Milwaukee cont'd

- ◆ 2002 – Wraparound Milwaukee helps train all child welfare staff on wraparound approach called “coordinated service teams”
- ◆ 2003 – Wraparound Milwaukee chosen by the Bureau of Milwaukee Child Welfare to operate early intervention, diversion services for adolescents called Family Intervention & Support Services
- ◆ 2006 – Wraparound Milwaukee & BMCW enter into contract in which Wraparound Milwaukee’s mobile crisis intervention program will serve all foster families providing crisis intervention services



Position Statements by U.S. Surgeon General on Use of Residential Treatment and Out of Home Care

"In the past, admission to [residential treatment centers] has been justified on the basis of community protection, child protection, and the benefits of residential treatment per se. However, none of these justifications have stood up to research scrutiny. In particular, youth who display seriously violent and aggressive behavior do not appear to improve in such setting."

~ U.S. Surgeon General, David

Satcher



What has Helped Support Partnership between Child Welfare & Wraparound Milwaukee – “Barriers Overcome & Opportunities Seized”

- ◆ Shared values across systems
- ◆ Written agreement between BMCW & Wraparound Milwaukee to serve target youth & families
 - Defines roles of Child Welfare case managers and care coordinators
- ◆ Written conflict resolution procedures
- ◆ Single release of information
- ◆ Shared access to data about youth served
- ◆ Permanency planning is coordinated and the focus of care plan



What has Helped Support Partnership between Child Welfare & Wraparound Milwaukee – “Barriers Overcome & Opportunities Seized” cont’d

- ◆ “pooled” funding that creates additional flexibility – money follows the child & families needs
- ◆ Central staffing process for children identified at “risk of institutional placement” involves both partners at table
- ◆ Court orders clearly identify responsibilities of each system partner
- ◆ Medicaid has given Wraparound Milwaukee greater flexibility – “child & family team determines medical necessity”
- ◆ Cross-system training and leadership teams that support collaboration and coordination
- ◆ Program, fiscal, & clinical outcomes have been very positive



Pooling Child Welfare, Juvenile Justice and Medicaid Funds to Effectively Serve Children with Serious Emotional and Mental Health Needs

Why Do It?

- ◆ No single child serving system alone can adequately fund the needs of these complex youth and their families.
- ◆ Pooling funds creates flexibility in how funding can be utilized.
- ◆ Blended funds can be more easily re-directed from institutional care to community-based care.
- ◆ Money follows the child and family's needs versus families looking for only what child serving agencies make available from more "categorical" approaches.
- ◆ Removes "silo approach" to funding services for children so that one source of funds can be used more than one purpose, program or service.

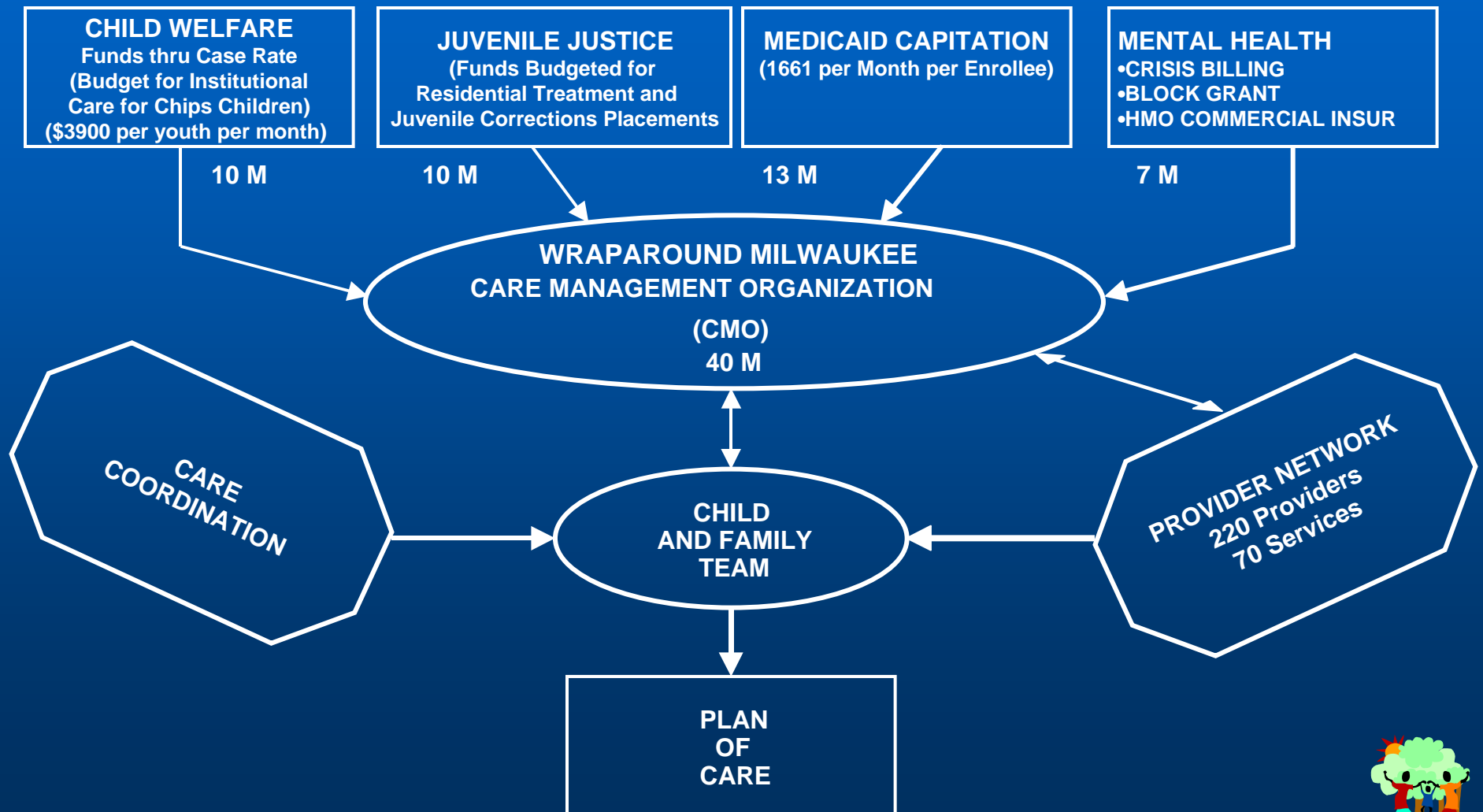


How Has Wraparound Milwaukee/Child Welfare/Juvenile Justice Been Able to Create a Pooled Funding Model for the System of Care

- ◆ Each child serving system and Medicaid wanted to reduce institutional placements and achieve better outcomes.
 - Child Welfare – reduce costs of residential treatment
 - Juvenile Justice – reduce costs of residential treatment and correctional commitment
 - Medicaid – reduce psychiatric inpatient care and create better efficiency in delivery of community-based mental health programs
- ◆ Create a specialized type of public managed care entity under a contract with the WI Department of Health & Family Services
- ◆ Utilize a 1915(a) waiver to create a voluntary enrollment option for families as opposed to 1915(b) which limits “freedom of choice” for enrolled families
- ◆ Utilize multiple funding approaches to “move” funds into the managed care entity
 - Capitation
 - Case rate
 - Fee for service
 - Fixed funding



What are Pooled Funds?



Provider Network Services

- ◆ Care Coordination
- ◆ Medication Management
- ◆ Outpatient
- ◆ Individual/Family
- ◆ Outpatient - Group
- ◆ Outpatient - AODA
- ◆ Psychiatric Assessment
- ◆ Psychological Evaluation
- ◆ Inpatient Psychiatric Care
- ◆ Flexible Funding for Special Needs
- ◆ Daily Living Skills
- ◆ Parent Aide
- ◆ Job Coach
- ◆ Child Care
- ◆ Household Management
- ◆ Mentoring
- ◆ Tutor
- ◆ Recreation
- ◆ After School Programming
- ◆ Specialized Camps
- ◆ Group Home Care
- ◆ Respite
- ◆ Respite - Foster Care
- ◆ Respite - Residential
- ◆ Crisis Bed - RTC
- ◆ Crisis Home
- ◆ Foster Care
- ◆ Treatment Foster Care
- ◆ In-Home Treatment
- ◆ Day Treatment
- ◆ Residential Treatment
- ◆ Transportation



Outcomes for Youth Participating in Wraparound Milwaukee

- ◆ Programmatic – residential treatment placements for all youth dropped from an average of 375 youth in placement to 80 (for child welfare youth from 180 to 40 placements)
 - Psychiatric hospital days fell from 5000 in 1996 to under 200 in 2007
- ◆ Cost – average cost of service for youth in Wraparound is \$4000 per month versus \$7800 for residential treatment (average child welfare youth costs approximately \$4800 per month)
- ◆ Clinical – 20 point average improvement on Child Behavioral Checklist (CBCL)
- ◆ Family – improved family satisfaction based on surveys
- ◆ Permanence – nearly 90% of youth at discharge are meeting their permanence plan
- ◆ Safety – reduction in recidivism rate for juvenile justice youth, particularly low for juvenile sex offenders
- ◆ Education – improved school attendance, more youth obtaining IEP's

