Value Proposition:
Service Coordination for High-Risk Children/Youth

March 30, 2009

Problem: Excessive amounts of resources are invested, families experience multiple & duplicative interactions and the goal is not achieved.

Overview of Workgroup's Purpose

The Service/Care Coordination Workgroup was formed in November 2008 to address the below problems defined in the current state of the chart (page 2) impacting service coordination (also known as care coordination, hereafter referred to as service coordination) in Ohio and recommend a system/model for families with children birth to age 21 that would:

- **maximize resources by reducing unnecessary costs;**
- **remove barriers to effective and efficient service coordination for families;**
- **eliminate duplicative services; and**
- **prioritize high risk populations.**

The workgroup reviewed the current state of service coordination (left column of chart below). The Workgroup explored existing service coordination models in Ohio and nationally. The workgroup identified Family and Children First Council as the infrastructure for the future state of service coordination as FCFC's membership involves all the necessary social service systems for children and families plus they have the experience and current mandate in statute to provide service coordination to children with multiple needs. After identifying FCFC, the workgroup reviewed the current state of service coordination and discovered that service coordination through FCFC varies greatly in the approach and inconsistency with the "type" of child served.

After reviewing several possible service coordination models, Hi-Fidelity Wraparound was identified as the model that will enhance service coordination to be more efficient and effective by reducing duplication of efforts and associated costs (right column of chart below). Hi-Fidelity Wraparound is a proven approach, based on the work of Vroon Vanderburg and modified to align with the National Wraparound Initiative's guidelines, recommendations, and tools. *Refer to Attachment A for illustration of what families experience with and without Hi-Fidelity Wraparound.*

Overview of Hi-Fidelity Wraparound

Hi-Fidelity Wraparound (HFWA) brings multiple systems together with the youth and family to create a highly individualized plan to address the complex issues and needs. It is not a program or a service, but a facilitated, team based, planning process used to develop plans for care that are individualized based on the strengths and culture of the children and family. The plan is need-driven rather than service driven and often involves a combination of existing or modified services, newly created services, informal supports, community resources, and a step-down plan from formal services. HFWA is based on ten guiding principles which are family voice and choice; team-based; natural supports; collaboration; community-based; culturally competent; individualized; strengths based; persistence; and outcome based. Refer to the full proposal for more information about HFWA.

Target Population

HFWA is for children/youth and their families that have complex and intense needs. Therefore, the target population for this enhanced service coordination model is families and their children/youth aged 0-21 with complex, expensive, multi-system needs that cannot be met effectively through the services and coordination of a single system. These children/youth are at-risk of an out-of-home placement and/or their families are in need of intensive services to support a stable home environment. The goal is not to focus on out-of-home placement, but rather to recognize that when a child and their family approaches the point where voluntarily remaining at home is becoming unsustainable, there are complex and expensive needs, and numerous service coordinators and case managers involved. A standardized screening assessment will be used to identify the high-risk population to be targeted and served. Those that do not qualify will be referred to more appropriate, existing service systems that can address their needs.

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Current State of Service Coordination	Future State of Service Coordination with HFWA	Expected Outcomes
100+ families describe Ohio's service systems as duplicative, ineffective, and inefficient due to: • lack of a single point of entry into service system; • lack of relationships and communications between providers, systems, and families; • lack of cultural competence and outreach among systems; • inconsistency in access to information about resources and linkages to services; • inconsistency in how services and supports are provided; • lack of availability of support systems; • lack of family friendly systems; • focusing on what's available versus what the family needs (based on Wholonomy Consulting, Inc. research, 2008)	HFWA is proven to increase family engagement and satisfaction with services. HFWA will: • serve as a single point of contact with the service system; • improve relationships and communications between providers, systems, and families; • improve cultural competence and outreach among systems; • increase access to information about resources and linkages to services; • improve how services and supports are provided; • increase the availability of support systems; • increase family friendly systems; • will focus on family needs versus what's available	• Increase family engagement and satisfaction.
A review of Medicaid claims for SFY 2007 identified that approx. 140,433 kids were served by the Community Mental Health and Alcohol, Drug Addiction Systems, MRDD system, and Child Welfare/Custody only. The following highlights key multi system involvement. (All these numbers are based solely on Medicaid billing, so non-Medicaid services are not reflected). • 567 kids in custody received MH and AOD services; • 9312 kids in custody received MH services (approximately 8,550 kids in out-of-home placements received MH services annually) • 243 kids in custody received MRDD and MH services (custody & dually diagnosed MI-MR) • 2191 kids received MRDD and MH services (dual diagnosis MI-MR) For context, please note the number of children/youths, who were served by only one specialty system: • AOD 5420 • MRDD 5923 • CUSTODY ONLY 26,716 • MH 85,360 Medicaid Cost Data for SFY 2007 - *Refer to page 5 for additional Medicaid analysis.*	HFWA will serve the prioritized high risk population - children/youth age 0-21 with complex, multi-system needs who are at risk of an out-of-home placement and/or are in need of intensive services to support a stable home environment. Using an estimated total child population count, it is believed that HFWA when fully implemented will serve approximately 7,000 children a year. This calculation was done by reviewing current HFWA counties' population serve and developing a % to apply to each counties total child population. This number appears to be fairly accurate. According to research conducted by the University of Maryland, HFWA targets the most intensive intervention level which represents 5% of children in multiple systems. *Refer to Attachment B for illustration.* This can be applied to the unduplicated count of children in multiple systems per Medicaid and arrive at approximately 7,000 children to receive HFWA. ➢ 140, 433 children in multiple systems per Medicaid ➢ 5% will require the most intensive intervention (HFWA) ➢ 7,021 children will require HFWA per year. 3 top referral systems for these 4 counties are Juvenile Court, Child Welfare (CSB), and Mental Health.	• Prioritized high-risk population will be served • Reduce costs associated with preventing out-of-home placements or reducing the length of time in an out-of-home placement • Reduce recidivism and increase community level outcomes

The following data are from DYS. (Based on the 2008 BHJJ data) The DYS population today is 1392. • 31% of the total DYS population are on the MH caseload, 468 youths. • These 468 youth have an average of 3.5 DSM-IV diagnoses each • 82% of the total female population (63) are on the MH caseload • 28.5% of the total male population (405) are on the MH caseload • Significant number of DYS youth are enrolled in Special Education; with identified needs of learning disability, cognitive disability/MR, and emotional distress.	HFWA will serve the prioritized high risk population - children/youth age 0-21 with complex, multi-system needs who are at risk of an out-of-home placement and/or are in need of intensive services to support a stable home environment. • 7,021 children with multi-system needs will require HFWA per year	• Prioritized high-risk population will be served • Reduce costs associated with preventing out-of-home placements or reducing the length of time in an out-of-home placement • Reduce recidivism and increase community level outcomes
Current system is duplicative and costly due to multiple care coordinators throughout the various systems when the child/youth's care is of a certain level of intensity/complexity. *Refer to page 6 for High Cost Case Management analysis.*	While ongoing contact and communication with several service systems may be necessary to meet the service needs of the child and family, one service coordinator must have the primary responsibility to "call the shots". For children with complex, multi-system needs, HFWA will provide a single point of contact for families to coordinate the multiple services and supports to meet the family's needs. Cost of HFWA for 7,021 children/families per year when fully implemented will be approximately $14m ($2000/family). HFWA typically last about a year for a family. Cost will be contained by applying a regional approach for administrative costs such as supervising, coaching, and training. Counties that have less than 10 facilitators (caseload of 10-15 families) will form regional hubs to contain administrative costs.	• Reduce duplication and inefficiency (cost) by providing a single, primary service coordinator per family. • Maximize resources to reduce unnecessary costs
With multiple care coordinators, families navigate between multiple and often conflicting plans for care/treatment. At least 9 different service plans exist under Ohio's social service structure today. (based on the workgroup's survey data)	HFWA is a multiple system team based approach to develop a highly individualized plan with and for the family.	• One individualized family service plan will exist per family involved with HFWA. • Eliminate duplicative services.
FCFCs provide service coordination to approximately 6,000 children per year. There is no clear eligibility for these children – some have multiple needs where as others must be in more than one system. Not all of the children are considered high-risk; and not all are at risk of being placed into an out-of-home placement.	When fully implemented, FCFCs will be required to use a risk assessment tool (considering CASII) to determine which children meet the criteria as defined by the target population for service coordination through the HFWA process. For those that don't qualify for HFWA, FCFC using a system of care approach will identify the best entity to provide care coordination to the family	• Prioritized high risk population will be served. • Eliminate barriers to effective and efficient service coordination

	and/or refer the family to a needed service/support. In addition, FCFC will now be required to offer service coordination to families with children with complex, intense multi-system needs age 0 to21. This has never been clearly defined so families have struggled to access service coordination per Wholonomy research and information from NAMI-Ohio.	
FCFC Service Coordination lacks dedicated state funding to ensure capacity and consistency. 32% of counties report demand exceeds capacity and 38% of counties report no dedicated staff person for FCFC service coordination. FCFC Service Coordination while codified in law varies greatly among counties with regards to target population, approach, resources available, dedicated staff, data collection, and impact to families and children.	Providing dedicated state funding to support training, data collection and implementation of the HFWA process will ensure consistent application of the process in all areas of the state. In addition, accountability will now exist for service coordination with regards to the fidelity of the model/process and the outcomes families and children receive. Providing dedicated state funding to support the infrastructure of HFWA will ensure dedicated staff are serving the target population and tracking results. *Refer to page 7 for the phase-in process for HFWA.*	• Eliminate barriers to effective and efficient service coordination by providing some state resources while leveraging and maximizing already invested local resources. • Consistent service coordination will be offered. • Accountability for service coordination outcomes.
Significant resources are expended for out of home placement costs for Ohio's most costly children. Prevention, early intervention, and less intensive interventions for children/youth with complex, intense needs is the goal. For FY 07, analysis of Ohio's placement costs revealed in a 90 day period: ➢ 2,520 children with Ohio Scales Worker were in out-of-home placements (foster care, residential, group home, juvenile detention) ➢ $14,694,404 was spent for 90 days in out-of-home placements ➢ **$5,831 cost per child (90 days)** Close out child welfare data for SFY 2008 indicate: ➢ 26,394 children (unduplicated count) were placed in out of home care (all settings). ➢ Total cost of care: $336,296,964 o Federal Share = $187,684,212 o Local Share = $148,612,752 ➢ 70.13% of children in foster care are eligible for Title IV-E Foster Care per July – Sept 2008 finalized data.	HFWA has been shown to be an effective process in reducing the need for out of home placement, reducing the time spent in out of home placement and reducing recidivism for those youth/children who have returned home from out of home placement. For 4 of the counties that have implemented HFWA, the following costs analysis demonstrates the value of HFWA with impacting out-of-home placement costs: ➢ $908,936 spent on implementing HFWA (4 counties) ➢ 232 children served in HFWA (4 counties) ➢ $3,918 cost per child (4 counties) ➢ $2,413,917 = saved in placement costs (4 counties) ➢ **$10,404 saved per child (annual rate)** *Refer to page 8 for additional cost analysis of service coordination.*	• Reduce costs associated with preventing out-of-home placements or reducing the length of time in an out-of-home placement • Reduce recidivism and increase community level outcomes • Increase family engagement and satisfaction with services.

Based on 2007 Medicaid Claims only for JFS 525, ODMH, ODADAS, ODMRDD
High Cost Children/Youth (0-18 yrs old)

MEDICAID ANALYSIS A: High Cost Kids

1. High Cost > $15,000 Medicaid Claims via Specialty System: DMRDD/DMH/DADAS

SYSTEM	#KIDS	**SPECIALTY**	525/MEDICAL	TOTAL
DMH	2,282	**$56.32 M**	$15.24M	$71.56 M
DMRDD	458	**$20.5M**	$6.1M	$20.5 M
DADAS	399	**$9.4 M**	$1.6	$11.0 M

NOTE: What is most striking is that the bulk of these expenses are NOT the state plan cost, rather, these are specialty service costs. Please keep in mind that for MH kids, their "525/MEDICAL" cost will include psych hospital, psychology, psychiatry; which are additional "specialty" costs.

2. Highest Cost Kids: Medicaid Expenditures over $50K, $100K, **or** $150K

SYSTEM	#KIDS	HIGH COST CUT OFF
DMH	22	> $100,000. Of these, 16 had MH expenditures over $100K.
DMRDD	14	> $150,000. Of these, 6 had MRDD expenditures over $100K
DADAS	14	> $50,000. Of these, 10 had DADAS expenditures over 70% of the total.

ANALYSIS B: "Case Management" for High Cost Kids

"Case Management" Billing via DMH, DMRDD, DADAS for the "high cost" children/youth identified in Analysis A. The target group is 2,281 DMH kids, 458 DMRDD kids, and 399 DADAS kids (billed through the specialty system for Medicaid).

Important Caveats:

1. Limited to Medicaid billing. Lots of coordination isn't included in a separate/segregated Medicaid billable form. The cost may be included in another Medicaid "service" cost, overhead, Medicaid Administrative claiming, or paid from Non Medicaid sources.
2. Identified 3 billing codes only: CPST/DMH (Z1840 & 41), TCM/DMRDD (Z9999) and Service Coordination/DADAS (Z1857).
3. Very important to note that, while DMR & DADAS services (Z9999 & Z1857) are "cleaner" as a reflection of case management, ODMH's CPST is not. DMH's system has no specific "case management" service.
4. Rough approximation suggests that approx. 140,000 adults and children receive these 3 services (unduplicated). Approx. $203 million was billed for these 3 services for all adults/children served.

Note: For the purposes of this analysis, we are only able to identify Medicaid billing. However, it is understood that many of these children will be kids in the custody of child welfare or DYS. Further, if the kids are in school, learning difficulties or the presence of an IEP is likely.

SO, here is the picture of these "high cost" kids, and their billing for the four designated service codes.

FY '07 M'aid Claims		DADAS "Hi Cost" Kids		DMH "Hi Cost" Kids		DMRDD "Hi Cost " Kids	
Category of Service	Codes	Total billed	#Kids	Total billed	#Kids	Total billed	#Kids
MENTAL HEALTH SERVICES	CPST	$ 159,270.74	135	$ 10,763,026.72	1,915	$ 223,176.20	46
MENTAL HEALTH SERVICES	CPST	$ 22,817.77	29	$ 1,165,528.97	377	$ 8,534.70	4
MENTAL RETARD SERVICES	TCM	$ 2,097.08	2	$ 141,554.58	176	$ 617,811.86	430
OHIO DEPT ALC/DRUG ADDICT SVCS	Svc Coord	$ 864,827.96	434	$ 84,632.86	74	$ -	0
TOTAL Case Management		$ 1,049,013.55		$ 12,154,743.13		$ 849,522.76	
Total No. "High Cost" Kids			399		2,282		458
Ave.of billing by Hi Cost Kids for 4 service codes		$ 2,629.11		$ 5,326.36		$ 1,854.85	

NOTE: Presence of billing in multiple cells

Hi-Fidelity Wraparound
Phase-In Process

County FCFCs vary in terms of their current service coordination process. Therefore, counties will be phased in to the HFWA process over a 4 year period. The more advanced counties (up to 25) will be fully phased in during the first year of implementation. Each year, as the fully implemented counties become more competent in the wraparound process, these counties will assist in strengthening the competencies of their own counties and neighboring counties, by assisting with regional coaching, supervising, mentoring, and training. They will also provide valuable feedback to the state on how to continuously improve the process. All counties will receive some level of support each year to move toward full implementation.

To determine the county's level of readiness to implement HFWA, OFCF will provide assistance in the assessment of counties' readiness and selection. The assessment for readiness will be based on the county FCFC completing a readiness tool (refer to Attachment C to view a possible tool), the Partnerships for Success Collaborative Assessment Tool, and the revisions made to the county Service Coordination Mechanism. As of now, the counties ready for Hi-Fidelity Wraparound is believed to be approximately 45 counties with 9 counties currently implementing some or all aspects of Hi-Fidelity Wraparound.

	HFWA Counties	Ready Counties	SC Only Counties	No SC	Cost	Target #
Counties' Readiness	In the process of implementing HFWA and needs assistance from the state to fully implement. Community is engaged and participating in the process.	Has implemented wraparound or a service coordination model that uses elements of a wraparound model, has community engaged and would like to move to HFWA Model with training and support from the state.	Currently implemented service coordination model does not meet minimum statutory requirements, does not include families in process, and/or primarily functions as a clinical level treatment team or group to make funding decisions. County may or may not have community engaged.	No functional service coordination process being used. Community not engaged.		
Current Counties	**9 counties**	**45 counties**	**30 counties**	**4 counties**		
Phase In Deliverables	Receive funding (except supplanting those already implementing HFWA) to do HFWA with training and TA.	Receive training and TA in preparation for implementation.	Receive training and TA to improve current SC process. Capacity building for FCFC will be available.	Access to training and TA to begin the service coordination process.		
Year 1 (SFY 10)	**28 counties**	**26 counties**	**30 counties**	**4 counties**	**$3.0m**	**1,000**
Year 2 (SFY 11)	**48 counties**	**21 counties**	**19 counties**	**0 counties**	**$5.0m**	**2,000**
Year 3 (SFY 12)	**69 counties**	**19 counties**	**0 counties**	**0 counties**	**$9.0m**	**4,000**
Year 4 (SFY 13)	**88 counties**	**0 counties**	**0 counties**	**0 counties**	**$13.0m**	**6,000**

Service Coordination Selected Value Proposition/ROI Data.

Below relates to 2nd part of the Service Coordination Value Proposition.

1. Federal, State, and Local Spending to Address Child Abuse and Neglect in SFY 2006 (50 state survey re: child welfare costs/funding paper); Annie E. Casey Foundation, December, 2008 (from Patrick Lanahan).
   "Child welfare spending continues to increase; up 9% '04 – '06 after adjusting for inflation."

   "Federal & state funds increased, local remained stable."
   - "Federal funds up due to Medicaid and Social Services Block Grant/SSBG increase."
   - "Federal share of total child welfare spending declined after increasing each biennium '96 – '02." (conclusion: means state funds spending has higher growth rate. Determine if true for Ohio?)
   - "Less than half of IV-E ineligibility determinations are due to parent income levels."
   - "Title IV-E foster care administration, placement and adoption expenditures continue to increase."

2. Wraparound Milwaukee: a nationally recognized Hi-Fidelity Wraparound organization; single mental health authority, provider, care coordinator for Milwaukee area; 14 years in existence.

   Goals are to: Reduce/prevent OOHP, reduce time in OOHP, reduce OOHP recidivism, and improve quality of life through mental illness treatment and services.

   - 1,256 clients treated last year and average 870 clients served on any given day.

   Total annual budget: $41 million:
   1) Medicaid and, 2) Child Welfare/Juvenile Justice about 50% each.

   PMPM funding (have case rate reimbursement financing):
   - Medicaid client: $1,661 contribution; if also a child welfare client: additional $3,900. If also both child welfare & juvenile justice involved client: still additional $3,900 combined ($1,800 from each system).

3. Ohio Trumbull County Wrap Around conservation estimate cost savings ***based on keeping client in their home vs. out-of-home placement*** (in: either ICF/MR; Residential Treatment; Foster Care; Therapeutic Foster Care; or, Children's Services Board placement)
   For 12 young people: Total savings = $457,715; or, $38,143 average each client, some higher or lower (see Trumbull WA est. document notes).