



2011 Annual Training Conference



Helping Children Heal: Intensive Mental Health Treatment Services





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Steve Kuhn, Mid Valley Wraparound Supervisor, New Solutions

Steve Kuhn is a Community Health Development Manager for Marion County Health Department. He was trained as a family therapist and has supervised mental health services for Marion County for 24 years. Steve acts as the Program Supervisor for the three wraparound programs and oversees the provision of mental health assessments and CANS on site at Child Welfare.

Cydney Nestor, Clinical Supervisor, New Solutions

Cydney Nestor is the Clinical Supervisor of New Solutions, Mission: Transition and MV-Wrap at Marion County and also is the MVBCN (Mid-Valley Behavioral Care Network) Regional Wraparound Coach and Trainer responsible for training and credentialing new wrap facilitators and ensuring that each county maintains fidelity to the wrap-around model.

Lacey Andresen, Marion County DHS Supervisor

Graduated from Portland State University in 2004. I have worked for DHS for seven years with experience as a permanency worker, ICWA teen worker, mentor/trainer for new workers, and supervisor of the teen unit. Liaison to the community on several committees and work groups.

Steve Lindeman, CRB Field Staff

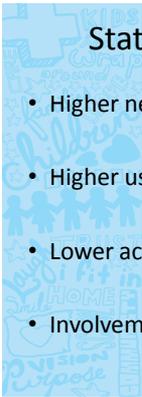
Steve Lindeman has worked for the Citizen Review Board for over ten years, reviewing thousands of cases of children in foster care in Oregon. Prior to working with the CRB in the Judicial Department, Steve worked for nine years as a counselor/mental health therapist and clinical supervisor treating children with serious mental health and behavioral problems in residential treatment.



Mental Health Services Array

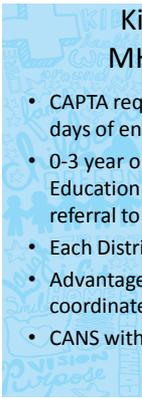
Outpatient,

Systems of Care & Wraparound



Stats related to Foster Care

- Higher need for mental health services
- Higher usage of psychotropic medications
- Lower academic achievement
- Involvement with more than one system



Kids entering Foster Care MHA expectations/process

- CAPTA requires mental health assessment within 60 days of entering substitute care.
- 0-3 year olds receive developmental screen by Education Service Districts (ESDs) with subsequent referral to mental health as needed.
- Each District has an agreement with mental health.
- Advantages of assessments done on-site and coordinated with Well-being Team.
- CANS with assessment provides efficiency.

Child and Adolescent Needs and Strengths (CANS)

- Sets foster care payment but also good service planning tool.
- Focus on Strengths and Needs vs. description (diagnosis) or prescription (services).
- Indicates priorities for interventions/services.
- Provides baseline and completed annually.
- Pilot outcome measure in Multnomah County.

Outpatient Mental Health Services Array

- **Prevention** e.g., parenting classes
- **Outpatient**-mental health assessment, 1:1, group and family counseling, medication management, casemanagement, consultation
- **Intensive outpatient** -therapy, psychiatry and skills training by team
- **Intensive Community-based Treatment and Support (ICTS)** –Child and Family Team, crisis planning, additional services to keep kid in community

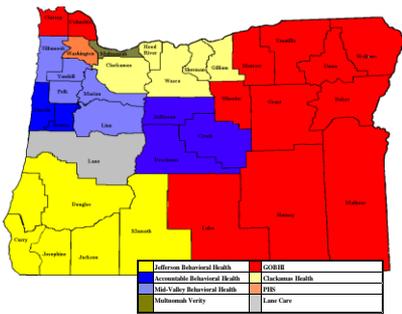
ICTS and ITS Services

- **Therapeutic Foster Care**-MHO pays for mental health; DHS pays for bed
- **Intensive Community Care (ICC beds)**-longer placement. MHO and DHS co-manage
- **Psychiatric Day Treatment (PDTs)**
- **Psychiatric Residential Treatment (PRTs)**
- **Sub acute**
- **Acute hospital**
- **State Hospital level: SAIP and SCIP**

MHO's

- Are responsible for the mental health needs of their members.
- Must provide timely and appropriate services.
- Must provide adequate range and intensity of services (levels of care).
- Develop provider panel for client choice.
- Manage requirements within a fixed budget-capitation.
- MHOs cannot make placements; treatment only
- "Medical necessity" drives services.

MHO Service areas



- For a list of MHO's and local children's mental health contacts go to:

<http://www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/cmhp-contacts.pdf>

(Information for each county will be presented later in the workshop)

Children's System Change Initiative

- Directed by legislature
- First step towards wraparound-based on wraparound principles-e.g., "Family Voice and Choice"
- Goal is to keep kids in home, in school, out of trouble and with their peers
- Community-based vs. residential
- Community Care Coordination Committees (CCCC)
- Other requirements for residential care e.g., Certification of Need (CONS)

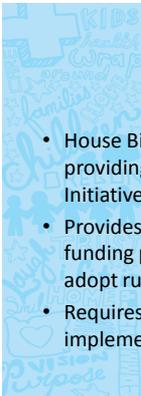
Children's System Change Initiative (CSCI) October 2005

- What is it:
 - Transfer of previously state-funded intensive psychiatric services for children and youth to local management
 - Integration of residential, day treatment and state hospital services with existing management of outpatient and acute inpatient services by Mental Health Organizations
- Why:
 - "...to substantially increase the availability and quality (breadth, depth, and intensity) of individualized, intensive, and culturally competent home-and community-based services so that children are served in the most natural environment possible and so that the use of institutional care is minimized..."
 - DHS 2003 Budget Note

CSCI Statewide Results

- Children with mental health issues are served in their local communities
- CSCI fundamentally changed the services children and their families receive:
 - 90 percent of the children were served in a community setting
 - The number of children admitted to psychiatric day treatment settings *decreased* by 25 percent
 - The number of children admitted to psychiatric residential treatment settings *decreased* by 34 percent
 - The number of Medicaid-eligible children receiving services *increased* from an average of 11,500 per quarter in 2005 to an average of 13,056 per quarter in 2008
 - Client satisfaction increased significantly

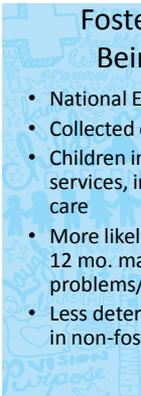
*data from 2008, Program Analysis & Evaluation Unit, AMH



What Came Next?

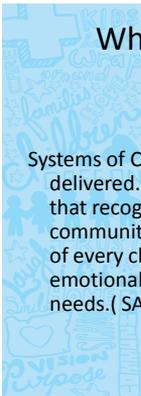
Statewide
Wraparound Legislation

- House Bill 2144 passed the 2009 Legislative Session providing statutory direction for the Wraparound Initiative. DHS is identified as the lead agency.
- Provides authority to combine resources into single funding pool, seek federal approval or waivers, and adopt rules.
- Requires biennial report on progress and costs of full implementation.



Foster Care Children Benefit from Being a Part of Systems of Care

- National Evaluation data (of System of Care sites)
- Collected over a six year period
- Children in foster care used more family supportive services, individual therapy and therapeutic foster care
- More likely to show improvement from intake to the 12 mo. mark in behavioral and emotional problems/strengths
- Less deterioration in school attendance than children in non-foster care



What is A System of Care?

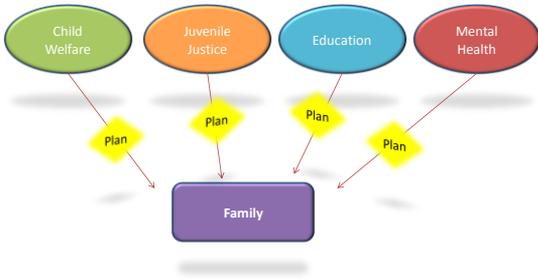
Systems of Care is a philosophy of how care should be delivered. Systems of Care is an approach to services that recognizes the importance of family, school and community, and seeks to promote the full potential of every child and youth by addressing their physical, emotional, intellectual, cultural and social needs. (SAMHSA)

What is a System of Care?

Systems of Care offers:

- Community-based services and supports
 - Are coordinated among child serving programs and systems
- Services and supports are organized in such a way to meet the challenges of children with serious behavioral and emotional needs and their families.
- Plans that are a product of collaboration between providers and consumers.

Traditional/Categorical Care



Services still determined by eligibility

- All systems have residential level of care: DD; Juvenile Justice; Child Welfare BRS system
- Wraparound coordinates services with these systems and provides transition back to community
- True System of Care blends funds

Systems of Care and Child Welfare Professionals Share Common Goals

- Children and youth are in safe and stable homes
- Families are able to meet their children’s needs
- Family preservation and reunification

DHS Transformation Initiative

DHS will be tracking the following metrics and benefits that will indicate how well DHS is supporting the Children’s Wraparound Initiative :

- Decreased time to access services
- Decreased length of time receiving more expensive and higher intensity services than child is assessed as needing; decreased spending on these services
- Serving more children in a shorter length of time in mental health system
- Increased percentage of children served in their home community
- Decreased number of placement transitions and placement disruptions

Oregon will have

- Single point of contact
- Family and youth voice and choice
- Least restrictive placement
- Coordinated services
- Blended resources
- Infrastructure in place
- Agencies and organizations that are accountable for outcomes
- Local accountability and responsibility in ensuring children and youth are “at home, in school, out of trouble and with friends”



Statewide Wraparound Initiative

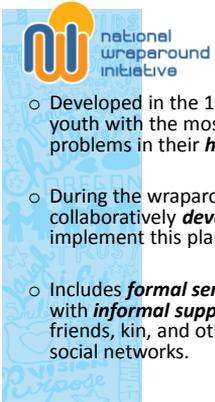
- Increased focus on community based services
- Diversification and selective utilization of residential care
- Focus on prevention and early intervention
- Co-location of services in schools through school based mental health programs (Public Health division) and other initiatives
- Better integration between AMH, CAF, OYA, education, Juvenile Justice, Developmental Disabilities services

Statewide Wraparound Transformation

Phase 1 will focus primarily on children in the custody of DHS for more than one year and who have had at least 4 placements, and will also be inclusive of children who have behavioral, emotional and/or mental health conditions severe enough to warrant direct entry into the wraparound system at the highest level of care.

Currently 3 demonstration sites

- Washington County Mental Health
- Rouge Valley Wraparound Collaborative (Jackson and Josephine)
- Mid-Valley Wrap (Marion, Polk, Yamhill, Linn, Tilimook)



Wraparound

- o Developed in the 1980s as a means for maintaining youth with the most serious emotional and behavioral problems in their **home and community**.
- o During the wraparound process, a team of individuals collaboratively **develop an individualized plan of care**, implement this plan, and evaluate success over time.
- o Includes **formal services** and interventions, together with **informal supports** and assistance provided by friends, kin, and other people drawn from the family's social networks.

Surgeon General's Report

In the first US Surgeon General's report on Children's Mental Health, David Satcher summarized the research findings on treatment approaches:

The multiple problems associated with "serious emotional disturbance" in children and adolescence are best addressed with a "systems" approach in which multiple service sectors work in an organized, collaborative way. Research on effectiveness shows positive results for systems and functional outcomes for children from such an approach.

David Satcher, MD 1999

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Strengths & Needs Across Life Domains

- Family / Relationships
- Home / A Place to Live
- Social / Recreational
- Daily Living
- Psychological / Emotional
- Substance Abuse / Addictions
- Educational / Vocational
- Legal
- Health / Medical
- Crisis / Safety
- Spiritual / Cultural
- Financial



But what really is Wraparound?

Wraparound Service Process

- Wraparound is an evidence-based service coordination process. It is how an integrated system of care is implemented one family at a time.
- Wraparound was developed through a grassroots process based on values and principles. What has been implemented and called wraparound has varied widely. Research results have also varied.

What Does the Research Say?

High Fidelity Wraparound can produce significantly better outcomes for individuals with significant needs than traditional approaches:

- Increased permanency and stability for home and jobs
- Decreased restrictiveness of residential environments
- Decreased recidivism
- Decreased Emergency room use
- Improved behavior and mental health symptoms
- Improved school and work outcomes
- Decreased safety issues and risk factors
- Increased engagement and satisfaction with services
- Increased family resources to support their own children

Mid-Valley - WRAP

"I learned that a lot of my anger was around being alone – feeling all alone, recycling through foster homes alone.

Wraparound helped me stay in one place – one home – no matter how many upsets I had.

New Solutions gave me a family"

Devin
Treatment Foster Care &
DHS Foster Home graduate

VISION

MV-WRAP is committed to the vision that our children and youth have connections with people who love them, skills to succeed with each life task, and hope for the future.

CONNECTIONS

SKILLS

HOPE

Roles within Wraparound Team

Youth & Family

Family and youth are the guiding voice in Wraparound. They inform the team of their unique strengths and needs, and insure that the planning process reflects their preferences, values and culture.

Family Driven and Youth Guided

Roles within the Wraparound Team Foster Care/ Treatment Placement Resource

- Informs the team of the unique strengths and needs of the youth in care.
- Works with the team to integrate agency treatment goals and plan with overall Wraparound plan of care.
- Provides for treatment, safety and stabilization of youth.

Roles within Wraparound Team

Wrap Facilitator/Care Coordinator

- Facilitates child and family team meeting.
- Ensures that team process adheres to Wraparound principles and values.
- Helps the family discuss their unique strengths, needs and culture in the team process.
- Ensures that all key issues are addressed to the family and team satisfaction.
- Helps keep team accountable

Roles within Wraparound Team

Family/Youth Support Partner

- Family and Youth Support Partner is someone who has 'walked in the family's/youth's shoes'.
- They ensure that the youth and family voice is heard and is central in the team process and in all aspects of Wraparound implementation.
- They help empower youth and families to be full participants in Wraparound planning.
- They help youth and families understand and navigate the complex systems they are involved in.

Roles within the Wraparound Team

Child Welfare Worker

- Responsible for safety, permanency and wellbeing of youth/child in DHS custody.
- Ensures that child welfare legal mandates are met in planning process.
- Collaborates with youth/family and team members to develop Wraparound plans.
- Brings relevant information and resources to the Wrap planning process.

Roles within Wraparound Team

Team Members

May include:

- | | |
|----------------------|------------------|
| Extended Family | CASA |
| Foster Parents | Child Welfare |
| Education | Juvenile Justice |
| Attorneys | Friends |
| Mental Health Clergy | |
| Teachers | Neighbors |
| Service Providers | |

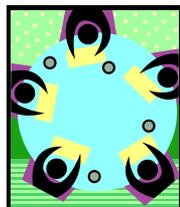
..... and others who join the youth and family to make decisions regarding the plan of care.

Purpose of the Child & Family Team

- To create and implement a single plan of care that is family driven and youth guided, inclusive of all systems providers, that reflects the youth and family strengths, needs and identified outcomes.
- To engage in shared mission and collaborative decision-making, while honoring the family voice and participation as part of the process.

Phases of Wraparound

1. Engagement and Team Preparation
2. Initial Plan Development
3. Plan Implementation
4. Transition





- For a glossary of terms and acronyms go to the following website:
- <http://www.oregon.gov/DHS/mentalhealth/wraparound/glossary.pdf>

Questions



Resources

- Bruns, E.J., Walker, J.S., Adams, J., Miles, P., Osher, T.W., Rastd, J., VanDenBerg, J.D. & National Wraparound Initiative Advisory Group (2004). *Ten Principles of Wraparound Process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health Portland State University.
- Conklin, C., (2008) *LIVE Wrap Training* – Portland, OR: Wraparound Oregon sponsored training.
- Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & National Wraparound Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*, Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.
- Stroul, B., & Friedman, R. (1986). A system of care for children and youth with severe emotional disturbances (Rev. ed.) Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. Reprinted.
- Walker, J.S., Bruns, E.J., VanDenBerg, J.D., Rast, J., Osher, T.W., Miles, P., Adams, J., & National Wraparound Advisory Group (2004). *Phases and Activities of the Wraparound Process*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

What can the CRB do?

To help ensure that children are receiving appropriate mental health services



Findings

Which findings are appropriate to address the issue of mental health services to children?



DHS has ensured that appropriate services are in place to safeguard the child/ren's safety, health and well being.



This is the primary finding to utilize when addressing mental health services to children. Mental health services impact and have bearing on the child's safety, health and well being. This includes social functioning, academic success, family relations, coping with loss, adapting to change, etc.

DHS made reasonable efforts to provide services to make it possible for the child to safely return home.

Services to the child have an impact on the permanent plan. Mental health services to the child are a part of reasonable efforts to make it possible for the child to safely return home. The information provided and gathered under the finding about services to the child need not be repeated under this finding but can be referenced as in "see information regarding services to the child listed above".

DHS made reasonable efforts in accordance with the case plan to place the child in a timely manner, and complete the steps necessary to finalize the permanent placement, including an interstate placement if appropriate.

- ▶ The same rationale applies to the reasonable effort finding regarding plans other than return to parent. The child's ability to adapt and function in various social settings directly impacts the likely success of the permanent plan and the child's readiness to transition.

DHS is in compliance with the case plan and court orders.



In order to be in compliance with the case plan, DHS must be in compliance with law, administrative rule, and policy.

OAR 413-015-0465 Medical Assessment, Dental Assessment, and Mental Health Assessment for All Children in Substitute Care



- ▶ (1) The child's caseworker must refer a child placed in substitute care for: (a) A medical assessment within 30 days of entering care; (b) A dental assessment within 30 days of entering care; and (c) A mental health assessment within 60 days of entering care.



- ▶ (2) The assigned caseworker must assure that the child receives all required, covered medical treatment recommended in the assessments described in section (1) of this rule.



Questions to ask

- ▶ Has there been a mental health or developmental assessment?
- ▶ Have recommendations from the assessment been followed?
- ▶ Have other's involved with the child been informed of strategies or recommendations from the assessment?



Questions to ask

- ▶ Has there been a psychological evaluation or neuropsychological evaluation?
- ▶ Have recommendations from the evaluation been followed?
- ▶ Have other's involved with the child been informed of strategies or recommendations from the evaluation?
- ▶ Does there need to be a referral for a psychological or neuropsychological evaluation?



Questions to ask

- ▶ Has there been collaboration and communication between the child, family, school, treatment providers, DHS, CASA, attorneys, and others involved in the case?
- ▶ What mental health services is the child receiving?
- ▶ Has there been a referral for Intensive services?
- ▶ Have referrals been made for residential treatment or day treatment if appropriate?



Recommendations

- ▶ DHS refer the child for a mental health assessment/psychological evaluation within _____ weeks/days.
- ▶ DHS incorporate the results of the child's mental health assessment or psychological evaluation into case planning and services.
- ▶ DHS ensure that the foster parent, school staff, and other providers are aware of the results/ recommendations of the child's mental health evaluation



Recommendations

- ▶ DHS update the child's CANS assessment due to changes in the child's circumstances and behavior.
- ▶ DHS determine if the child is eligible for Intensive Community-based Treatment and Support.
- ▶ DHS ensure that the Child and Family team is informed and aware of _____



Recommendations

If services have been denied by the MHO and the board feels that the service should be provided.

- Talk about disagreements in Child and Family Team.
- Involve supervisors in resolution.
- Involve Community Care Coordination Committee (CCCC) or other body determined by local agreement.
- DHS file an appeal with the MHO regarding the denial.
- DHS file a grievance with the MHO regarding the denial.



System Issues

- ▶ Is the Children's System Change Initiative, System of Care, and/or Wraparound being implemented effectively in your local community.
- ▶ Are outcomes improving including fewer foster care placements, serving more children in a shorter length of time, and increased percentage of children served in their home community.



Helping Children Heal CRB Conference Workshop

Draw a line from the descriptions on the left to the matching box on the right

An array of services and planning to help keep a child in the community versus residential placement

Mental
Health
Assessment

A service coordination process that is youth and family driven and incorporates System of Care

Child and Adolescent
Needs and Strengths
(CANS)

Legislation changing the way services are organized and delivered in Oregon

Intensive Community-
based Treatment and
Support (ICTS)

Receives funding to provide services to children in geographic regions

Mental
Health
Organization

A referral is required within 60 days for children placed in foster care

Wraparound

A tool for assessing the strengths and needs for a child, setting foster care rate and service planning

Children's System
Change Initiative

Helping Children Heal CRB Conference Workshop

Please read this vignette and complete the sections at the end of the form. Assume that this is the information presented in the DHS 333 Case Plan for a CRB review.

Bobby, age 15 has been in substitute care for six months. Bobby was placed in substitute care due to neglect and domestic violence in the home of his mother. He has not seen his father for over two years. Bobby is currently placed in a non-relative foster home where he has been for one month. This is his 4th foster care placement with the previous three placements disrupting due to his behaviors. Bobby's last foster care placement disrupted after he became aggressive towards the foster mother and threatened her.

Bobby had been receiving mental health therapy prior to entering substitute care but his therapist left the agency and a new therapist had not been assigned. Bobby is not on psychotropic medication. He has a diagnosis of Oppositional Defiant Disorder and Posttraumatic Stress Disorder.

Bobby has been having problems with behavior at school with fighting and not following rules. He is often disruptive in class. When he does turn in his work it is of good quality but he has missed a lot of school in the past and has had frequent changes in schools due to changing foster placements. Bobby enjoys drawing and playing baseball.

Questions to ask

Findings

Recommendations
