

Issue Brief

Serving Children at Risk of Out-of-Home Placement in Community Settings in the Commonwealth

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The System of Care movement in children's mental health led to the idea that children with serious emotional disturbances (SED) be placed in the least restrictive settings. Federal policy now requires that children's services be community-based, individualized, family-centered and culturally competent.¹ One of the innovative community interventions that has shown effectiveness in serving children with histories of institutional placements in community settings is Wraparound; a process of service coordination with an unconditional commitment to provide services and supports for as long as they are needed.

Three ongoing projects in the Commonwealth demonstrate that such programs can meet the needs of children and youth with SED, improving overall functioning at school, home and in the community, reducing days out of home, and increasing time spent in community and home settings.

Costs and Financing Considerations

Wraparound requires coordinated care, flexible funding, and creative financing strategies, which can be challenging to implement but can yield great cost savings. Evaluations of Wraparound programs have demonstrated annual cost savings over traditional services ranging from \$17,400 (Wraparound Milwaukee) to \$33,965 (New York State's Family Centered Intensive Case Management) per child. The bulk of the cost savings comes from the reduction of high cost services such as residential treatment programs and therapeutic foster care.²

Projects in Massachusetts

Three notable Wraparound projects are ongoing in the Commonwealth: Massachusetts Mental Health Services Program for Youth Project (MHSPY), Worcester Communities of Care (WCC), and Coordinated Family Focused Care (CFFC). Each project has extensive evaluation components that have been developed with assistance from the CMHSR. The evaluations are designed to assess a variety of outcomes including child clinical symptoms and functional impairment, time spent in community and out-of-home placements, and school disciplinary information (e.g. attendance, suspensions).

A measure common to the evaluations is the Child and Adolescent Functional Assessment Scale (CAFAS), which assesses the child's overall level of functioning at school, home and in the community. A score of 50-90 is seen as moderate, 100-130 as severe and 140+ as extreme. A score of 110 or above is an indicator that a child is at high risk of an out of home placement.

MHSPY is a collaboration among the Division of Medical Assistance (DMA), Departments of Education (DOE), Mental Health (DMH), Social

Principles of Wraparound

- Child and Family Team
- Community-based Supports
- Family Voice and Choice
- Cultural Competence
- Individualized Services
- Strengths-based Services
- Natural Supports
- Continuation of Care
- Collaboration
- Flexible Funding
- Outcome-based Services

Services (DSS) and Youth Services (DYS), and Harvard Pilgrim Health Care, a health maintenance organization. After six months in the MHSPY pilot, children's scores improved on a number of tests measuring symptoms, problem behaviors, and their ability to function.³

WCC is a wraparound program serving children with SED between the ages of 6 and 15. With a federal grant, WCC operates within the University of Massachusetts Medical School. Evaluation indicates that enrolled children's level of functional impairment improves, on average, from severe to a level where they are not at great risk for out-of-home placement when in the program for 12 - 18 months. Out of home placements dropped by about half, and great improvements were found in school absences, suspensions, and detentions.⁴

CFFC is a Wraparound program for children and youth ages 3 - 18 with SED and is taking place in five communities across Massachusetts. This program began in June 2003, and has a capacity for 250 children. The program is administered through a contract between Medicaid and the Massachusetts Behavioral Health Partnership. It is funded by Medicaid, DOE, DMH, DSS and DYS. Expected outcomes of the program include improving child functioning, increasing length of stay in community settings, reducing the use of inpatient and long-term residential programs and increasing attendance and performance in school. The youth enrolled in CFCC have, on average, functional impairment levels that are consistent with youth who are served in residential and hospital settings, and is higher than is typical in Wraparound programs.⁵ An extensive evaluation, headed up by the CMHSR, is being done to assess the program's effectiveness in meeting the stated outcomes. Initial results on 142 children indicate significant changes from Intake to 6 months in measures of child functioning and psychological symptoms.⁶

Positive Outcomes

Wraparound programs have been successful in serving many children at risk of out-of-home placement in the Commonwealth. Evaluations of Wraparound programs in the Commonwealth have found positive outcomes including:

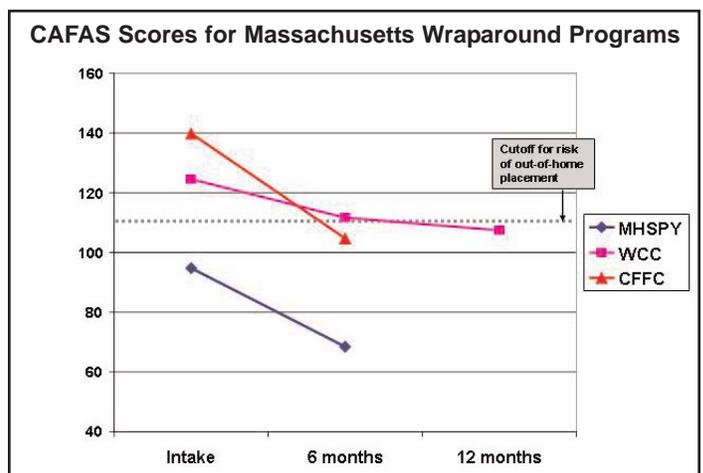
- Reductions in prescription medications for children in the program
- Reductions on the overall costs associated with treating this population
- Improved functioning at school, at home, and in the community
- Parents feeling more confident and capable in managing their children's challenging behaviors
- Reduced utilization of out-of-home care

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Future Directions

A close examination of the financing mechanisms of such programs is warranted before they can be expanded to serve greater numbers of children and youth. This is an expensive population to serve, in both time and dollars. Continued examination of blended funding options, as well as detailed information about the services received within such programs, are needed to understand how to best create and maintain Wraparound programs with financial viability.

We still do not know how successful such a program will be with children who have very high levels of functional impairment at intake. The evaluation of CFCC will examine which children benefit most from such a program, and if children with levels of functional impairment similar to those of children in hospital settings can have their needs met by such a program.



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