

COUNTY OF MILWAUKEE
Behavioral Health Division Administration
INTER-OFFICE COMMUNICATION

DATE: November 10, 2011

TO: Supervisor Peggy Romo West, Chairperson, Health and Human Needs Committee

FROM: Héctor Colón, Acting Director, Department of Health and Human Services
Prepared by Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: Informational Report from the Acting Director, Department of Health and Human Services on the Wraparound Milwaukee Program Operated by the Behavioral Health Division

Background

Wraparound Milwaukee is a unique county program that annually serves over 1400 children and adolescents with severe emotional, behavioral and mental health needs and their families. The program is considered a national model in children's mental health and won Harvard University's prestigious "Best Innovation in America Award in 2009". The following informational report is provided at the request of the Health and Human Needs Committee to give the committee more information about the background for design and operation of the program as well as outcomes it has achieved for Milwaukee County families.

Discussion

Wraparound Milwaukee was initiated in 1995 as part of the re-design of the children's mental health system, the impetus being Milwaukee County's receipt of a five-year, \$15 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to create a more community-based system of care. At that time, the County had very limited community-based mental health services and relied heavily on institutional care for children with severe mental health and behavioral needs. This resulted in overutilization of costly and restrictive psychiatric inpatient care, residential treatment placements and juvenile correctional placements. The overuse of such institutional care was resulting in large budget deficits for Milwaukee County and studies by research groups like the Planning Council of Milwaukee showed that the outcomes for youth returning from such facilities was very poor.

The Milwaukee County Executive and County Board of Supervisors was challenging the Interim Human Services Director and Administrator of Child Welfare and Delinquency Services to come up with less costly and more effective programs for these youth.

The new Wraparound Milwaukee model that emerged out of those discussions and was piloted with SAMHSA funds beginning in 1995 and was based on an innovative new philosophy and approach to treating, funding and delivering services to these youth and their families. The wraparound philosophy was different than traditional approaches in that it was family-centered versus child centered, was built on identifying and building on child and family strengths to meet needs versus focusing on deficits, emphasized coordination and collaboration across child-serving systems such as developing a single coordinated care plan, stressed developing and delivering services and supports in the community versus institutions, emphasized best fit of these services with the cultures and preferences of families, was highly individualized based on the unique needs of each child and family and promised “unconditional care” never giving up on a child and family. Those values, which the program was built on, remain the hallmark of the Wraparound Milwaukee approach today.

Structure and Financing

The financing model used by Wraparound Milwaukee since its inception in 1995/1996 and that was designed and developed with the Wisconsin Medicaid Program, relies on a special provision of the Social Security Act called 1915(a). This provision allows a State to implement a voluntary, managed care entity within a deferred geographical area (Milwaukee County and Dane County) for a defined Medicaid population (children with serious emotional and mental health needs at risk of residential treatment, psychiatric hospitalization and juvenile correctional placement). The 1915 (a) allowed Milwaukee County to create a special type of HMO model covering the provision of mental health, substance abuse and other behavioral care covered within the State Medicaid Plan. The State Medicaid program contracts with Milwaukee County to operate this special managed care entity, called Wraparound Milwaukee and provides a monthly per enrollee capitated payment up to the overall enrollment limit of 945 SED youth/families. The operation of the Care Management Entity (CME) by Milwaukee County must be approved annually by the Center for Medicare/Medicaid Services (CMS) and the capitated rates must be re-determined each year by the Department of Health (Medicaid).

Medicaid’s support and approval of the CME model under the 1915(a) is based on the availability of non-Medicaid funds to pay for the services and supports these youth and families need to succeed in the community and are not covered under Medicaid. This includes the cost of foster care and group home care, the non-treatment component of residential care, services such as mentors, tutors, employment services, after school, day treatment, transportation, respite services, etc. For the payment of those services, Wraparound Milwaukee receives fixed funding from Delinquency and Court Services and case rate funding from the Bureau of Milwaukee Child Welfare, which is pooled with the Medicaid monies to create a flexible funding pool now totaling nearly \$47 million.

The \$27 million in Medicaid funds for 2011 includes approximately \$21 million in capitated payments plus \$6 million in fee-for-services billing for crisis intervention services such as the Mobile Urgent Treatment Team (MUTT). As for referral sources into Wraparound Milwaukee, currently about 46% of our enrolled youth have been referred from the Delinquency and Court system and have been court ordered into Wraparound; about 26% have been enrolled in a child

welfare referral and court order and the remaining youth/families are voluntarily enrolled in the program without any formal court order. While Wraparound Milwaukee must occasionally serve non-Medicaid eligible youth/families ordered in the program, overall an average of 96%, meet Badger Care Plus eligibility for full capitation rate.

The BHD-Wraparound Milwaukee Program is required to operate the CME model and perform all the functions that any managed care entity would be required to do, but tailored to this unique population. This includes financial oversight, care coordination, clinical oversight, operation of crisis services, partnership with a family advocate organization, operation of the Provider Network, Quality Assurance and Information Technology. Our IT and electronics health record, called *Synthesis*, is tailored to the unique CME design and population and is considered among the best in the U.S. Milwaukee County, which owns the data system, has leased and sold the application to several other cities and states.

Critical Services Components to Wraparound Milwaukee

While pooled funding is a key to the fiscal sustainability of Wraparound Milwaukee, the cornerstone of the actual delivery of services is the Care Coordinator and child and family team. The Care Coordinator facilitates the development of the child and family teams, helps the family identify their strengths, needs and also helps them form strategies to meet those needs. The Care Coordinator also arranges for needed community services, monitors the plan and coordinates implementation of care plans with the child welfare or probation worker.

Wraparound care plans must be family-driven, so Wraparound Milwaukee utilizes what is called the “child and family team” as the principal planning entity for service delivery. The function of the Child and Family Team is to develop the wraparound plans, develop crisis safety plans, identify and put into place formal and informal services to meet the needs of the child and family, monitor and review the plan on a regular basis and other activities.

Families in Wraparound Milwaukee have access to “family advocates” through a current contract with Families United of Milwaukee. Family advocates are usually family members who currently or in the past have had children with serious emotional and mental health needs enrolled in Wraparound Milwaukee. They can help families navigate the child serving system, build trust, support them through crisis and advocate for their best interests. They also operate support groups for parents, do training/orientation of new families, perform satisfaction surveys and other activities.

Provider Network

Wraparound Milwaukee provides a very comprehensive array of over 70 services to families in its Benefit Plan. Those services are delivered by over 200 community agencies (40% minority owned and operated). Providers are mostly paid through our managed fee-for-service basis with all service authorizations and claims processing done electronically through the *Synthesis* IT System.

Wraparound Milwaukee Service Array

• Care Coordination	• Crisis Home Care
• In-Home Therapy	• Treatment Foster Care
• Medication Management	• Residential Treatment
• Outpatient Individual Family Therapy	• Foster Care
• Alcohol and Substance Abuse Counseling	• Day Treatment/Alternative School
• Psychiatric Assessment	• Nursing Assessment/Management
• Psychological Evaluation	• Job Development/Placement
• Housing Assistance	• Kinship Care
• Mental Health Assessment/Evaluation	• Transportation Services
• Mentoring	• Supervision/Observation In Home
• Parent Aide	• After School Programming
• Group Home Care	• Recreation/Child Orient. Activities
• Respite Care	• Discretionary Funds/Flexible Funds
• Crisis 1:1 Stabilization	• Housekeeping/Chore Services
• Child Care for Parent	• Independent Living Support
• Tutor	• Psychiatric Inpatient
• Specialized Camps	• Emergency Food Pantry

Mobile Crisis Services

The Mobile Crisis services provided by the MUTT team and crisis stabilization services are a critical component of the Wraparound Milwaukee program. All enrolled families in Wraparound have access to the crisis team whenever such intervention is needed and also can access crisis 1:1 stabilizers to come to the home as needed. MUTT is also the gatekeeper for psychiatric inpatient hospitalization for families in Wraparound and operates alternative resources such as an 8-bed crisis group home for youth who need temporary care and supervision but do not require an inpatient hospital setting.

Outcomes for the System and Youth Served in Wraparound Milwaukee

Outcomes currently being measured for Wraparound Milwaukee include programmatic outcomes, fiscal outcomes, clinical outcomes, public safety, child permanence and consumer satisfaction with the program.

- Programmatically – from the baseline year in 1996 to today, the average daily residential treatment population has dropped from 375 youth to 80 youth, inpatient psychiatric days from 5,000 to under 500 days per year
- Fiscally – the average cost for a child/family in Wraparound is under \$4,000 per month versus over \$9,000 per month for a residential treatment placement, over \$8,000 per month for a correctional placement or well over \$10,000 for a 7-day hospital stay

- Clinically – Wraparound children function better at home, school and in the community based on administration of nationally normed measures such as the CBCL (Achenbach) used at the time of enrollment and discharge
- Public Safety – recidivism rates for delinquents are low (15.2%) for youth in the program for at least one year and even lower (6.7%) for high risk offenders including juvenile sex offenders (this is considerably under national standards)
- Child Permanence – about 80% of youth achieve permanency, i.e., return to parents, relatives, adoptive resources or subsidized guardianship upon leaving Wraparound
- Family Satisfaction – families surveyed upon completing Wraparound (average 18 months) gave the program a rating of 4.4 out of 5 points in terms of their perception of the progress their child made while in the program

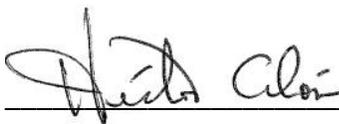
Looking Forward

Wraparound Milwaukee is beginning the third year of a new, five-year federal SAMHSA grant called Healthy Transitions to serve 16½ - 24 year old youth with serious emotional and mental health, needing help to transition successfully to adulthood. This grant incorporates transitional specialists, has developed a club house model and linkage with key community agencies such as pathfinders (homeless youth) and Lad Lake's Independent Living Program for youth aging out of foster care.

Wraparound Milwaukee is also hoping to partner with Children's Hospital and other health systems on development of the "medical home model" for children in foster care, which is an important component of health care reform and a new Medicaid initiative.

Recommendation

This is an informational report only. No action is necessary.



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