Theory Meets Practice: The Localization of Wraparound Services for Youth on the HCBS/SED Waiver*

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Participating CMHCs
(17 of 26)

- Area Mental Health Center
- Bert Nash Center
- COMCARE of Sedgwick County
- CMHC of Crawford County
- Elizabeth Layton Center
- Family Life Center
- Family Service & Guidance Center
- The Guidance Center
- High Plains Mental Health Center
- Horizons Mental Health Center
- Iroquois Center for Human Development
- Johnson County Mental Health Center
- Kanza Guidance Center
- Prairie View
- South Central Mental Health Southeast
- Southeast Kansas Mental Health Center
- Wyandot Center
Content Outline

- Introduction
- Research Design & Methods
- Summary of Study Findings
- Discussion, Limitations, Implications
- Recommendations
Study Question

What identifiable wraparound (WA) models are being used by CMHCs to support youth ages 4 to 17 who receive SED Waiver services in the state of Kansas?
Purpose of Study

- Medicaid Focused Study
- Examine the implementation of WA in support of youth on the SED Waiver.
- How? Explore 5 facets (study indicators) of WA:
  - WA facilitation to explain service delivery
  - WA team development
  - Plan of Care (POC) development & implementation
  - Variation in localized WA strengths & weaknesses
  - Navigation of system/agency conditions & policies
- Augment other important studies and reports that address the needs of this population.
What is an HCBS/SED Waiver?

- Medicaid 1915(c) waivers approved for use in about 10 states
- Medicaid funding source for at-risk youth ages 4 to 18 needing intensive community based services
- Youth meets criteria for Serious Emotional Disturbance (SED)
- Youth meets financial criteria
- Waives certain Medicaid rules to allow provision of intensive services
- Services provided by CMHCs Children’s Community Based Services (CBS)
- Waives hospitalization for community based services
  - with wraparound
Literature Review

**Trends**
- **Use of WA has steadily increased** for 20 yrs - states continue to develop various forms of collaborative & evidence-based programs - 88% of states offering some form of WA since both service models are family-centered and strengths based

**Multiple demonstration projects have reported:**
- Successful **reductions in number of days and level of restrictiveness of youth residential placements** using WA model
- **Improved school, social, emotional & behavioral functioning of youth**
- **Improved quality of life & empowerment for parents** involved in WA
Variance of WA implementation linked to adoption of these 10 WA principals:

- Voice & choice for child and family
- Team-driven process with child and family
- Community-based services
- Cultural competence
- Individualized & strength-based services
- Inclusion of natural supports
- Continuation of care
- Collaboration
- Flexibility in provision of services & funding
- Outcome-based

WA training models and adherence to fidelity measures are being refined by researchers (e.g., National Wraparound Initiative; WFI-4)
What is Wraparound?

- WA is both a philosophy and a service approach
- WA is about **ACTION**
- WA integrates formal services & informal supports for youth at risk for institutionalization
- WA is a **team-based** planning process
- **Treatment planning process** identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes
- Youth have multiple needs across several domains and **families need support from community services and natural supports** to maintain the youth in the home and community settings
When WA Works Well

- Collaborative infrastructure
- Team accountability
- Outcome driven interventions
- Strength based and culturally relevant plans
- Holistic needs explorations across all areas of a child and family’s life
- Reduction of risk
- Increase in skills/confidence
Research Design

Qualitative Research Method

- Pre-study interviews
- Stratified Sample of CMHCs – based on KDHE Frontier-Urban Continuum
- Data collection:
  - Three types of interviews:
    - Youth participant, parent(s) & natural supports
    - Youth’s CMHC professional staff
    - CBS Directors from each of 7 participating CMHC
  - CBS Directors’ survey, member chart reviews, billing data
- Data analysis by theme – plot summaries by youth & CMHC

Sample - difficulty securing youth/family participants

- N = 95 (15 youth and 80 stakeholders)
- 7 CMHCs - participated in in-depth data collection & survey
- Total 17 CMHCs - in-depth & CBS Directors’ Survey
What Did We Learn?

Findings

- Understanding & implementation of SED Waiver and WA is extremely complex and varied across sites

- Wraparound Demographics of youth participants
### Table 1. Individual Demographic Characteristics from Seven Community Mental Health Centers

<table>
<thead>
<tr>
<th>Variable</th>
<th>Attributes</th>
<th>Frequencies (N=15)</th>
<th>Percentages</th>
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<td>Age</td>
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<td>8-9</td>
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<td>12-14</td>
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<td>15-18</td>
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<td>Education/Grade Level</td>
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<td>6.7</td>
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<td>1-3</td>
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<td>12+</td>
<td>2</td>
<td>13.3</td>
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Wraparound Structures

- Purpose & Philosophy – CMHCs shared a common vision
- Localized Models and Team Structure
  - Initiation of SED Waiver & WA services
    - CMHCs followed similar steps
  - Distinct variation in team structure & WA process
    - Customized approach based on local history, client & staff needs – unspoken rules & rituals (who can attend)
      - Within confines of documentation requirements
Findings (cont.)

- Distinct variation in team structure & WA process (cont.)
  - WA Team Composition – Generalist v. Specialist
  - Core Team Members
    - Attend meetings
    - Essential waiver & WA duties
  - Other Team Members
    - Supportive services, as needed
    - May not attend meetings
<table>
<thead>
<tr>
<th>CMHC</th>
<th>Typical Core Team Members</th>
<th>Typical Supporting Team Members</th>
<th>Staff Who Performs Wraparound Facilitation</th>
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<td>Medical Staff</td>
<td>Dedicated Wraparound Facilitator</td>
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<td>Field Intake Specialist</td>
<td>School Staff</td>
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<td>Case Manager</td>
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<td>2</td>
<td>Case Manager</td>
<td>Medical Staff</td>
<td>Case Manager</td>
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<td>Team Leader</td>
<td>Parent Support Specialist</td>
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<td>In Home Family Therapist</td>
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<td>Attendant Care Worker</td>
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<td></td>
<td>School Staff</td>
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<td>3</td>
<td>Targeted Case Manager</td>
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<td>Case Manager</td>
<td>Parent Support Specialist</td>
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<td>SED Waiver Coordinator</td>
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<td>Outpatient Therapist</td>
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<td>Wraparound Facilitator</td>
<td>Medical Staff</td>
<td>Wraparound Facilitator</td>
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<td>SED Waiver Coordinator</td>
<td>Parent Support Specialist</td>
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<td>Targeted Case Manager</td>
<td>School Staff</td>
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<td></td>
<td>(only can attend when youth is present)</td>
<td>Outpatient therapist</td>
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<tr>
<td>5</td>
<td>Targeted Case Manager</td>
<td>Medical Staff</td>
<td>Case Manager</td>
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<td>Case Manager</td>
<td>Attendant Care Worker</td>
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<td>Parent Support Specialist</td>
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<td>Team Leader</td>
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<td>School Staff</td>
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<td>Wraparound Facilitator</td>
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<td>Alternative School Coordinator</td>
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<td>Recovery Specialist (Case Manager)</td>
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<td>7a</td>
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<td>Outpatient Therapist</td>
<td>School Staff</td>
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Ideal Kansas Wraparound Team Composition*

**Wraparound Facilitator**
- Form WA Team
- Guide & facilitate staff roles
- Documentation
- Regroup team as needed

**Community Psychiatric Support**
Provides goal directed support & interventions

**CMHC**
Cross-disciplinary service providers
- Parent-support
- OP Therapists
- Med Staff
- Attendant Care

**Targeted Case Manager**
- Coordinate services
- Everyday implementation of POC

**Natural Supports**
Extended family and community members involved in youth’s daily lives

**Collateral Supports**
Agencies/organizations involved in youth’s daily lives

* From Training Module for Kansas HCBS/SED Waiver
Kansas CMHC #1

Wraparound Model

- **Wraparound Facilitator**
  - Coordinates meetings
  - Manage budget
  - Write POC

- **Outpatient Therapist**

- **Field Intake Specialist**

- **Case Manager**

- **CMHC Medical Staff**

- **Parent Support Specialist**
  - Contact person for parent

- **School Staff**
Kansas CMHC #2

Wraparound Model

Case Manager/ Wraparound Facilitator
- CPST case management
- Facilitation
- Targeted case management
- Writes POC & budget

In-Home Family Therapist

Team Leader

School Staff

Parent Support Specialist

CMHC Medical Staff

Attendant Care Worker

Youth & Family
Kansas CMHC #3

Wraparound Model

Youth & Family

Targeted Case Manager/Wraparound Facilitator
- Full WAF duties
- Switch duties with CPST

Parent Support Specialist

Outpatient Therapist

Community Psychiatric Support

SED Waiver Coordinator/Wraparound Facilitator

CMHC Medical Staff

School Staff
Kansas CMHC #4
Wraparound Model

Youth & Family

Wraparound Facilitator

Targeted Case Manager

Parent Support Specialist

Outpatient Therapist

Case Manager
  • Only attends when youth is present

CMHC Medical Staff

Attendant Care Worker

SED Waiver Coordinator
  • Determines eligibility

School Staff
Kansas CMHC #5
Wraparound Model

Youth & Family

Community Psychiatric Support/Wraparound Facilitator
Parent Support Specialist
Team Leader
CMHC Medical Staff
Targeted Case Manager
Outpatient Therapist
Attendant Care Worker
School Staff
Youth & Family Support Specialist

School Staff

CMHC Medical Staff

Recovery Specialist (Case Manager)

SED Waiver Coordinator
- Initiates, troubleshoots, role in termination

Alternative School Coordinator

Outpatient Therapist

Attendant Care Worker

Kansas CMHC #6

Wraparound Model

Wraparound Facilitator
Kansas CMHC #7A

Wraparound Model

- Parent Support Specialist
- QMHP Supervisor
- CMHC Medical Staff
- Wraparound Facilitator/Targeted Case Manager
- Community Psychiatric Support
- Outpatient Therapist
- Targeted Case Manager
- School Staff
Kansas CMHC #7B

Wraparound Model

- Youth & Family
  - Wraparound Facilitator/Targeted Case Manager
  - Parent Support Specialist
  - QMHP/Outpatient Therapist
  - Community Psychiatric Support
  - CMHC Medical Staff
  - School Staff
Findings (cont.)

- Training and Supervision
  - Agreement **training is essential to quality WA**
  - There is a type of **high quality waiver/WA knowledge operating** in participating CMHCs
  - **External training** – WSU Training & Technology Team
    - Varied staff ratings of quality of external training
    - 3 trainings with WA content
    - Who is required to take trainings varies per role
  - **Internal training** – formal & informal, required to fill the gaps and meet local needs
  - Broad range and **innovative material & training**
  - Wealth of **info that may benefit all CMHCs**
Findings (cont.)

- What the interviewees said: (themes)
  - Effects of Life Circumstances - barriers
  - Family Confusion – engagement
    - Unclear about what waiver means
    - Confusion over staff roles
    - Unclear about purpose of meetings
    - Families wanted more explanations-how to move forward
    - Expectations not met (the Dream of WA)
    - Confusion when regular service providers absent from meetings
Findings (cont.)

- Family reluctance to share information
- Difficulty scheduling family for meetings
- Difficult to gauge progress for families
- Parent acting as liaison since staff not doing, attributes this to child’s progress

- Youth and parents satisfied with WA:
  “The people who come talk to me, they’re like my people, you know. I’m like the mouse who rides on the wheel. They help me not to fall off. They’re like the engine, creating electricity, and the light bulb is me, Ding!” - a youth

  “God, the angels sent me to you [staff].” - a parent

- Innovative service delivery in large geographic area
Critical Lessons Learned

✓ Implementation of WA with strong fidelity to a central model is difficult on a large, statewide scale
✓ Comprehensive training is essential for all individuals involved in WA to standardize philosophy & practice on a large scale
✓ Some internal training used by CMHCs may be beneficial to all
✓ Youth and parents had widely varied experiences with WA
Lessons (cont.)

✓ Children and parents consistently reported concrete benefits from WA experience
✓ POC development brought a sense of hope & validation of their child’s challenges
✓ Some youth and parents were dissatisfied (the WA Dream does not live up to the reality)
Lessons (cont.)

✔ There are common challenges:

- Staff struggle to obtain involvement of natural & collateral supports
- Key staff often cannot attend WA meetings (variance about who can bill for attendance, schedule conflicts)
- Staff concerns: Waiver documentation redirects their efforts beyond the focus on child’s services
Recommendations

- **Clarification of SED Waiver Policy and Procedures**
  1. Routine updates & training on SED Waiver billing procedures.
  2. Review SED Waiver documentation requirements (possible streamlining)
  3. Clarify the relationship between the SED Waiver and the MR/DD Waiver

- **Best Practices Initiatives**
  4. Better Prepare Families for the Initial WA Meeting
  5. Encourage Involvement of Natural Supports on WA Teams
  6. Encourage Involvement of Collateral Supports on WA Teams
  7. Inventory CMHCs’ SED Waiver WA Training Practices
  8. Align with WA Best Practices


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